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Employing Family Carers by Home Care Services: Real Life Experiences from Switzerland

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A few facts about Switzerland and its health and family care system

1996

- §: Mandatory individual statutory health insurance plan chosen by individual from 51 private health insurance companies → comprehensive coverage incl. home care
- Health services focus on hospitals and nursing homes (home care services are rapidly growing, but contribute only 3% to overall health care costs).
- High out-of-pocket costs above OECD average → home care and nursing home costs are covered by **clients & health insurances & municipalities.**

9MILLION

- «unus pro omnibus – omnes pro uno» = formula for federalism
- 26 cantons (smallest: 16'000 inhabitants!) and 2136 municipalities
- Accountability for long-term care services at municipality level

22.5

- Nearly **600'000** family carers (from 9 years), **61%** report at least one more involved family caregiver
- Decreasing fertility rate & increasing life expectancy (22.5 years at 65 for women)

1.39

Policy history of employment model in a nutshell

Policy issue #1: Unpaid care is transferred to the paid labour market.

2006-2011: De-Institutionalization

Pilot project to reform the federal **disability insurance act**: Consumers live in their own apartment and become **employers** of their personal assistants. The federal council defines the hourly wage (currently CHF 34.30). No qualification is needed, the employer defines the criteria.

2006: Federal Supreme Court

Decision against a health insurance: Employment model is legal, certain «instruction» of family carer is needed.

2006-2011: Re-Familiarization

Employing family carers as personal assistants by the significant other is allowed in the pilot project.

Since approx. 2016: Re-Institutionalization

A lawyer with spinal cord injury founded a home care agency and hired family carers. The salary* is financed by reimbursements of the **patient's health insurance**. Regulated home care hours lead to about max. 40% paid workload per week. After the caregiving episode ends, carers leave the agency, or might remain as team members.

(*same hourly wage as in the federal disability insurance)

Since 2012: De-Familiarization

After the project end and the parliament debate: Employing family carers was not allowed anymore.



Since 2022: Increase of specialized home care services

Ongoing debates among health insurance associations, municipalities, politicians, home care associations, aiming to analyze, regulate, reduce costs...

Potentially employed family carers

Spouses /
couples /
siblings

Parents/grandparent/
carer of ill/disabled
child

Adult children of elders

Young adult carers

(print screen from Swiss television broadcasting, April 19, 2021)

Seniors (print screen from Swiss television
broadcasting, December 19, 2023)

Neighbors and Friends
*An Overlooked Resource
in the Informal Support System*

MARJORIE H. CANTOR
Fordham University

Research on Aging, 1979

Ageing & Society 33, 2013, 1442-1468.
doi:10.1017/S0144686X12000736

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**Characteristics and contributions of
non-kin carers of older people: a closer
look at friends and neighbours**

TRACEY A. LAPIERRE* and NORAH KEATING†

Care tasks under employment

Basic care according to a set of caregiving tasks regulated in the ordinance of the Federal Health Insurance Act and according to a needs assessment conducted by a home care registered nurse

Support with:

- ✓ Bathing
- ✓ Dressing
- ✓ Toileting
- ✓ Eating/Drinking
- ✓ Moving
- ✓ Orientation (space, time)
- ✓ Prevention against skin ulcer, pneumonia
- ✓ Anti-thrombosis knee socks
- ✓ Etc.

Often, carers develop expertise, e. g. preparing a meal for a husband with dementia – his spouse's creation

No

Yes

Complex care tasks and coordination by employed nurses as family carers

A recent example:

- The wife has a rare disease.
- The husband is an anesthesia nurse. He is employed by a specialized home care service and provides an infusion therapy at home during several hours on three days twice per month.
- The wife does not need to travel to an outpatient clinic, and the local home care service does not have to provide infusion nurses for several hours to supervise the therapy.
- The husband is not only paid, but is also protected by the liability insurance of the home care service.

**Elefant in the room:
Medical advancement and consequences on
family carers**

Care tasks outside of the employment

	Caregiver roles		
	DIRECT CARER	MANAGING CARER	INVESTIGATING CARER
Caregiving tasks	Medical procedures if not qualified as RN	Organize legal and financial matters	Check, compare, and decide service provision and payment options
	Run a household of an ill or disabled person	Communicate with providers, payers, and family	Search, study, and discuss information on illness, providers, and payers
	Succeed rules and instructions for care	Arrange care and communication logistics	

Educational requirements for employed carers without nursing qualification

Until spring 2023:

Required course for certified nurse assistants (CNA*):

- 120 hours in **classroom teaching**
 - 12-15 days **work placement** (not the private household)
 - Certificate achieved within 12 months of employment
 - Course certified by Swiss Home Care Association
-
- No qualification requirements between CNA's working in all households for various patients and employed family caregivers working in **one** household for **one** patient.

From spring 2023:

Alternatively to a CNA course: equivalent course

Criteria, contents, and didactic concept are currently being developed, also considering family carers' expertise at the employment onset.

Quality assurance: Employers' accountability by law

*According to the Swiss Federal Office of Statistics, between 31% of home care staff (not-for-profit services) and 47% (for-profit services) in Switzerland is qualified as CNA.

Challenges in a multi-stakeholder arena

- ! **Society:** Traditionally unpaid family caregiving hours are transferred to the paid labour market.
- ! **Lawmakers:** They have to decide on mostly unknown territory, since home care happens in privacy and has hardly been on the political agenda (compared to high cost hospitals and nursing homes).
- ! **Media:** Acknowledge family carers as large population group, and recognize novelty of employment model. But complexity reduction of the model in broadcastings is challenging.
- ! **Municipalities:** Strategies for sustainable and innovative long-term care structures and finances become highly relevant (nursing homes are expensive and require 24h staffing).
- ! **Research:** Lack of data and research programs
- ! **Home care services:**
 - Family carers have heterogeneous caregiving skills (some even instruct professional caregivers).
 - Many carer employees with low workload are time consuming for HR and management.
 - The interaction of employed family carers and other team members are a novelty and require capacity building.
- ! **Family carers:** Well-being and self-management through support and time-out are relevant.
- ! **Home care clients:** Last but not least - they deserve quality care as a welfare mix.

Conclusion

- Model to strengthen self-management of family carers and their significant others in a home care team
- Alternative to consumer-driven employer model
- Not a one-fits-all model, but a door opener to find other arrangements
- Financing long-term home care – including complex care – needs multistakeholder models.

Thank you for your attention