



ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Switzerland

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*Philipp Trein
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Contact: Emanuela Tassa

E-mail: Emanuela Tassa @ec.europa.eu

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European Social Policy Network (ESPN)

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Philipp Trein, IDHEAP, University of Lausanne

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Summary/Highlights

The Swiss system of long-term care is highly fragmented. As in other policy fields, the responsibility for long-term care services is at the cantonal and municipal level. As a consequence, there are some differences between cantons and regions regarding the way long-term care services are organised and financed. Additionally, private means are an important element for financing long-term care; social insurances, such as the retirement and the disability insurance, provide only complementary payments.

Home care and care by individuals for their dependent relatives are an important element of the Swiss system of long-term care. For example, about 40% of old-aged persons in need of care receive home care, many of them by relatives of working age. But there is also a large number of younger persons, for example children and adults with disabilities, who receive care from their relatives. Against this background, the Swiss system of support for persons of working age with dependent relatives is underdeveloped. For example, only five cantons and a few municipalities provide financial benefits for those who take care of dependent persons at home. The services that exist are no income replacement but rather a recognition for the services provided by volunteers. With regards to benefits in kind, more options are available. Cantons, municipalities and NGOs provide support to persons with dependent relatives. Nonetheless, these services are not well coordinated and do not entail a lot of measures to improve the work-life balance for persons of working age with dependent relatives. As a consequence, persons of working age with dependent relatives need to work less without adequate financial compensation. Consequently, they often depend on other working persons in their family. Most problematically, due to lack of alternatives, women often decide to reduce their workload in order to care for dependent relatives without adequate financial compensation, or guarantees for professional reintegration after the period of care.

Overall, in Switzerland there is no systematic support – especially financially – for those who need to support their dependent relatives. Given the economic and social importance of long-term care services provided by relatives, this report recommends increasing the coverage and amount of financial support for persons of working age with dependent relatives. Furthermore, it is necessary to provide better coordination of the existing services and to increase the incentives and possibilities for taking time off from caring for dependent relatives.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives

1.1 Overall description of the long-term care regime

In Switzerland, the system of long-term care is as decentralised as the health care system. At the national level, the most important institutions in this policy field are health insurance funds. They finance ambulatory medical care if it is related to illness, but not if it is related to old age. Other services, such as social assistance, activity therapy, or staying in nursing homes are billed to the patient directly. Switzerland spends over 2% of its GDP on long-term care. This is about double the OECD average (1.1% in 2011). This is partly due to the large proportion of the population aged over 65 in Switzerland (17.1% in 2011) in relation to the OECD average (12.2% in 2011). It is also related to the fact that the Swiss health system is comparatively expensive (OECD 2014).

The responsibility for long-term care belongs to the cantons, which can delegate this responsibility to municipalities or private organisations, an option which they use frequently (Kocher 2010; OECD 2011). Health insurance funds, cantons, and municipalities finance directly about 40% of long-term care cost. The remaining 60% are covered by households. Yet, to ease financial pressure on families and individuals social benefits, such as invalidity allowances and supplementary benefits, cover another 24% of the total expenditure, so that the households have to cover 36% of the costs for long term care (OECD 2011).

The provision of care occurs either in medical nursing homes, nursing departments of old age or disability homes, or ambulatorily. An organisation called Spitex (Acronym for the German phrase „Spitalexterne Hilfe und Pflege“ – care services provided out of hospitals) is responsible for the provision of ambulatory care (Gmür and Rüfenacht 2015). In addition to formal care services, informal care also plays an important role in Switzerland. Informal care entails care services that are provided by volunteers, families, and dependents of the person in need (Zumbrunn and Bayer-Oglesby 2015).

In Switzerland, access to long-term care depends largely on private assets (Höpflinger et al. 2011). Health insurance funds partly pay for ambulatory long-term care services provided by Spitex, if a doctor prescribes them. The insurance contribution consists of a daily rate for basic care, yet patients have to contribute to it out of their own pockets, in addition to the *franchise*¹ of their health insurance. If an individual cannot raise the out-of-pocket contributions, they can apply for complementary benefits (*Ergänzungsleistungen*) to the AHV (*Alters- und Hinterbliebenen-Versicherung* - Old Age and Survivors Insurance) and IV (*Invalidenversicherung* – Disability Insurance) insurances. If the insurance funds do not pay for the services a patient needs, or if these services were removed from the portfolio of the insurance's contribution, and if there are no private means available, those in need can apply for social assistance from the foundation ProSenectute. This is a national foundation whose goal is to prevent and relieve poverty in old age, with cantonal and regional centres².

1.2 Home care by relatives of working age as a problem in Switzerland

In Switzerland, home care is an important part of the system of long-term care. According to estimates, in 2010, 120,000 individuals aged over 65 needed long-term care, of whom 48,000 were cared for at home. Additionally, around 70,000 old-aged individuals received some amount of assistance at home. Furthermore, in 2012, about

¹ Insured persons can choose to pay an initial annual amount for health coverage ranging from CHF 300 to CHF 2500 in return for lower premiums. This amount is called “*franchise*”.

² <http://www.srf.ch/gesundheit/gesundheitswesen/spitex-wie-man-zur-hilfe-kommt-was-sie-kostet>, last access October 11, 2013.

80,000 individuals aged 18 or older received home care (Zumbrunn and Bayer-Oglesby 2015: 311).

An important share of home care is provided by relatives of the dependent persons, mostly by female relatives of persons who are in need of care (Höpflinger et al. 2011: 72), such as daughters of old-aged individuals or mothers of children with chronic diseases or disabilities. If the dependent person is in need of intensive care, the situation is very challenging for relatives. If the person in need of care is a dementia patient, for example, relatives are constantly afraid of losing the relationship with the person they care for. As a consequence, persons of working age with dependent relatives often suffer from fear, depression and exhaustion (Zumbrunn and Bayer-Oglesby 2015: 312). Furthermore, intensive care for dependent relatives can have negative economic consequences for their carers, because having a job and taking care of dependent relatives at home cannot often be combined easily. The SwissAgeCare survey (Perrig-Chiello et al 2010) showed that more than half of the women taking care of their dependent relatives at home reduced their workload and one sixth gave even up their job completely. Contrariwise, this effect is not as strong for men (Perrig-Chiello 2012). However, this information is based on a small number of cases (Zumbrunn and Bayer-Oglesby 2015: 313).

The problem discussed is by no means unique to Switzerland, but it is highly relevant for this country, because cash benefits and benefits in kind are limited for persons with dependent relatives. Due to the fragmented system of long-term care, in which responsibility for public regulation and financing of long-term care services is at the cantonal and the municipal level and personal contributions are very important, only few cantons and municipalities provide cash-benefits for persons with dependent relatives. What is more, although there are more benefits in kind available than there are financial support schemes, benefits in kind for persons of working age with dependent relatives remain fragmented and not well coordinated.

1.3 Description of carers' cash benefits

1.3.1 Benefits for carers

The results of a survey on financial services and benefits in kind for persons with dependent relatives, which was published in 2014, show that financial support for persons with dependent relatives exists in five out of 26 cantons at the cantonal level and overall in 37 out more than 2500 municipalities. The survey includes policies aimed at supporting persons of working age with dependent relatives of all age groups. In other words, the policies support persons caring for the elderly but also those who care for younger persons with disabilities or chronic diseases. Table one shows in which cantons and municipalities these schemes exist, and when they were put into place (Bischofberger et al. 2014: 38).

Table 1: Cantons and municipalities offering cash benefits for persons with dependent relatives

Canton	Nr. of rules	Nr. of municip.*	Municipalities	Year of establishment
Cantonal regulation				
Basel City	1	3	Basel, Riehen, Bettingen	1990s
Ticino	1	1	--	1998
Vaud	1	1	--	2006
Valais	1	1	--	1992
Cantonal and regional regulation				
Fribourg	7	20	Ueberstorf, Zumholz, Plafeien, Tafers, Brünisried, Alterswil, St. Ursen, Giffers, Rechthalten, Estevayer-le-Lac, Cheyres, Bullem Crésuz, Fribourg, Villars-sur-Glane, Chésopelloz	1990s
Municipal regulation				
Basel Country	5	5	Allschwill MuttENZ Laufen Schönenbuch Arlesheim	-- 1989 1997 1999 1994
Zurich	2	2	Opfikon Hedingen	1989 1998
Luzern	1	1	Meierskappel	2006
Schwyz	1	1	Küssnacht	2012
St. Gallen	1	1	Altstätten	2012
Schaffhausen	1	1	Schaffhausen	2005

Number of municipalities that responded to the survey.

The results in table 1 imply that cash benefits for persons of working age with dependent relatives are poorly developed in Switzerland. What is more, and importantly for this report, existing schemes do not take into account whether a person that takes care of dependent relatives is of working age or not (Bischofberger et al. 2014: 48). The figures reported in table 1 are indicative, as they are based on a survey and not on a complete inventory count. Nevertheless, they imply that very little cash benefit services are available for persons taking care of their dependent relatives.

The cash benefit schemes for persons of working age with dependent relatives are organised either on the cantonal, the regional or the municipal level. In short, they provide financial support for family members and other affiliated persons who take care of someone in need of care. In most cases, the benefits aim at increasing incentives for homecare and to avoid that the dependent person is sent to a nursing home. A further motive for these benefits is to provide recognition for the relatives who take care of dependent persons at home (Bischofberger et al. 2014: 41). Most of these contributions amount to between CHF 20 and CHF 30 (EUR 18-27) per diem, which is not enough to compensate for the loss of pay that a person of working age taking care of a dependent

relative might suffer due to reduced working hours (Zumbrunn and Bayer-Oglesby 2015: 313).

These findings imply that the system of cash benefits for carers remains highly fragmented in Switzerland. Due to the decentralised system of long-term care, financial support is only available in a few cantons and municipalities. The financial benefits that exist cannot remunerate the caring person for job-related income loss.

1.4 Description of carers' benefits in kind

In Switzerland, there is a large variety of benefits in kind for persons with dependent relatives. For example there are services which provide someone to replace the carer once a week, allow them to take holidays or provide psychological assistance. Furthermore, information and counselling are available, as well as courses to form individuals' caring capacities, as well as facilitated groups and self-help groups for persons of working age with dependent relatives (Zumbrunn and Bayer-Oglesby 2015: 313). Again, the following information includes policies aimed at supporting persons of working age with dependent relatives of all age groups.

Benefits in kind for persons of working age with dependent relatives are organised regionally, in Switzerland. Consequently, the services vary greatly between regions and cantons. Overall however, a large number of cantons and communities considers relatives of dependent persons as an important resource for assuring the provision of long-term care services (Moor and Aemisegger 2011). For example, the canton of Vaud – one of the biggest cantons in Switzerland – has integrated individuals, who take care of their dependent relatives into the cantonal strategy "*maintien a domicile*" that aims at increasing the number of long-term care patients who are being cared for at home. In this canton, the number of long-term stays in nursing homes is low, compared to a high rate of short-term stays and a high degree of home care overall (Holten et al. 2013).

Table 2: Benefits in kind for persons with dependent relatives

Type of service	Cantons (N=21)	Municipalities (N=1166)	NGOs (N=126)	Not for profit Spitex (N=35)	For profit Spitex (N=71)	Sum
Counselling	2	444	342	86	136	1,010
Information and Training	16	582	382	60	121	1,161
Coordination and logistics	1	880	240	132	184	,
Housework, care	0	277	56	84	140	557
Peer support	2	338	386	47	152	925
Company in difficult situations	1	311	75	25	62	474
Timeout	0	326	93	15	132	566
Regeneration	0	43	70	2	30	145

Table two shows the results of a survey regarding the benefits in kind for persons of working age with dependent relatives. Again, these figures emerge from a survey that

was taken in 2013.³ Each questionnaire asked for the overall number of services per unit within a certain category. For example, an NGO can provide several counselling services, for example regarding legal issues, but also offers that provide support by peers for persons with dependent relatives. Therefore, the table shows the overall number of respective offers in Switzerland, according to the survey (Bischofberger et al. 2014: 63-64).

The results in table two show that most of the services provided entail coordination and logistical support for persons with dependent relatives. The second most provided service is information and training for dependent relatives followed by services that provide counselling. The smallest number of services concerns support in housework and care, as well as support during crises and regeneration programmes for persons with dependent relatives. Therefore cantons provide above all information, whereas the highest number of services is provided at the municipal level and by NGOs (Bischofberger et al. 2014: 63-64). The distribution of these services among different providers reflects, again, the structure of the Swiss long-term care system. This means that it ascribes a lot of importance to municipalities, but also to non-governmental organisations, which provide an important share of the benefits in kind for persons of working age with dependent relatives.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

Overall, individuals who care for their dependent relatives are a very important element of the Swiss long-term care system. There is no national system of support of persons of working age with dependent relatives. Below, the report discusses the performance of various elements of the existing system.

2.1 Assessment of individual measures

2.1.1 Coverage and effectiveness of financial benefits and benefits in kind

In Switzerland, financial support for persons with dependent relatives is not very well developed, in the sense that it does not cover a large number of cantons and municipalities across the country. Out of 26 cantons, 5 have reported having a cantonal cash benefits scheme. Furthermore, 37 out of about 2,300 municipalities reported having cash benefits for persons with dependent relatives⁴. These figures show that there is a very low number of programmes that organise financial support for persons with dependent relatives, relative to the overall number of jurisdictions. Amongst the cantonal programmes that are available, four out of five are in non-German-speaking or bilingual cantons, although German speakers form the majority of the Swiss population. Furthermore, the amounts paid by financial compensation schemes are not enough to replace income loss for dependent relatives. The problem is that these schemes do not take into account whether the person taking care of dependent relatives is of working age, or not. Consequently, persons who take care of their dependent relatives at home are disadvantaged financially when they work less in order to take care of their dependent relatives at home (Bischofberger et al. 2014: 41; Zumbrunn and Bayer-Oglesby 2015: 313).

Compared to cash benefits, services coverage for persons with dependent relatives is higher. The survey that has been mentioned throughout this report sheds light on the effectiveness and the problems regarding benefits in kind for persons with dependent

³ The data was collected in an online survey, which was sent to all cantons and municipalities in Switzerland, all for profit and not for profit Spitex organisations as well as a number of selected regional and cantonal branches of NGOs that provide services for persons with dependent relatives (Bischofberger et al. 2014: 30-31).

⁴ Number of municipalities in 2014:

http://www.bfs.admin.ch/bfs/portal/de/index/regionen/11/geo/institutionelle_gliederungen/01b.html, last accessed February 15, 2016.

relatives in Switzerland. In particular, there are a number of obstacles to claiming services for dependent relatives. For example, dependents are often reluctant to seek help from their relatives, do not recognize that they need support and there is a lack of information regarding support measures. In addition, costs for taking a break from homecare are often too high (Bischofberger et al. 2014: 94). Furthermore, there are a number of weaknesses in the Swiss system of support for persons with dependent relatives. These are, principally: lack of coordination between different service providers and levels of government, a lack of sensitivity for the problems of relatives, and insufficient possibilities for recreation during intense periods of care for dependent relatives (Bischofberger et al. 2014: 95).

2.1.2 Employment effects

In Switzerland, there is no national scheme that regulates employment compensation for persons of working age with dependent relatives. Amongst the cantonal and municipal systems providing cash benefits for relatives with dependent persons, very few of the cash benefits meet the standards of an actual payment for those who provided homecare services. Existing exceptions are the canton Ticino and the city of Opfikon. In Opfikon, a carer can claim 1.5 hours (at a rate of CHF 28.85 per hour) per day and per dependent person for homecare services provided for dependent relatives. Such a regulation could be an incentive to share the care duty between various persons, but the regulations in Opfikon do not allow for several persons claiming benefits to care for the same person (Bischofberger et al. 2014: 48).

Nevertheless, in at least 19 cantons, relatives can demand compensation for salary shortfalls for reasons of sickness and invalidity. As the mentioned survey shows, not many individuals take advantage of these types of services, as they require in most cantons a working contract between the working person and the dependent relative. The advantage of this system is that persons with dependent relatives can claim social security benefits. However, it seems that not many individuals who are in need of long-term care are willing to complete the necessary paperwork or to find someone to assist them with this (Bischofberger et al. 2014: 48).

In some cantons, it is possible to employ persons of working age with dependent relatives in the local Spitex organisation, under specific circumstances. This system has received a positive evaluation, because the work by persons of working age for their dependent relatives is valued, remunerated and the quality of the care services by relatives can be assured (Rex and Bischofberger 2014). Furthermore, since 1997, working persons with dependent relatives can put forward pension claims with the Swiss public pension insurance (AHV) to account for their care work (Zumbrunn and Bayer-Oglesby 2015: 313).

Another problem for persons of working age with dependent relatives is that after a period of unpaid care work at home, it is quite difficult to re-enter the job market. In Switzerland, there is a programme, which is called "*Dossier freiwillig engagiert*" that allows individuals who care for their dependent relatives to document the time they spend taking care of that person⁵. The document needs to be certified by the local Spitex organisation or a doctor, and documents the qualifications and experiences that have been obtained while taking care of a dependent relative (Zumbrunn and Bayer-Oglesby 2015: 313).

Furthermore, a number of training programmes have evolved recently, which aim to support persons with dependent relatives. For example, since 2008, a course of study exists at the College of Higher Education ("*Fachhochschule*") in Bern, which provides knowledge on how to support persons with dependent relatives. The programme is

⁵ <http://www.dossier-freiwillig-engagiert.ch/>, last access, February 16, 2016.

implemented in coordination with the Red Cross, the Spitex of the canton of Bern and other organisations (Zumbrunn and Bayer-Oglesby 2015: 314).

2.1.3 Overall effects on the well-being for the carer and the cared for

The effects of care on dependent persons by relatives is an important element of the Swiss long-term care system, because it allows sick or handicapped individuals to stay at home and enjoy being taken care of in an environment they know by individuals they are close to (Zumbrunn and Bayer-Oglesby 2015: 311).

Nevertheless, since support measures for persons with dependent relatives are not coordinated in Switzerland, there are no overall evaluations of these programmes. The regional solutions that exist however show positive results. For example, as mentioned before, the canton Vaud, which explicitly includes persons of working age in the cantonal strategy to increase home care, reports satisfaction with the strategy, as it increases the percentage of persons being cared for at home (Zumbrunn and Bayer-Oglesby 2015: 314).

Overall, persons who provide home care for their dependent relatives are to a large extent on their own, above all financially. Whereas there are a certain number of benefits in kind to support persons caring for their dependent relatives, financial support coverage is very low and the benefits that are paid are little. Consequently, if someone takes care of dependent relatives at home, it is necessary to have private financial means, or to work less. Therefore many persons of working age with dependent relatives work less without receiving equivalent financial compensation, in many Swiss municipalities. This is a disadvantage for those who do not have flexibility in their jobs, private means, or the support from other relatives. Without support from relatives or friends, persons of working age face the challenge of either reducing their working percentage without being compensated, or to send their relatives to nursing homes, if this is at all possible. As with other aspects of the Swiss system of long-term care, private funds are important to ensure that a dependent person is taken care of at home well, and for persons of working age to deal with such a situation financially and personally.

2.2 Assessment of overall package of measures and interactions between measures

In Switzerland, about 40% of old-age persons who are in need of medium to intensive care, receive this at home. This is less than in other European countries, for example in Germany, where about 70%] of this cohort receive home care, as well as financial allowances from the long-term care insurance (about 50% of those who need long-term care are being taken care of at home alone by relatives) (Zumbrunn and Bayer-Oglesby 2015: 314). In Switzerland, care in nursing homes, which is much more expensive than home care, plays a more important role (Bischofberger et al. 2014: 48).

One estimate shows that voluntary home care services that were provided in Switzerland for persons living in the same household were worth CHF 2.36 billion (EUR 2.17 billion) , and CHF 1.19 billion (EUR 1.09 billion) for long-term care services for those living in other households (Rudin and Strub 2014; Zumbrunn and Bayer-Oglesby 2015: 314).

Summing up the previous analysis, the Swiss system of support for persons who care for dependent relatives has the following weaknesses:

- Coverage with financial assistance schemes for persons of working age caring for dependent relatives is weak. Only a few cantons and municipalities have programmes to support those caring for dependent relatives (Table 1). Given the high value of care services by relatives, the Swiss system of financial benefits and benefits in kind for persons taking care of their dependents is remarkably underdeveloped. Investments in financial support for home care by volunteers would be important in Switzerland, because in neighbouring countries, such as

Austria or Germany, those in need for LTC receive financial benefits (*Pflegegeld*). Consequently, about half of the group of those in need of LTC receive home care by dependent relatives, which is possible due to the mentioned financial benefits (Zumbrunn and Bayer-Oglesby 2015). Furthermore, there is the potential to economise on expenditure for long-term care, because the current system relies heavily on care in nursing homes.

- The existing programmes pay only very little money to persons of working age with dependent relatives. The payments are by far not income replacement and provide just symbolic recognition of care for dependent relatives. As a consequence, since caring for dependent relatives often requires a reduction in working hours in a regular job, carers depend on financial support from their dependent relatives themselves or from third parties. What is more, long absences from the labour market complicate reintegration after a period of care.
- Given that women shoulder the majority of care work for dependent relatives in Switzerland, they are particularly at risk of suffering the negative consequences, which the absence of adequate financial compensation for care work potentially has for carers. Caring for dependent relatives potentially detaches women in Switzerland from the labour market and reduces their financial independence. Since female relatives or female affiliated parties of dependent persons provide most of the care work for persons who are of old, disabled, or chronically sick, they are the most disadvantaged by the low coverage of financial support for persons caring for dependent relatives.
- Although out of pocket payments are an important element in paying for care in nursing homes, with the number of old aged persons on the increase continuously, it is likely that the number of those who will need financial assistance for long-term care will also augment. Providing relatives and friends with financial incentives that allow them to take care of their dependents without high financial penalties, as well as giving them the possibility of returning to the labour market even after long periods of care, will not only help to economise costs, but prove attractive from a human point of view, because persons in need of care have the possibility of receiving care at home from someone who is close to them.
- Benefits in kind services are not well coordinated. As the reported survey has shown (Table 2), there are various benefits in kind to support carers, which are furnished by different types of providers. The problem is that these services are not well coordinated and beneficiaries often do not know about complementary offers by other providers.

2.3 Policy recommendations

Based on the presented analysis, this report proposes the following policy recommendations regarding persons of working age with dependent relatives:

- It is important to increase the coverage and as well as the amount of financial compensation for persons of working age with dependent relatives. The current system is highly fragmented and in most cantons there are no schemes that explicitly provide financial support for persons who take care of dependent relatives. Specifically, it would be good to ask cantons or municipalities to find a solution to this problem – many different models are available in Swiss cantons and communities. Another important policy recommendation concerns the amount of the contributions. Currently, they cannot replace income for persons of working age, and should be higher. A possible solution to this could be to employ dependent relatives for their service, for example with the local Spitex organisation, everywhere in Switzerland, which would allow for their training – and to control the quality of the care. At the same time, working as a carer for

some time provides continuity of income and work life, and values the care work that has been provided.

- Regarding benefits in kind, the main policy recommendation is to improve coordination, or at least information of the services that are available. A main shortcoming that has been reported is that many services are available, but often they are not coordinated – not even in an informal manner, which means that there is no central information point regarding all services, such as one-stop-shop in modern social policies that coordinate different services. Furthermore, it is necessary to improve services that relieve caring persons from their duty for some time and allow them to take care of themselves and to take a break from care work. Such a measure could be implemented easily if the person providing home care was hired by the local Spitex organisation. This solution would not only provide the possibility of paying for care work, but also allow for controlling whether the person taking care of a dependent relative needs more work life balance measures and a break from the actual care work.

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