Ageing in Diversity

Care and Care Preferences in Germany as an Immigration Country

Summary

The immigration society is ageing, which poses new challenges for health care and care for the sick and elderly. Apart from the increasingly evident shortage of skilled care professionals, the heterogeneous population also has a wide range of expectations when it comes to care, some of which vary considerably. The research on migration and care preferences is still clearly deficient. There is insufficient data overall, and the few existing studies only supply in part reliable assertions which are not usually backed up by other studies. It is particularly problematic that representative population studies about health care and care of the sick and elderly do not capture the criterion "migration background"; it is also difficult to get the vulnerable group of individuals in need of care or their family members to participate in surveys. Relevant studies, however, are important to be able to develop more concrete recommendations for action in this field and implement them at the local level.

To at least gain more insight into some aspects, the current SVR Integration Barometer looks at the care preferences of people in Germany (with and without a migration background). This pool of data also makes it possible to differentiate between groups by country of origin, for example, with regard to their caregiver preferences. The study reaches the following main conclusions:

(1) It is important that the caregiver speaks German well (91%) for a significant majority of respondents without a migration background. In contrast, most non-German native speakers do not think it is important to be cared for by someone who speaks their native language. Differences can be seen among groups by country of origin: while only a minority (25%) of *Aussiedler*, or repatriated ethnic Germans, attach importance to being able to communicate with the caregiver in their native tongue, this is the case for 51% of people of Turkish descent.

(2) The cultural background and religion of the caregiver play a less important role for most respondents. Generational differences are evident in most groups: it is generally much more important for first-generation immigrants than for their children that caregivers have a similar cultural background. The degree of religious belief also plays a role here: more religious respondents tended to express a preference for their caregivers to be of the same culture or religion. All other explanatory factors being held constant, it was found that respondents who have experienced discrimination are much more likely to want a caregiver with the same religion and culture.

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(3) Women generally express a much stronger preference for caregivers of the same sex while most men don't indicate a preference. This is particularly important to women of Turkish descent (77%).

The issue of migration and care of the sick and elderly is not new: for many years, charities, hospitals and training institutions have been dealing with the question of how German facilities can offer culturally sensitive care, i.e. that meets the individual needs of all patients. But these kinds of models are not yet broadly established. The reason may be in part because needs have not yet been adequately researched. The few studies that have been conducted to date usually focus on quality and often only relate to individual groups of origin or geographical regions. The SVR Integration Barometer closes a small part of this fairly large research gap. The Policy Brief embeds the results of the analysis in current research.

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