

Propositions of benefits for persons providing care for family members employed in agriculture in Germany – significance, legal basis, and further development

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Abstract

The share of elderly people in the European population is constantly increasing, which also increases the number of people in constant need of care. In order to meet this challenge, Germany has decided to take action in the field of social security law. For decades – as compulsory social insurance – there has been a separate social care insurance system, which includes, among other things, regulations for the benefit of family members providing care. Even though small in quantitative terms, an increasingly significant part of these statutory provisions is aimed at reducing the psychological, physical, and economic loads on care providers. One of such provisions results from social insurance in terms of the Social Security Institution for Agriculture, Forestry, and Horticulture (German: *Sozialversicherung für Landwirtschaft, Forsten und Gartenbau*, SVLFG), which offers insured persons solutions that take into account their specific needs. In recent years, the offered solutions have been subject to evaluation and development, and recently – due to the coronavirus pandemic – also modification. This was justified by the fact that in the ecological sector (agriculture, forestry, horticulture, as well as areas related to those sectors of the economy where there is an obligation for agricultural social insurance), home care is much more common than in other sectors. Avoiding physical and mental overloads can also be described as a postulate aimed at undertaking extensive preventive measures in the area of agricultural social insurance. Even though the offered solutions serve an exemplary role and are highly appreciated, they are used by a relatively small number of authorised persons. So far, there is no more detailed information concerning the highly unsatisfactory number of people taking advantage of these solutions. Therefore, there is a need for examining the reasons for the existing situation in a deeper manner.

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The article aims to present a special offer of the entity responsible for agricultural social insurance in Germany, aimed at relieving the members of families providing care and including them in health care in the full scope of social care insurance. In order to present the possibilities for further development, legal regulations and practical issues will be presented and evaluated, as well as the obtained results and the existing limitations.

The subject of the discussion will be presented in the form of a descriptive presentation, mainly from a legal and empirical perspective and by comparing it with reference systems present in Germany, taking into account research results obtained in Germany and abroad.

Keywords: social security, care courses, long-term care, care providers, people in need of care, agriculture.

Introduction

Situation in Europe and Germany

Home-based long-term care for family members is becoming increasingly¹ important throughout Europe² and the world³. An indicator of this phenomenon consists, in particular, in the growing number of elderly people in need of care, as well as figures concerning the situation in Germany⁴ concerning the increase in the amount of social costs estimated in the area of care⁵ and the difficulty to estimate the

1. V. Zigante, *Informal care in Europe – Exploring Formalisation, Availability, and Quality*, file://lsv.de/dfs/usr/hdir/u402028/Benutzerdaten/Downloads/KE-04–18–543-EN-N.pdf, query from 05.02.2022.
2. There is no solid data concerning the number of people in need of care in Europe or the European Union, in particular, because there is no uniform definition of the need for care.
3. World Health Organization, *Integrated care for older people (ICOPE), Guidelines on community-level interventions to manage declines in intrinsic capacity*, <https://www.who.int/ageing/health-systems/icope/evidence-centre/ICOPE-evidence-profile-caregiver.pdf?ua=1>, access 5.02.2022. For the USA see: V. Edwards et al., *Characteristics and Health Status of Informal Unpaid Caregivers – 44 States, District of Columbia and Puerto Rico, 2015–2017*, Morbidity and Mortality Weekly Report (MMWR), 21.02.2020, Vol. 69(7), p.183–188, <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mmm6907a2-H.pdf>, access 5.02.2022.
4. According to data from a report on the Sickness Fund BARMER Krankenkasse Aktuell, Germany provides outpatient or inpatient care to over 4.5 million people. It is predicted that in 2030 the number of people in need of care in Germany will be around 6 million. This corresponds to an increase of over 30%, <https://www.barmer.de/blob/360890/2ad4e5f56c47cb7b7e914190f9fae62f/data/dl-barmer-pflegereport-2021.pdf>, p. 6, access 5.02.2022.
5. According to the 2021 care report of BARMER Krankenkasse, the financial demand in Germany will also increase without further improvement in terms of benefits, from EUR 49 billion in 2020 to EUR 59 billion by 2030; <https://www.barmer.de/blob/360890/2ad4e5f56c47cb7b7e914190f9fae62f/data/dl-barmer-pflegereport-2021.pdf>, p. 20, access 5.02.2022.

number of scientific and other publications⁶. Even if the number of car providers in European countries is not known⁷, it should be assumed that it is clearly in the range of tens of millions. The estimated total number of individuals in any way related to home care⁸ is roughly twice the number of people for which the care is provided. Thus, informal care constitutes a pillar of all long-term care systems in Europe and is often considered to be more cost-effective than placing a person in a nursing home and putting them in a position where that person can receive care at home.

Most recent reforms concerning long-term care in Europe contain important solutions focusing on persons providing informal care. A common trend is to introduce cash benefits as a form of support for people in need of long-term care or directed directly to informal carers. These benefits are often motivated by the desire to provide more choices to those in need of care. The purpose of these benefits is to encourage family members or their friends to provide care⁹.

Informal carers provide essential services for elderly people who require long-term care. This has effects that are still largely unrecognised. Research results show that performing activities related to care definitely and significantly reduces the possibilities of undertaking paid work, but only in countries with less formal, alternative forms of care. In addition, caregivers tend to be less capable in physical and mental terms¹⁰. Recently, this phenomenon has also been noticed in relation to family members providing care in a certain rural region of China¹¹.

6. More than 1 400 research projects concerning the care and supply for elderly people in Germany are currently registered in the publicly accessible ZQP foundation data bank alone, <https://forschungsdatenbank.zqp.de/>, access 5.02.2022.
7. A. Tur-Sinai et al., *How Many Older Informal Caregivers Are There in Europe? Comparison of Estimates of Their Prevalence from Three European Surveys*, Int. J. Environ. "International Journal of Environmental Research and Public Health" 2020, Vol. 17, p. 9531, <https://doi.org/10.3390/ijerph17249531>, access 5.02.2022.
8. Only some of them are subject to retirement pension contributions. And only when the care provider regularly works no more than 30 hours a week and takes care of one or more persons at their home environment for at least ten hours a week in a non-profit manner. According to the calculations of the BARMER care fund, it is 806 000 care providers in 2020 with 3 017 000 people requiring home care, *Pflegereport 2021 der BARMER Krankenkasse*; <https://www.barmer.de/blob/360890/2ad4e5f56c47cb7b7e914190f9fae62f/data/dl-barmer-pflegereport-2021.pdf>, p. 14, access 5.02.2022.
9. V. Zigante, *Informal care in Europe – Exploring Formalisation, Availability, and Quality*, file://lsv.de/dfs/usr/hdir/u402028/Benutzerdaten/Downloads/KE-04-18-543-EN-N.pdf, p. 5, access 5.02.2022.
10. D. Heger, *Work and Well-Being of Informal Caregivers in Europe*, Ruhr Economic Papers #512, https://www.rwi-essen.de/media/content/pages/publikationen/ruhr-economic-papers/REP_14_512.pdf, p. 4, access 5.02.2022.
11. X. Sun et al., *The influence of social support, care burden, and depression on quality of life among caregivers of patients with severe mental illness: a cross-sectional survey in rural areas of Sichuan, China*, "The Lancet", Vol. 394, p. 12.

The significance of care provided by family members in agriculture from the point of view of agricultural social insurance

The SVLFG covers all social security entities, namely the Industry Organisation of Agricultural Undertakings (German: *Landwirtschaftliche Berufsgenossenschaft*), Pension Fund of Rural Hosts (German: *Alterskasse der Landwirte*), Agricultural Sickness Fund (German: *Landwirtschaftliche Krankenkasse*) and the Agricultural Care Fund (German: *Landwirtschaftliche Pflegekasse*)¹². Self-employed people, mainly in professions related to agriculture, and their families, in Germany, are insured under the Agricultural Sickness Fund and thus also the Agricultural Care Fund. Surveys carried out among insured persons have shown that it is of the utmost importance for them to provide for family members who require care. This resulted in the legal predecessors of SVLFG beginning to develop proper proposals in the field of health care with the friendly support of the Austrian Social Insurance Institution for Farmers (German: *Sozialversicherungsanstalt der Bauern*) – currently the Insurance institution for Independent Persons (German: *Sozialversicherungsanstalt der Selbständigen*).

The care provided by family members plays a significant role¹³ in society and is of particular significance in agriculture¹⁴. The care for family members in need of care and taking place in a home environment concerns more than the average total population¹⁵. The reasons for this phenomenon should be seen in the traditional strong family ties as well as in a complete and partial infrastructure that is developed below the average in rural areas. In previous decades, the commitment of the younger generation to care for parents has been usually included in transfer agreements. Over time, this situation has gradually changed¹⁶. Nevertheless, measures to facilitate home care are still considered to be very important. They not only impact the health and well-being of those in need of care but also have a positive impact on people providing care in both the family and professional environment. It should be assumed that accidents at work and general accidents also have an impact because

12. E. Koch, *The German social security system for farmers*, “Ubezpieczenia w Rolnictwie – Materiały i Studia” 2020, nr 2(74), p. 359–386.

13. Extensively on the protection of care supplies on part of family members: C. Janda, *Die Entlastung von Angehörigen in der Pflege*, VSSAR 2020, p. 297.

14. See: C. Hetzel, *Häusliche Pflege im grünen Sektor – Daten der Pflegestatistik*, SdL 2021, p. 23–28; C. Hetzel, *Evaluation des SVLFG-Gesundheitsangebots “Trainings- und Erholungswoche für pflegende Angehörige”*, SdL 2016, p. 5–14; M. Holzer, *Gesundheitsangebote der SVLFG*, ASUMed 2014, p. 569–571.

15. The relevant figures concerning Germany can be found in the book: C. Hetzel, *Häusliche Pflege im grünen Sektor – Daten der Pflegestatistik*, SdL 2020, p. 23–28.

16. Agrarzeitung, <https://hofuebergabe.agrarzeitung.de/grundlagen/was-bei-der-pflegeklausel-zu-beachten-ist/>, access 5.02.2022.

caregivers who are less burdened with work are less likely to suffer accidents at work themselves. In this way, effective support for care providers has a positive impact on the functioning of farms and agricultural establishments in a sustainable manner.

Domestic care in the countryside is a complex phenomenon. So far, the focus has been placed on various social, psychological, economic, and legal aspects of care provided in the home environment. However, currently, more attention should be paid to improving the health of care providers themselves. In addition, it is worth to even briefly mentioning the financial aspects. Based on estimates concerning the agricultural sector (differences between outpatient and inpatient costs), it should be noted that, as a result of actions performed by persons caring for farms, it is possible to make significant savings in the expenditure on an annual basis¹⁷ for businesses and families, as well as the general public, and in particular social security entities. If care providers, who are often old and therefore also seriously burdened in many respects, are ill themselves or actually in need of care, then these positive financial benefits of care are offset.

Despite few publications concerning agriculture, the situation of care providers in Germany¹⁸ and other European countries¹⁹ is generally considered unsatisfactory. This leads to a particularly difficult situation, because – as already mentioned above – the percentage of people under home care has increased. If we take into account the increased work pence that people working in agriculture have to perform²⁰ and the phenomenon of subjecting them to an increasing mental and economic burden in many respects²¹, then this creates a problem that is difficult to solve.

Data and facts concerning care insurance in Germany

The revealed risk of economic and other consequences arising from the need for care in Germany is limited by the regulations of the Care Insurance Act. On January 1, 1995, statutory care insurance has been introduced as an independent branch of social

17. This takes into consideration a lower share of stationary care in the agricultural sector compared to the entire society. Increasing the share of stationary carers would entail correspondingly higher additional costs.

18. J. Basche, *Die Zukunft der Pflege*, RDG 2020, p. 66–73; C. Janda, *Die Entlastung von Angehörigen in der Pflege*, VSSAR 2020, p. 297–325.

19. A.S. Richter, *Zur Situation pflegender und betreuender Angehöriger in Deutschland, Österreich und der Schweiz*, NDV 2020, p. 152–155.

20. Agrarheute, <https://www.agrarheute.com/land-leben/arbeitszeit-vergleich-landwirte-arbeiten-laengsten-565778>, access 5.02.2022.

21. Top agrar online, <https://www.topagrar.com/panorama/news/burnout-depression-immer-mehr-bauern-an-belastungsgrenze-12584448.html>, access 5.02.2022.

insurance²². As a result, all persons benefiting from statutory sickness insurance are automatically insured under the care insurance. Every person insured privately under sickness insurance possesses an appropriate membership in private care insurance. As of December 31, 2020, the number of insured persons in social care insurance was 73.47 million people. As of December 31, 2019, the number of insured persons in private compulsory care insurance was 9.22 million. Thus, virtually the entire population is insured under the care insurance. The share of elderly people (over 80 years of age) in the total population was 7.2% (5.7% of people) in 2020 and is expected to be circa 13% (9.6 million people) in 2050. Therefore, 6.5 million people should be expected to need care only in the field of social care insurance in 2050²³.

Benefits received by persons in need of care under the German care insurance system depend on the degree and duration of the need for care. Care insurance provides for different levels of care, which in turn are linked to different levels of benefits. The total number of people taking advantage of the benefits (people requiring care) concerning social care insurance as of December 31, 2019, amounted to 322 772 thousand, and concerning private compulsory care insurance as of December 31, 2019 – 251 883 thousand. Of these, 3 675 465 people (80.65%) are covered by outpatient care²⁴. Expenditure concerning the sole social care insurance amounted to EUR 45.6 billion in 2020.

In 2019, the number of caregivers covered by compulsory pension insurance amounted to 1 083 723. Only some care providers are covered by compulsory retirement pension insurance based on home nursing activities. The compulsory retirement pension insurance covers a person fulfilling the conditions of § 3 sentence 1 no. 1a of the Social Code VI. According to this regulation, these are persons who, in a non-profit manner (care providers who do not perform paid work), take care of one or more persons with a second degree of disability at their home environment for at least ten hours a week, on a regular basis, spread over at least two days a week, and if the person in need of care is entitled to social care insurance benefits or private compulsory care insurance²⁵. According to government data, the total number of care providers is about 4.8 million²⁶.

22. Pursuant to Article 1 of the Act of May 26, 1994, Federal Journal of Laws I, 1014, 1015, as the Eleventh Book of the Social Code – Social Care Insurance.

23. Bundesministerium für Gesundheit, https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Zahlen_und_Fakten/Zahlen_und_Fakten_der_SPV_Juni_2021_bf.pdf, p. 19, access 5.02.2022.

24. Bundesministerium für Gesundheit, *Care insurance numbers and facts*, https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/Pflegeversicherung/Zahlen_und_Fakten/Zahlen_und_Fakten_der_SPV_Juni_2021_bf.pdf, access 5.02.2022.

25. See. K.F. Köhler, *Rentenversicherungspflicht und Unfallversicherungsschutz der häuslichen Pflegekraft unter besonderer Berücksichtigung der Rechtslage in der Landwirtschaft*, AUR 2019, p. 122–131.

26. Bundesministerium für Familie, Senioren, Frauen und Jugend, <https://www.bmfsfj.de/bmfsfj/themen/corona-pandemie/informationen-fuer-pflegende-angehoerige>, access 5.02.2022.

Legislation in favour of family members providing care

The legal regulations for the benefit of family members providing care are comprehensive and included in various acts²⁷. In the following part of the article, after brief information concerning periods of family care, periods of care and social security of care providers, the main focus was placed on care education courses following § 45 Book XI of the Social Code.

Period of family care and period of care

The Act, which entered into force on January 1, 2015, aimed at better-combining family, care, and professional work²⁸, merged and developed the so far existing regulations contained in the Act on the period of care and period of family care. This is particularly linked to the introduction of a legal claim concerning the period of family care, that is to say, a claim for partial dismissal for a maximum period of 24 months in the case of a minimum working time of 15 hours per week. This legal claim does not apply to employers who generally employ 25 or fewer employees²⁹. In accordance with § 1 of the Care Period Act³⁰, the purpose of this legal regulation is to create the possibility for employees to take care of close family members in the home environment and achieve a better connection between professional work and family care. Under § 2 (1) of the Act, persons employed have the right to be absent from work, if necessary, up to a maximum of ten days in an urgent case in order to arrange for the care of a person who requires it and who is a close family member or to provide care for that person during this period.

27. Bundesministerium für Familie, Senioren, Frauen und Jugend, <https://www.bmfsfj.de/bmfsfj/themen/corona-pandemie/informationen-fuer-pflegende-angehoerige> und <https://www.bundesgesundheitsministerium.de/leistungen-der-pflege/vereinbarkeit-von-pflege-und-beruf.html>, access 5.02.2022.

28. Federal Journal of Laws I, 2462.

29. Information on this can be found at www.wege-zur-pflege.de.

30. The Act on the period of care of May 28, 2008, Federal Journal of Laws I, 874, 896, last amendment pursuant to art. 17 of the Act of November 22, 2021, Federal Journal of Laws I, 4906.

Social security for care providers

A care provider within the meaning of the law on care insurance is one who cares for a person in need of care in a non-profit manner in his own or the person's home environment. Whoever provides care for one or more persons requiring care in their home environment and having a degree of disability from 2 to 5, for at least ten hours a week, spread regularly over at least two days a week, as a care provider is entitled to social security benefits. These include retirement pension, accident, and unemployment insurance benefits³¹.

Care courses according to Book XI of the Social Code – Social care insurance

Care courses for family members and social care providers in accordance with § 45 Book XI of the Social Code constitute part of various benefits for social carers, which following § 28 (1) no. 12 Book XI of the Social Code are listed as benefits in the field of care insurance. In accordance with § 123 (1) sentence 5 no. 3 Book XI of the Social Code, they constitute a model project. Pursuant to § 45 (1) sentence 1 Book XI of the Social Code³², the Social Care Fund, and consequently the Agricultural Care Fund, are obliged³³ to conduct training courses free of charge for family members and other persons interested in social care in order to promote and strengthen social engagement in the field of care, facilitate and improve care and nursing, as well as reduce physical and mental burdens resulting from care work, and to prevent the occurrence of such burdens. In accordance with § 45 (1), sentence 2 Book XI of the Social Code, the courses should teach the skills needed to independently perform nursing activities.

31. Detailed data concerning the amount of retirement pension contributions can be found at <https://www.bundesgesundheitsministerium.de/soziale-absicherung-der-pflegeperson.html>, access 5.02.2022.

32. The provision contains an obligation of care funds within the meaning of § 1(3) SGB XI to offer courses free of charge, but not within the framework of private care insurance entities. Care providers insured privately are covered by § 192 (6) of the Insurance Contract Act in conjunction with a private care insurance contract and with general commercial terms and conditions for private care insurance (section on terms and conditions in the Instruction/Private care insurance). The Instruction/Private Care Insurance 2019 in part G provides care courses for family members and social carers.

33. The obligation to carry out care courses was introduced by the Second Act on Strengthening Care (German: *Zweites Pflegestärkungsgesetz*) on December 21, 2015, Federal Journal of Laws I, 2424. Earlier, the case was that care funds "should" present such offers.

Closer analysis of legal norms

On the basis of § 45 (1) sentence 1 Book XI of the Social Code, the legislator assumes that social engagement requires support and strengthening as an element of nursing infrastructure. It assumes that generally or in a specific case, the will to engage in providing care for family members, friends, and other persons is not sufficient to meet the real needs resulting from the primacy of home care (cf. § 3 Book XI of the Social Code).

The aim of improving home care focuses on the primary beneficiaries listed in Book XI of the Social Code, namely those in need of care. Meanwhile, the aim of facilitating the performance of home care focuses primarily on care providers. In this way, both groups of beneficiaries of care courses are clearly visible: the direct beneficiaries should be those who are interested in care and those who already provide it, while those in need of care should indirectly also take advantage of the courses. Although, this should not be limited to reducing the physical and psychological burdens of carers arising from providing care. At the same time, care courses should be aimed at preventing such burdens from the outset. This preventive assumption should be taken into account both at the stage of course conception and at the stage of implementation³⁴. Justification of the Second Act on Strengthening Care (German: *Zweites Pflegestärkungsgesetz*)³⁵ sums up the meaning and purpose of care courses in the following way: “The better caregivers are able to physically and mentally cope with the performed activities, the better it usually affects the people in need of care”. The justification does not mention the financial benefits of the above-mentioned successfully ended care courses for the sick and care funds in the form of reduced expenditure on benefits.

In accordance with § 45 (1), sentence 2 Book XI of the Social Code, courses should convey or deepen knowledge and skills that are necessary and helpful in performing care in the home environment of the person who requires it. A condition for a reasonable level of public involvement consists in possessing minimum expertise. The acquired specialist skills in the field of care facilitate providing it, which also applies to facilitating care and its improvement. Conveying skills necessary for independently providing care, postulated in sentence 2 of the above-mentioned § 45, thus constitutes the minimum content of each care course.

Courses may also include support for mental and physical stress, handling concerns about the success of undertaken actions, exchanging experiences between caregivers, as well as counselling concerning support measures, rehabilitation activities,

34. Bundestag, print 18/4282, p. 47.

35. Bundestag, print 18/5926, p. 94.

and the acquisition of new social care providers³⁶. Accordingly, this refers to the explanations concerning the extensive catalogue of benefits of the XI Book of the Social Code, indicating which of the benefits addressed to the person in need of care (e.g. foster care in accordance with § 39) may at the same time contribute to relieving the care provider. The main topic of the courses should not consist of deficits exhibited by people in need of care, but the recognition of the extent of their independence. Then, on this basis, the extent of dependence on assistance from other persons is determined, so that the courses have an individual and purposeful nature³⁷. Furthermore, the purpose of the legal norm provides the possible content of courses to be implemented. Additional course suggestions may also be addressed to specific target groups, such as family care providers being family members of children. The substantive issues of a course should be solved based on setting its specific goal, taking into account the needs of its participants. The program of a course, including relevant content, should be published or communicated to interested parties upon request.

Target groups

The target groups of care courses consist of persons already providing care (they are affected by all the objectives of the Act in § 45 (1) Book XI of the Social Code) and persons interested in it (the topics are not: “Improving care”, and “Reducing physical and mental burdens resulting from care”). The courses are offered irrespective of the legal relations with the care fund (own membership or the membership of the person who is being cared for) to the family members of persons in need of care, social carers, and all persons interested in social care, including a course, addressed to new social carers who are yet to be acquired. The recipients of the courses are not employees of the care agency or individual persons within the meaning of § 77 Book XI of the Social Code with whom the care fund has concluded a contract.

It is not specified whether courses can also be offered to persons who were previously care providers, so the courses were intended especially for such people whose family member recently died or was taken care of in an inpatient manner after a long period of home care, which is practiced in the Austrian Social Insurance Institution for Independent Persons³⁸. In Germany, the legal norms and the content of the Act do not allow for such a solution.

36. Bundestag, print 12/5262, p. 116.

37. Bundestag, print 18/5926, p. 94 et seq.

38. More about health-promoting actions at www.svs.at, access 5.02.2022.

Free courses

The legislative procedure clearly states that the courses are free of charge for participants, whether they are run by the care fund itself or by a third party commissioned with this task. If care courses are offered in the form of multi-day training stays, according to § 45 Book XI of the Social Code, accommodation and meals do not have to be included as the benefits. However, in the intention of the legislator³⁹, an extended assumption of costs or unpaid benefits in this respect seems to constitute a reasonable solution. Legislation in this field does not provide any information, and therefore, in the absence of clearly positive regulations, it should be assumed that both the travel costs as well as the costs of food and accommodation must be borne by the participants themselves. It can be assumed that the legislator will make appropriate legal regulations for the participants of care courses.

Location of conducting care courses

Care courses are usually conducted in the form of an offer addressed to a group of people. Pursuant to § 45 (1) sentence 3 Book XI of the Social Code, at the request of the care provider and the person in need of care, the training may also take place in the home environment of the person under care. According to the legislation, the aim should be to better adapt to the individual care situation in the everyday home environment⁴⁰. The content of sentence 3 should be understood that in such a situation the request of the care provider and the consent of the person requiring care are sufficient conditions for applying this solution. Conducting a course at the care provider's home is impossible in accordance with the provisions of the Act, also for financial reasons. The situation is different if the person in need of care is just before moving into the care provider's home. The course should take place in the home environment of the person in need of care, also if, for example, it is necessary to carry out instructions concerning the use of auxiliaries or the use of specific care activities, as well as at the request of the person in need of care and that person's family⁴¹.

39. Bundestag, print 18/5926, p. 94 et seq.

40. Bundestag, print 18/5926, p. 95.

41. Bundestag, print 12/5262, p. 116; 14/5395, p. 27.

Remote care courses

In accordance with the regulation contained in § 45 (1) in the first half of sentence 5. Book XI of the Social Code, care funds should also offer remote care courses. Following the second part of that sentence, this does not affect the obligation of care funds to conduct stationary care courses in accordance with sentence 1. Practice shows that offers of remote courses are particularly useful when the recipients of the offer consist of care providers who, for subjective or objective reasons, have insufficient time to attend courses requiring their presence or who do not want to be separated from the person in need of care in order to attend the course⁴².

No statutory regulations concerning the uniform manner of conducting and organizing courses

Regarding the implementation of the content of § 45 Book XI of the Social Code, there are no uniform regulations that would cover all care funds. The fact that the legislator does not consider it necessary to do so is indirectly and clearly shown in § 45 (3) Book XI of the Social Code. National associations of care funds may conclude framework agreements with institutions and entities that conduct care courses. This is necessary in order to coordinate offers both substantively and organizationally and to obtain the widest possible thematic spectrum of courses. There are numerous framework agreements for “Care Courses and Individual Home Training”, which include, for example, basic, special, and compact care courses and activities aimed at ensuring optimal quality and remuneration principles. There is no obligation to conclude framework agreements. The courses conducted by the care fund itself may differ from the regulations of the framework conditions. Therefore, the legislator did not define specific minimum qualifications for entities providing care courses, nor did it determine their specific period. Furthermore, apart from specialised qualifications concerning care, educational qualifications should also be supported. This concerns especially the case when training involves a group of people. In the case of online courses, attention should also be paid to their proper usefulness.

The duration of the courses should depend on the chosen objectives. For this reason, one-off courses, that last only a few hours, do not meet the requirements of

42. See, also in this context, I. Wolf, *Psychologische Online-Beratung für pflegende Angehörige – das Internet-portal pflegen-und-leben.de*, “Archiv für Wissenschaft und Praxis der sozialen Arbeit” 2021, Nr. 1, p. 46.

§ 45 Book XI of the Social Code. Multi-day training offers should be a rule. In the case of persons already providing care, special consideration should be given to the relation with the person in need of care. In the case of multi-day seminars, if other protection of the person in need of care is not possible, the so-called tandem offers should be presented (the caregiver and the person under care jointly participate in a care course at a given location). Internet courses should be organized in terms of time depending on the cognitive capabilities of participants.

Framework agreements usually also regulate the minimum and the maximum number of course participants, for example ranging from 8 to 15. In the case of thematic courses or courses focusing on diagnostics, a flexible approach to these regulations is possible. The number of remote course participants should also depend on technical conditions. This also applies to the frequency of taking advantage of courses. In this respect, framework agreements usually provide for a limitation to one care course, one special course, and home training, with the possibility of granting a second course in justified cases. If the care is provided to different people, this approach to care providers can be considered too restrictive. It would then be preferable to choose a solution based on a decision consistent with the purpose of the Act. This limitation seems to be unjustified in reference to a given benefit provider who cares for more than one person.

The content and form of the training course, in terms of the internal relation between the provider of the benefit and the care fund, are included in the relevant annexes to the framework agreement. For example, they mention issues such as: prevention of recurrence of illness, actions concerning care and individual mobilization, actions aimed at healthy nutrition, as well as the use of medicines, auxiliary care measures, and demonstration of the possibility of relieving care providers.

Offers of the Social Security Institution for Agriculture, Forestry and Horticulture – organization and use, review

Pursuant to § 45 Book XI of the Social Code, the Social Security Institution for Agriculture, Forestry, and Horticulture, as well as its legal predecessors, from the moment of its creation⁴³ offers participation in a stationary “Weekly training combined with rest for family members providing care” in the form of a seminar. This form of training takes into account the specific socio-economic nature of care providers active in the agricultural

43. SVLFG was established by § 1 of the Act on the establishing the social insurance of agriculture, forestry, and horticulture of 12.04.2012, Federal Journal of Laws I, 579.

sector. Additionally, since 2019, a one-week prevention program called “Care Tandem” has been operating as a stationary seminar, participated also by the person requiring care⁴⁴. This offer is addressed to people who cannot or do not want to participate in normal weekly training combined with rest. The first weekly training combined with rest for parents of chronically ill or disabled children also took place in the form of a stationary event in 2019⁴⁵. Taking advantage of such a solution, i.e. a unified focus on the above-mentioned target group, has proved its worth in practice. The idea and evaluation of this project were also supported by the Bavarian Ministry of Health and Welfare⁴⁶. Additionally, the SVLFG engages personal and semi-home care advisors for family care providers. There are several further offers available to care providers, which can also be used by family carers, for example, tailored training, remote health training, training concerning how to cope with stress, and a hotline in crisis situations⁴⁷. A completely new thing consists in the offer of a remote, monthly tutor conference in the form of an approximately two-hour, open discussion of the participants at a round table. During the first half of the meeting, various topics are discussed freely under the professional guidance of a moderator, depending on the group’s needs, and during the second half, there is time for professional commentary. Participants of these conferences may consist in persons caring for a family member entitled to benefits under agricultural nursing insurance or agricultural accident insurance (need for care due to an accident at work), as well as carers insured under agricultural sickness/care insurance, regardless of whether the family member intended for care is insured under the SVLFG. A requirement for participating in this form of training consists in an application⁴⁸. Evaluation is provided for.

Weekly training combined with rest for family members providing care

SVLFG offers weekly training courses combined with rest for family members providing care. It focuses in particular on the physical, mental, and social burdens of carers. The offer is addressed to persons caring for a family member entitled to benefits under agricultural care insurance or agricultural accident insurance (need for

44. C. Hetzel et al., *The concept of a week-long health care program for family members providing care together with the persons in need of help – “Care tandem”*, Prävention und Gesundheitsförderung, 2020, Online, <https://doi.org/10.1007/s11553-020-00821-w>, access 5.02.2022.

45. SVLFG, <https://www.svlfg.de/auszeit-pflegende-eltern>, access 5.02.2022.

46. SVLFG, <https://cdn.svlfg.de/fiona8-blobs/public/svlfgonpremiseproduction/b3d08302a6ca85d7/b92b57162381/auszeit-pflegende-eltern-evaluation.pdf>, access 5.02.2022.

47. SVLFG, <https://www.svlfg.de/krisenhotline>, access 5.02.2022.

48. SVLFG, <https://www.svlfg.de/digitaler-pflegestammtisch>, access 5.02.2022.

care due to an accident at work), and also care providers who are insured under agricultural sickness/care insurance, regardless of whether the family member in need of care is insured under the SVLFG. During a one-week stay at the seminar, participants learn about the support offers, and during the care courses and lectures combined with physical and recreational activities, they receive information and tips on manners of performing care. During the classes, the participants learn ways to improve their physical condition, take care of themselves and gain strength. Through contact with other caregivers, they have the opportunity to exchange experiences. Almost all lands include facilities offering the possibility to cooperate in this area⁴⁹. Evaluations are also carried out⁵⁰. Additionally, an evaluation based on SVLFG administrative data is currently planned.

Weekly training combined with rest for parents providing care

During the weekly training combined with rest for family members providing care, attention is currently focused on the care of the elderly, while during the training developed by the SVLFG, at the request of the interested parties, there is a “Respite leave for parents providing care” to take into account the specific situation of parents who often, for many years, take care of a child who has become an adult and still requires care. Apart from the main content, similar to that discussed during the week-long training combined with rest, parents are offered support tailored to their specific situation (e.g. growing up, siblings, care, contact, and exchange of experience with other parents) and, if necessary, the help of a psychologist. In addition, a visit to a workshop providing an aid facility and a residential centre is also organized. There is a possibility of evaluation⁵¹.

49. SVLFG, <https://www.svlfg.de/trainings-erholungswoche>, access 5.02.2022.

50. C. Hetzel, *Personen in belastenden Situationen (PibS): Evaluation der Trainings- und Erholungswoche für pflegende Angehörige*, Auftraggeber: Land- und forstwirtschaftliche Sozialversicherung Hessen, Rheinland-Pfalz und Saarland und der Sozialversicherung für den Gartenbau, Cologne 2011; C. Hetzel, *Personen in belastenden Situationen (PibS): Evaluation der Trainings- und Erholungswoche für pflegende Angehörige*, Auftraggeber: Land- und forstwirtschaftliche Sozialversicherung Niederbayern/Oberpfalz und Schwaben, Cologne 2010.

51. SVLFG, <https://cdn.svlfg.de/fiona8-blobs/public/svlfgonpremiseproduction/b3d08302a6ca85d7/b92b57162381/auszeit-pflegende-eltern-evaluation.pdf>, query from 5.02.2022. See also C. Hetzel et al., *Effekt eines einwöchigen Gesundheitsprogramms auf die psychische Gesundheit von pflegenden Eltern – eine kontrollierte Panelstudie*, *Das Gesundheitswesen*, 2021, Online, <https://doi.org/10.1055/a-1386-4029>, access 5.02.2022.

A week-long training combined with rest together with the person in need of care (“Care Tandem”)

As another form of training, the regulation contained in § 45 Book XI of the Social Code, the SVLFG offers care providers who cannot or do not want to leave their loved ones at home a “care tandem”, i.e. a week-long training combined with rest for groups consisting of people in need of care and their family members. Depending on the state of health, the person in need of care may be taken to a facility where the seminar takes place and cared for on the spot. When family members take advantage of the offer, as is the case of week-long training combined with rest, the person in need of care should be covered by daycare or short-term care. The “care tandem” is a project handled by the SVLFG in cooperation with various facilities and institutions. In 2019 this form of training was awarded the Bavarian Prize for Preventive Solutions (German: *Bayerischer Präventionspreis*)⁵². The location for organizing this form of training consists primarily in the town of Bad Bocklet (Bavaria, Bad Kissingen District Starosty). The concept and evaluation of this project are supported by the Bavarian Ministry of Health and Care.

Online week-long training combined with rest for family members providing care

Based on the offer of online week-long training combined with rest for family members providing help, the same objectives are to be achieved as for existing stationary offers. The training concept has been tested on the basis of two pilot events in terms of feasibility and will soon be evaluated.

Using courses

The total degree of use of the offered training courses and instructions in the home environment in Germany in accordance with § 45 Book XI of the Social Code is still below 10%⁵³. The reason for such a low use of the courses may consist in insufficient

52. Deutsche Sporthochschule Köln, <https://www.dshs-koeln.de/aktuelles/meldungen-pressemittelungen/detail/meldung/bayerischer-praeventionspreis-fuer-tandem-projekt/>, access 5.02.2022.

53. The reference points for these figures in the literature are not clear. Thus, it is not stated whether “less than 10%” refers to all social care providers (the number can only be estimated) or to the included care providers covered by the compulsory retirement pension insurance.

information and knowledge among family members concerning the course providers, which in turn may result from a serious time burden due to the provided care and other factors⁵⁴. Especially care funds should be held responsible for any shortcomings concerning the knowledge of authorized persons. They are obliged, in accordance with §13 and §14 of the Book of Social Code I, to publish information and advice in this regard.

The Agricultural Care Fund constantly advertises its offers through various communication channels and media. Care courses constitute the main topics of information in the member magazine, on the website, and in press releases. Nevertheless, between 2006 and 2020, “just over 3 000” care providers⁵⁵ participated in courses currently available in 11 facilities across the country, where such courses take place⁵⁶.

The fact that the response rate, meaning the actual percentage of people taking advantage of the courses, seems to be lower than in relation to the total population, clearly indicates the need to research this issue. The reasons for insufficient use of stationary seminars should probably also be seen in the workload in agriculture, which is larger in this social group compared to the average workload in other groups, and in particular in the group of other pensioners. This is probably due to the fact that in the agricultural sector, which is largely dependent on factors that are difficult to predict (short-term postponements of the harvest period caused by weather events, etc.), making a decision concerning the issue discussed here is hampered by a significant degree of unpredictability of planning.

Summary

Care courses constitute a suitable offer that contributes to the health care of both care providers and people in need of care. In rural areas, and especially in agriculture, where domestic care plays a greater role than stationary care for family members, assistance for carers is of particular importance. If the support is effective, it also has a positive impact on physical and mental health. Furthermore, this form of aid is a tangible expression of solidarity in families and society. However, increasing

54. S. Angele, C. Calero, *Bundesgesundheitsblatt* 2019, p. 320 et seq., with further data.

55. According to the results of the Agricultural Care Fund regarding beneficiaries in order of the degree of care, age group, and gender (PG 2 print) as at December 31, 2019, 52 669 people requiring care were covered by “outpatient/semi-inpatient” care and 10 348 people were covered by “full-time stationary” care or “full-time stationary” care as handicapped persons (§ 43a SGB XI), which means that 83.6% were covered by outpatient care and 16.4% were covered by stationary care. Assuming constant framework data, in particular the number of people in need of care, and two care providers per person in need of care, an approximate result would be obtained, indicating that annually approx. 0.2% of family members providing care took advantage of the offer.

56. C. Hetzel, *Häusliche Pflege im grünen Sektor – Daten der Pflegestatistik*, SdL 2020, Nr. 25.

the still extremely unsatisfactory percentage of course participants remains a significant challenge. Internet courses are a promising solution in this respect, not only during the pandemic period when traditional group offers cannot be offered or are offered only to a limited extent.

It remains an open question to what extent online offers will increase the number of course participants. However, it can already be stated that online offers are suitable for a significant increase in this number in the agricultural sector. The advantage of stationary seminars consists in their social aspect. It is only in this form of seminars that participants have the opportunity to exchange experiences and raise specific issues that concern them. However, stationary seminars require on-site presence, which is related to significant time consumption, often necessary longer travel, and they take place on fixed dates, which very often make it difficult for care providers to adapt them to everyday care activities. Additionally, the needs of the participants are very diverse. Whereas, depending on their form and organization, Internet courses are available regardless of time and place. The fact that depending on the type of course, the number of participants is generally unlimited can also lead to significant cost savings. Online courses are particularly useful for transferring knowledge and refreshing it. In addition, the online offer, compared to conventional support and training offers that require direct contact with others, includes the possibility of raising topics, in a confidential atmosphere, that touch on content that is embarrassing and taboo⁵⁷. The degree of effectiveness of the combination of stationary and online offers remains the subject of further research and analysis. Conducting research concerning this issue seems to be highly necessary, and not only in Germany.

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57. F. Kropp, M. Zündel, F. Caspari, *Evaluationsbericht Digitale Schulungsangebote für pflegende Angehörige*, <https://toechtersoehne.com/wp-content/uploads/2019/04/Evaluationsbericht-Teil-1-Digitale-Schulungsangebote-fu%CC%88r-pflegende-Angehoe%CC%88rige.pdf>, access 5.02.2022.

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