



Response by BAGSO, the German National Association of Senior Citizens' Organisations to the Joint questionnaire by Special Procedure mandate holders on Protecting human rights during and after the COVID-19

Please note that we strived to be as complete and updated as possible in our responses, but due to the highly dynamic situation with daily changes in the availability of data and in the measures against the pandemic, we cannot guarantee an exhaustive response to the questions.

This document was last updated on June 10th, 2020.

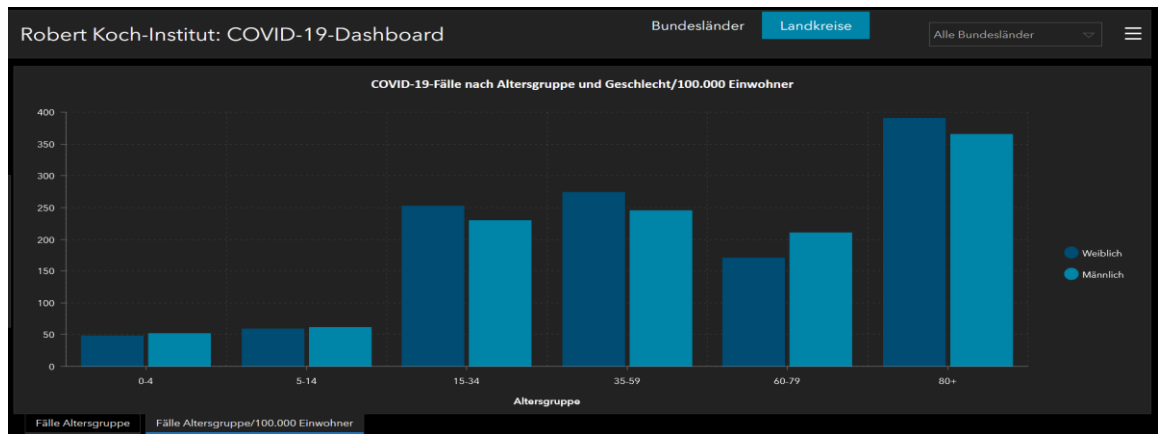
Common questions which include older persons

Statistical information

- **Please provide epidemiological data on COVID-19 infections, recovery and mortality rates in your country, region or locality, disaggregated by nationality, race, ethnicity, religion, membership of indigenous peoples, age, gender, sexual orientation and gender identity, income/poverty levels, disability, immigration status or housing situation. Which groups in your country have been disproportionately affected by COVID-19 and how can this be explained?**
 - The Robert Koch Institute's Corona Dashboard provides data for Germany, the Länder (Federal states) and the Landkreise (cities and communities): <https://npgeo-corona-npgeo-de.hub.arcgis.com/>.
 - Data is also available for localities and disaggregated by age and gender, but no disaggregated data was found for the other above mentioned criteria.
- **Please provide age disaggregated data on persons infected by COVID 19 and the percentage of them living in care institutions for older persons. Please provide age disaggregated data on deaths caused by COVID-19 and the percentage of them who were in care institutions.**
 - Most COVID-19 cases (67%) are in people between 15 and 59 years of age. Women (52%) and men (48%) are roughly at the same risk. Among the deaths there are more men (55%) than women (45%). 86% of all deaths and 19% of all cases are among people aged 70 and above. The highest incidence is in the age group 90+. Source: https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situations_berichte/2020-06-04-de.pdf?_blob=publicationFile



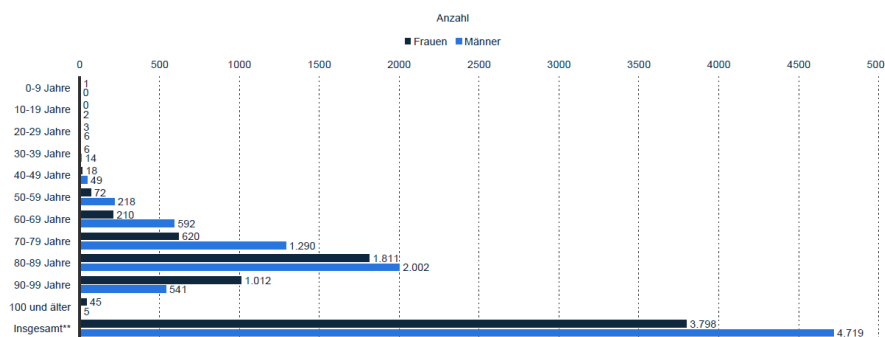
- For more disaggregated data see: https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4/page/page_1/ and <https://de.statista.com/statistik/daten/studie/1103904/umfrage/corona-infektionen-covid-19-in-deutschland-nach-altersgruppe/>



- The biggest number of deaths occurred in the age group 80 to 89 years of age. Source: RKI 2020 (image below)

Todesfälle mit Coronavirus (COVID-19) in Deutschland nach Alter und Geschlecht (Stand: 2. Juni 2020)

Todesfälle mit Coronavirus in Deutschland nach Alter und Geschlecht



○ For the numbers of cases and deaths in care

Hinweise: Deutschland
 Weitere Angaben zu dieser Statistik, sowie Ergänzungen zu Fußnoten, sind auf Seite 82 zu finden.
 Quelle(n): Robert Koch-Institut, ID 1194173

institutions there is still data missing. The Robert Koch Institute (RKI) reported in April that there were (at least) 14.000 cases of COVID-19 in institutional living of all kinds



(<https://www.tagesschau.de/investigativ/ndr/corona-zahlen-heime-101.html>) and that at least a third of all deaths occurred in care institutions (<https://www.tagesschau.de/investigativ/ndr/corona-zahlen-heime-101.html>). According to RKI 17% of those infected in such institutions died. The Institute assumes that the numbers are in fact higher, but not yet recorded correctly.

- **Please share any information and data on the availability of health services to ensure access to testing, personal protective equipment and treatment. Please specify to what extent supply issues, economic, social or other barriers have limited access to testing, personal protective equipment and health care services, in particular for persons belonging to particular racial or ethnic groups, indigenous peoples, older persons, persons with disabilities, LGBT persons, persons living in poverty or in situation of homelessness, migrant workers, or persons without legal residency status.**
 - Testing capacity increased during the pandemic, from around 7.000 tests/day in calendar week 11 to 160.000 tests/day in calendar week 23. Source: <https://de.statista.com/statistik/daten/studie/1110951/umfrage/testkapazitaeten-fuer-das-coronavirus-covid-19-in-deutschland/>
 - In international comparison Germany has one of the biggest numbers of intensive care beds per inhabitant: 34 beds per 100.000 inhabitants in 2017 (data of OECD). According to the German Hospital Society, the total number of beds increased from 28.000 (20.000 with ventilation capacity) before the outbreak to 40.000 (30.000 with ventilation capacity). Sources: <https://de.statista.com/statistik/daten/studie/1111057/umfrage/intensivbetten-je-einwohner-in-ausgewaehlten-laendern/> and <https://www.dkgev.de/dkg/coronavirus-fakten-und-infos/>
 - There is a central registry of intensive care unit beds showing the availability of the beds. <https://www.intensivregister.de/#/intensivregister>
 - No data on personal protection equipment at national level.
 - No data yet on unequal access to tests, PPE and treatment or discrimination in accessing such equipment or health services.



- **Please provide us with data indicating the social-economic impact of the economic downturn triggered by COVID-19 such as changes to household income, increase of unemployment, access to food and traditional livelihoods, poverty or homelessness in your country, region or locality, disaggregated by nationality, race, ethnicity, age, gender, sexual orientation and gender identity, disability, religion or immigration status.**
 - Household income: According to the Statista COVID-19 Barometer 31% of the interviewees in Germany experienced a decrease in their income. 43% of Germans do not yet report negative consequences for their income. <https://de.statista.com/infografik/21285/auswirkung-der-corona-krise-auf-das-einkommen/>
 - Unemployment increased in April and May (now 6.1%, + of 169.000 people just in May 2020, decrease of job vacancies of 26.5%) and is expected to further increase. Source: <https://www.iab-forum.de/einschaetzung-des-iab-zur-wirtschaftlichen-lage-mai-2020/?pdf=16519> and <https://de.statista.com/themen/6058/auswirkungen-des-coronavirus-auf-die-wirtschaft/>
- **Please provide data on the number of older persons who live in residential care institutions or alternative setting; the number of older persons in situation of homelessness and/or without adequate housing; and the number of older persons who are in prisons, refugee camps and informal settlements.**
 - According to the statistics published in 2018 (Pfleigestatistik) around ¼ of all people in need of care (pflegebedürftig) lived 2017 in residential care settings. Source: https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Pflege/Publicationen/Downloads-Pflege/pflege-deutschlandergebnisse-5224001179004.pdf?__blob=publicationFile.
 - Homelessness by age group and gender (data available upon payment only): <https://de.statista.com/statistik/daten/studie/590591/umfrage/verteilung-der-wohnungslosen-in-deutschland-nach-altersgruppen-und-geschlecht/>
 - A small percentage (3.9%) of refugees is aged above 64. Source: <https://www.destatis.de/DE/Themen/Gesellschaft->



[Umwelt/Bevoelkerung/Migration-Integration/Tabellen/liste-schutzsuchende-migrationsstruktur-demografie-bundeslaender.html](https://www.destatis.de/DE/Themen/Staat/Justiz-Rechtspflege/Tabellen/strafgefangene.html)

- In 2018, 7.685 of 50.957 people in prisons were aged 50 and above. Source: <https://www.destatis.de/DE/Themen/Staat/Justiz-Rechtspflege/Tabellen/strafgefangene.html>

- **Please provide data on abuse and neglect of older persons, in and outside care institutions brought to the attention of public authorities or complaint mechanisms.**

- There is little data on the incidence of abuse and neglect of older persons. A survey among care professionals in residential care settings showed that verbal aggressive behaviour, neglect and physical abuse are the most common forms. Half of the respondents believe that conflicts, aggression and abuse are huge challenges for institutional care. Source: <https://www.pflege-gewalt.de/wissen/haeufigkeit/>, <https://www.zqp.de/wp-content/uploads/ZQP-Analyse-Gewalt-StationaerePflege.pdf>
- According to BIVA, the federal association for older people in need of care, a member of BAGSO, violence and abuse in care settings is common. In around 20% of the counselling cases of BIVA violence plays a role. Further, according to the Medical Service of the health insurances (MDK) 107.000 inhabitants of care institutions do not receive the care according to medical orientation. For more than 5.000 people, that are treated with custodial measures, consent isn't given nor is there a permission to do so. Source: <https://www.biva.de/gewalt-in-der-pflege-weit-verbreitet/>

Protection of various groups at risk and indigenous peoples

- **What measures have public authorities taken to protect high-risk populations from COVID-19, including: a) health care and social workers, b) older persons, c) other persons with a possibly reduced immune system such as indigenous peoples, or persons living with HIV, d) detained and incarcerated persons, including persons under state custody; e) persons living in care homes, f) children and adults living in institutions, camps, shelters or collective accommodation, g)**



persons with disabilities, h) homeless persons; i) persons living in informal settlements or overcrowded homes; j) refugees, IDPs and k) migrant workers.

- Many measures in the first place addressed the **general population**. The measures taken by public authorities include the following - in chronological order:
 - End of February: population was advised to call a medical doctor in case he/she suspects an infection; contact persons of infected people have to remain two weeks in self isolation at home; crisis committee was established.
 - 9th of March: reduction of contacts.
 - 10th of March: recommendation to cancel events with more than 1.000 people and consult with local authorities on events with less than 1.000 people.
 - 11th of March: people returning from countries with higher infections should remain in self isolation for 2 weeks.
 - 12th of March: hospitals should prepare (recruit more staff and avoid non-compulsory interventions).
 - 17th of March: again recommendation to reduce social contacts to the absolutely necessary.
 - 22nd of March: Federal and State governments agree on measures of reduction of contacts and lock down. Non-essential workers have to work from home, if possible. Most shops (non-essential), restaurants, cultural and recreational institutions, sport venues, schools and universities were closed. Only two people of different households could meet publicly, maintaining a distance of 1,5m.
 - 20th of April: some States start with relaxation of the measures, e.g. re-opening of stores. Some States require the use of mouth-nose-masks.
 - 27th of April: Obligation to use mouth-nose-masks for supermarkets etc. and public transport. No obligation to use in outside spaces.
 - 30th of April: starting to reopen play grounds, museums, zoos and religious places.



- Beginning of May, some States start to relax the contact reduction measures by allowing more people to gather, the Federal government follows with a similar relaxation (allowing people of two households to meet in public). Another relaxation aimed at people living in residential care who should be guaranteed visits from one contact person.
- End of May, step-by-step reopening of educational and recreational institutions, restaurants and hotels, personal services (hairdresser etc.), visitors in hospitals and care institutions as well as the possibility of smaller public and private events – under observation of hygiene and distance measures. Each state is responsible for its own measures.
- On **measures regarding older people** in care homes as well as residential care, BAGSO issued several statements with recommendations, including its appeal on federal and state governments to implement their decision of 15 April 2020 as quickly as possible and to end the social isolation of people in care institutions. The bans on visits and leaving the institutions that have been in force for six weeks are by far the most serious infringement on basic rights in the current corona pandemic. In its statement, BAGSO names the ten most urgent measures to improve the situation in nursing homes. A certain degree of personal contact must be guaranteed. The measures regarding older people in residential care settings depend from state to state. An overview of regulations can be found here: <https://www.biva.de/besuchseinschraenkungen-in-alten-und-pflegeheimen-wegen-corona/>
- Specifically for **family caregivers**, the Federal Ministry introduced a couple of changes in the way it supports the caregivers allowing for a better balance between caregiving activities and employment (additional time out of employment and financial benefits), more flexibility to balance caregiving responsibilities and employment and by taking account of loss of income in financial support through interest-free loans. Source: <https://www.wege-zur-pflege.de/service/corona.html> and <https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>



- **Caregivers working in institutional care settings for older people** are entitled to a “corona bonus” of max. 1.000 Euro per person from the Federal Government, which is complemented in some states by additional bonuses.
<https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>
- According to a new law from May 19th, in institutional care settings the testing capacity should be increased to protect the most vulnerable.
<https://www.bundesgesundheitsministerium.de/covid-19-bevoelkerungsschutz-2.html>
- **Can you inform us about particular measures taken to mitigate the impact of the COVID-19 pandemic for communities and groups subject to structural discrimination and disadvantage?**
 - Regarding measures taken by the public authorities concerning care institutions and people in home-care arrangements see the information above.
 - Since the beginning of the pandemic, many local authorities as well as associations and individuals have initiated neighbourhood support systems, e.g. to run errands (food shopping, pharmacies, walking the dog) and provide emotional support to people in risk of isolation through window-concerts and visits and all kind of virtual meetings.
 - Support systems like die “Tafel” which distributes food donations for disadvantaged people struggled a lot since the beginning of the pandemic, as most of the volunteers working in the Tafel are in higher risk for the virus. However, over the last weeks and months new ways of distributing the food were found so that people again receive food donations. Source:
<https://www.tafel.de/themen/coronavirus/>
- **What measures have been taken by public authorities to ensure continued provision of services, including food, healthcare, education, psycho-social assistance to persons in vulnerable situation, including a) older persons, b) persons with disabilities, c) LGBT persons, d) persons in situations of homelessness, e) indigenous peoples, f) victims and survivors of domestic, sexual and gender-based violence, g) human trafficking, h) discrimination, i) victims of**



contemporary forms of slavery, including forced labour, as well as h) child victims of sale and sexual exploitation?

- Many **foreign caregivers** left the country in a rush at the beginning of the pandemic. There was a huge fear that there would be a huge lack of caregivers, especially informal caregivers providing care for older people in their homes. EU-wide regulations e.g. for Eastern-European caregivers that need to cross the border to Germany, tackled this issue to some extent. However, as there is still little public transport, often they are employed informally and there are obligations of quarantine after the return e.g. to Poland still many caregivers are not able to return to Germany. Source:
<https://www.aerzteblatt.de/nachrichten/111353/Osteuropaeische-Betreuungskraefte-duerfen-die-Grenze-passieren>
- Many services, in particular in care institutions, were discontinued during the outbreak. During the last few weeks some services have been re-established, following hygiene measures.

Accountability and justice

- **Please provide information on any alleged neglect, abuse, or serious violation of health regulations in health care institutions and institutions caring for older persons and persons with disabilities during the COVID-19 epidemic in your country?**
 - Actually, in Germany most older people in need of care are taken care of in their homes and are not institutionalised. They lost many support systems (e.g. day care, physiotherapists and foreign caregivers), meaning that many people might suffer from neglect and abuse, but so far no information about such cases came to light.
 - In terms of discrimination in general, not restricted to institutions, the German Federal Antidiscrimination Agency (Antidiskriminierungsstelle des Bundes) reported it received complaints about the usage of the wording “older and weak people” in public reporting about COVID-19.
<https://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/Dokume>



[nte ohne anzeige in Publikationen/20200504 Infopapier zu Coronakrise.pdf?_blob=publicationFile&v=2](#)

- When it comes to older people in care institutions the regulations by the Länder are applicable, regulating visits, for instance. BAGSO and some of its member organisations received reports claiming that care institutions establish their own regulations and partly ignore or violate the State regulations on visits. More information about these regulations can be found in BAGSO's statements (see Annex). The regulations change frequently which makes it difficult to identify violations of laws. Care quality control is a responsibility of the Länder (states), meaning that they are responsible to deal with abuse, neglect or other violations of regulations.
- The evaluations of care institutions undertaken by the Medical Service of Health Insurances (Medizinischer Dienst der Krankenkassen) have been paused until the end of September due to COVID-19. This implies that there is less quality control in institutions at the moment to identify abuse and neglect in general, to follow up on allegations made by residents, family members or staff and to identify violations of regulations specific to COVID-19 in particular. The quality control mechanism is paused to reduce the risk of infection by outsiders coming in into the institutions and freeing up time of staff who would be involved in the quality control visits. Source: <https://www.mds-ev.de/aktuell/aktuelle-meldungen/corona-qualitaetspruefungen-in-pflegeeinrichtungen-ausgesetzt.html>
- A study undertaken by BAGSO's member organisation BIVA shows that 70% of the visitors in care institutions reported that the easing of the limitations on visitors did not result in improvements and that the health conditions of the care recipients are declining. Source: <https://www.biva.de/umfrage-besuche-im-pflegeheim-noch-unzureichend/>.
- In general, however, it is difficult to blame care institutions as there have been systemic problems in the sector before the pandemic, including a lack of staff. The management of care institutions is in a tricky situation between wanting to protect their residents from infection and allowing for social interactions, including with people from outside of the institution.



- **What measures have been taken by public and judicial authorities to address such allegations and to establish accountability, if applicable? Have any disciplinary, public inquiries or court cases been initiated, including against managers of the institutions concerned?**
 - In North Rhine-Westphalia, a new "dialogue office" was established to help resolve conflicts over the design of visiting regulations in care and disabled facilities under corona conditions as amicably as possible. Source: https://www.aerztezeitung.de/Nachrichten/Anlaufstelle-bei-Konflikten-zu-Heimbesuchen-410084.html?utm_campaign=AEZ_NL_TELEGRAMM&utm_source=2020-06-05-AEZ_NL_TELEGRAMM&utm_medium=email&tid=TIDP531406X5C61ED204A604D3BA39ADA6546960EEFYI4
 - No such initiatives are known to be available in other states.
 - Given the care quality control mechanism of the Medical Service of Health Insurances (MDK) is paused due to COVID-19, it is less likely that cases of abuse, neglect and violations of residents' rights would be identified at the moment.

Questions by the Independent Expert on the human rights of older persons

- **Please provide more information on the situation and measures taken in state run or financed facilities with a focus on the needs of older persons with underlying health conditions. Please provide any information concerning shelters for older women to protect them from abuse or from homelessness.**
 - The most important guidance for residential care institutions have been published by the Robert Koch Institute (latest version May 27th). Within this publication there are several links to other sources providing further recommendations on hygiene and distancing measures within institutions. The most important general recommendations are the following (excerpt, translated with DeepL):
 - General hygiene measures for persons at risk, personnel (including cleaning staff), visitors:
 - Compliance with coughing and sneezing rules: coughing and sneezing in the crook of the arm or in a disposable handkerchief,



not in the hand; disposing of disposable handkerchiefs in a closed bin with a bin liner

- Preventing contact with the face, especially the mouth and nose
- Hand hygiene: washing hands before and after preparing food, before eating, after going to the toilet, after a stay outside, after touching shared objects (door handles), etc.
- Consideration of the distance regulation (1.5 - 2 m)
- Reducing contact (flatmates, visitors)
- Disposable handkerchiefs should be provided in all areas, including the residents' living areas, as well as when entering the facility
- Garbage bins with waste bags for disposing of disposable items (e.g. handkerchiefs, masks) should be placed in the interior of the rooms in front of the door.
- For disinfection, agents with proven effectiveness, with the area of action "limited virucidal" (effective against enveloped viruses) should be used.
- Daily wipe disinfection of frequently touched (hand contact) surfaces (e.g. door handles) or sensitive rooms (e.g. wet area)
- All medical devices with direct contact to home residents or people who are cared for in facilities for people with disabilities (e.g. clinical thermometers, stethoscopes, blood pressure cuffs, pulse oximeters etc.) must be used on a personal basis.

Source:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Alten_Pflegeeinrichtung_Empfehlung.pdf?blob=publicationFile

- **Please provide information how and how many older persons called for assistance, help or made official complaints during the pandemic.**
 - Many local authorities or associations established support lines for older people, particularly to prevent isolation and arrange for neighbourhood support. E.g.
<https://www.hamburg.de/behoerdenfinder/hamburg/11808969/>
<https://www.silbernetz.org/>
<https://seniorenhilfe-lichtblick.de/corona-hilfe/>



- Many of BAGSO's member organisations adopted their services to be able to attend to the needs of older people during the pandemic. The German National Association of Senior Offices (BaS), for instance, gathered information on local senior offices' activities: despite the restrictions the offices are very active, trying to maintain contact and support older people locally, e.g. by producing and distributing mouth-nose-masks, publishing safety recommendations and supporting via phone calls. Further they organise food and cloths donations. http://www.seniorenbueros.org/fileadmin/user_upload/Startseite/impulse_2020_web_Corona.pdf
- According to the Körber Stiftung there are actually many more offers of informal support than there is demand by older people. Researchers from Nürnberg have undertaken a representative study in the city to find out more about the informal neighbourhood support showing that there is a huge amount of support among neighbours. <https://kommunal.de/corona-senioren>, <https://www.koerber-stiftung.de/stadtlabor-demografische-zukunftschancen/news-detailseite/nachbarschaftshilfen-in-zeiten-von-corona-2069>
- In relation to health services, actually many clinics and medical doctors noted a reduced demand as patients are afraid to get infected with COVID-19 when going into hospitals or to see medical doctors. <https://www.aerzteblatt.de/archiv/214065/Rueckkehr-zur-Regelversorgung-Chronische-Krankheiten-machen-keine-Coronapause>
- The situation of people with vision impairments has been highlighted by the umbrella organisation, German Association of Blind and Visually Impaired People (DBSV e.V.). The Association called attention to the additional barriers that people with vision impairments experience due to the measures to reduce the risk of infection, e.g. in public transportation. The Association published recommendations on how to facilitate daily life for people with vision impairments: <https://www.dbsv.org/pressemitteilung/so-k%C3%B6nnen-sie-sehbehinderte-und-blinde-menschen-in-der-corona-krise-unterst%C3%BCtzen.html>
- No information or data found on official complaints.



- **Please provide information on reports, speeches and measures which had a special focus on older persons during the pandemic. Please include best and bad practices.**
 - The German Society for Gerontology and Geriatrics issued recommendations on the language used to speak about older people during the pandemic, above all with the objective to avoid discriminatory language in public reporting https://www.dggg-online.de/fileadmin/aktuelles/covid-19/20200401_Paper-Kommunikation-Alter-und-Corona-SektionIII.pdf
 - Comments by the local politician Palmer in a TV show saying “Let me tell you brutally: In Germany, we may be saving people who would be dead anyway in half a year”. His party, the Greens, criticised him heavily and put pressure on him to leave the party voluntarily.
 - EC President Ursula von der Leyen told the German newspaper "Bild am Sonntag" that "without a vaccine, senior citizens' contacts must be restricted as much as possible. I know it's hard and lonely. But lives are at stake. We must remain disciplined and be very patient. We will have to learn to live with the virus for many months, probably until next year." Source: https://www.focus.de/politik/deutschland/eu-kommissionspraesidentin-von-der-leyen-zu-corona-krise-warten-sie-noch-mit-sommerurlaubs-buchungen_id_11874734.html
 - Discussions about triage: the German Interdisciplinary Association for Intensive and Emergency Medicine (DIVI), which brings together 19 professional associations, presented in April a revised version of its "clinical-ethical recommendations", which is intended to serve as a guide for physicians in crisis situations. According to DIVI, basic diseases, age, social aspects and disabilities are not legitimate criteria for a triage decision. Nonetheless, associations representing people with disabilities criticized this approach, fearing that it will lead to unjustified discrimination. Sources: <https://divi.de/empfehlungen/publikationen/covid-19/1549-entscheidungen-ueber-die-zuteilung-intensivmedizinischer-ressourcen-im-kontext-der-covid-19-pandemie-klinisch-ethische-empfehlungen/file>, <https://www.rollstuhl-kurier.de/wider-die-triage>, <https://www.institut-fuer->



menschenrechte.de/fileadmin/user_upload/Publikationen/Stellungnahmen/Stellungnahme_Das_Recht_auf_gesundheitliche_Versorgung_von_Menschen_mit_Behinderungen_in_der_Corona-Pandemie.pdf

- The Federal Minister for Family, Senior Citizens, Women and Youth Franziska Giffey and BAGSO's chairman Franz Müntefering made a joint statement to protect those most in risk, with a special focus on older people and emphasis on solidarity. <https://www.bmfsfj.de/bmfsfj/aktuelles/alle-meldungen/aeltere-menschen-und-gefaehrdete-gruppen-schuetzen/153718>
- Minister Franziska Giffey also expressed deep concerns about age-based lock down measures in media interviews by saying: "You cannot simply lock up responsible citizens by schematically setting an age limit for senior citizens. Where do you want to stop? We must not build a two-tier society according to the motto 'some may go out, others must stay in'." Source: https://rp-online.de/panorama/coronavirus/franziska-giffey-gegen-sonderauflagen-fuer-aeltere-in-corona-krise_aid-50197961
- The German Red Cross provides information on COVID-19 for many different target groups. It also provides information about voluntary work and how to support older people in times of the crisis – without putting them in risk of infection. It also provides a free helpline for lonely older people (0800 470 80 90) and encourages people to regularly speak to older people over the phone to prevent feelings of loneliness. <https://www.drk.de/coronavirus/>
- **Please provide examples how older persons have participated in decision-making processes during the pandemic. Please describe how their perspective and needs have been integrated in national policies and programmes on the way to recovery from COVID-19 to make it a more inclusive and age friendly society.**
 - As organisation that represents older persons at Federal level, BAGSO has been consulted by Federal ministries. These statements were published online and sent to members of the Bundestag, among other politicians and decision-makers. For instance, BAGSO urgently appealed in a statement to the federal and state governments to implement their decision of 15 April 2020 as quickly as possible and to end the social isolation of people in care institutions. The bans on visits and leaving the institutions that have been in force for six weeks are by



far the most serious infringement on basic rights in the current corona pandemic. In its statement, BAGSO names the ten most urgent measures to improve the situation in nursing homes. A certain degree of personal contact must be guaranteed. In another statement, BAGSO urgently called upon the federal, state and local authorities to provide better support for relatives providing care during the current corona pandemic. About three quarters of those in need of care and two thirds of those suffering from dementia live at home. Most of them are looked after by relatives alone. The measures taken to date to protect those in need of care in the home and to relieve the burden on family carers are not sufficient. In its urgent recommendations to politicians, BAGSO calls for precautions to protect against infection with the coronavirus in domestic care, measures to ensure care and to support relatives providing care. (Further, BAGSO's next annual conference will be on civil participation and will bring forward examples of civil participation during the pandemic. It will take place in November 2020.)

- BAGSO member organisations lobbied through position papers and statements for:
 - better conditions for the digital inclusion of older people (e.g. Grüne Alte and DENISS)
 - a better recognition of the contributions of family caregivers (e.g. Wir pflegen e.V.) by collecting the experiences of family caregivers and voiced them to decision-makers. Source: <https://www.wir-pflegen.net/blog/aktuell/367-ihre-stimme-zaehlt-wir-tragen-sie-in-die-politik>
 - better conditions in institutional care settings (e.g. BIVA with a petition, https://www.change.org/p/gesundheitsministerien-der-bundesl%C3%A4nder-besuchsrecht-im-pflegeheim-trotz-corona-besuche-bei-pflegeheimbewohnern-m%C3%B6glich-machen?utm_source=share_petition&utm_medium=custom_url&recruited_by_id=7dd91350-83bc-11ea-b059-71e1c15be6e2), or



- better conditions for people with vision impairments through an online questionnaire on the needs of people with vision impairments during the pandemic (DBSV, <https://www.dbsv.org/mein-thema.html>).
- In general, older people can participate through “Seniorenvertretungen” (senior citizens’ councils) which exist at the sphere of the States and cities/communities where they represent the interests of older citizens and inform policymakers and the public administration. Due to COVID-19 many senior citizens’ councils struggle to keep their activities as they cannot gather and encounter difficulties in maintaining the elections which were planned for this year. Some councils postponed the elections to 2021 as they cannot campaign. Some of the more active councils engage in watchdog functions in care institutions, taking care of their peers with reduced functional capacity. Those councils which are generally more engaged in local decision-making had opportunities to influence the implementation of state measures at local level. The digital divide also exists for the councils, meaning that those with better digital skills manage to be more active than those with lower digital skills. At the beginning of the pandemic, the board members of the “Landesseniorenvertretung” of North Rhine-Westphalia made telephone contact with its local senior citizens’ councils to know how they are dealing with the situation and to provide information. Further information about the Councils, including the Federal Association of “Landesseniorenvertretungen”: https://lsv-nrw.de/wp-content/uploads/2016/02/BAG_LSV_2009.pdf, <http://www.bag-lsv.de/haupt.php>
- The impact of the pandemic on the wellbeing, communication and purpose of life of older people and members of senior citizens’ councils is subject of an academic study by the Universities of Siegen and Dortmund. An online survey as a pilot study for a bigger research project is open for participation until June 21st. <https://umfragen.tu-dortmund.de/index.php/334359?lang=de>
- The German Society of Gerontology and Geriatrics published recommendations on the social participation of older people: https://www.dggg-online.de/fileadmin/aktuelles/covid-19/20200424_Statement-Social-Participation-DGGG_english.pdf



Further reading

- BAGSO Statement “Better support for family caregivers during the corona pandemic!” <https://www.bagso.de/publikationen/better-support-for-family-caregivers-during-the-corona-pandemic/>
- BAGSO Statement “End social isolation of people in nursing homes!” <https://www.bagso.de/publikationen/end-social-isolation-of-people-in-nursing-homes/>
- BAGSO Statement “Protecting human life – strengthening cohesion” <https://www.bagso.de/publikationen/stellungnahme/protecting-human-life/>
- BAGSO Statement “Endorsing a UN Convention on the Rights of Older Persons” <https://www.bagso.de/publikationen/stellungnahme/un-convention-on-the-rights-of-older-persons/>