

LTC at home in rural areas in AUSTRIA

Brigitta Zierer
(OBDS, Vienna)



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Dr.in Brigitta Zierer



Management Consultant, supervision and training.

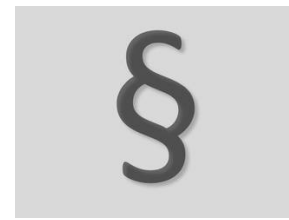
Representing OBDS, Organisation for social workers in Austria



Long Term Care in Austria (2019)

- **19,5%** of the population is older than 65 years (2022)
- 5 % of the population (468,000 persons) receive **Long-term care-benefits**
- in **Home Care:** 9 % of the population (family caregivers: 73% women - Ø age: 62)
- 151,537 persons are users of **mobile services** (2022)
- **85,330** persons are in **living & nursing units** (2022)
- **50,695** full-time **care workers** work in **care & nursing services** (2021):
 - 12,989 in mobile services
 - 36 839 in patientservices
 - 544 in part-time inpatient day care
 - 323 in alternative forms of living

The public LTC-system in Austria



- was established 1993 as system of universal **LTC allowances** (for persons in need of care).
- is still heavily reliant on family care, **cash for care** and **services**.
- is based on an **Agreement** between the **state** and the **9 provinces** to extend existing structures of residential and home care services.
- 2006/2007: the “**24-hours care**” (migrant care work in private households) was regularized.
- 2011: the **Long-term Care Fund Act** (*Pflegefondsgesetz*) was a contribution towards safeguarding LTC and support services offered by the provinces, and towards their needs-based extension and development; to improve the range of care offers and to finance quality assurance measures and innovative projects; 2/3 of the funding is provided by the **federal government**; 1/3 by **provinces** and **local authorities**.
- 2017: The **recourse** to assets of users (*Pflege-Regress*) when moving to a care homes was **abolished**.
- 2022: The **Hospice & Palliative Care Fund Act** was established: the federal government supports the 9 provinces in the implementation of an Austria-wide, needs-based hospice & palliative care offer

Health care & nursing professions



Austrian Health Care and Nursing Act (*Gesundheits- & Krankenpflegegesetz, **GuKG 1997***) : regulates the training, job description and scope of activities of the health care and nursing professions throughout Austria.

1. Higher service for health and nursing care (*gehobener Dienst für Gesundheits- & Krankenpflege*): **3-years** training, at Universities of Applied Sciences (Bachelor)

- **(new): Community Nurses:** specifically for older people living at home with existing or potential information, counselling, care and/or support needs and their relatives

2. Nursing assistance (*Pflegefachassistenz*): **2 years** training at schools for health care

and nursing (for persons with vocational training)

Social Care Professions

(Federal-state regulations 2005, 2023)



- 1. Certified social carers** (*Diplom-Sozialbetreuer*innen*): focus on the work with a) the elderly, b) families, c) the disabled and d) support for the disabled (training: 1.200 hours classroom, 1.200 hours practical)
- 2. Specialized social carers** (*Fach-Sozialbetreuer*innen*) focus on the work with a) the elderly, b) the handicapped and c) support for the handicapped (training: 1.200 hours classroom, 1.200 practical hours)
- 3. Home Helpers** (*Heimhelfer*innen*): support with housework etc. (training: 200 hours classroom, 200 hours practical)
- 4. “24 hours-caregivers”**: 70,000 (self-employed) caregivers (private agencies)
- 5. Social Workers**: counselling to promote self-determination and to support social inclusion and to avoid age poverty; organizing access to assistance; resource development; networking, work with relatives; Case & Discharge Management, Community Work, Social Planning, Social space analyses; team-members in Primary Care Centres); training: Bachelor/Master (Universities of Applied Sciences); **no professional law**



SOCIAL
SERVICES

as a part of care and support services



- **Mobile and outpatient support and nursing/care services:** can facilitate the provision of care in the environment which the person in need of care is accustomed to when they would otherwise no longer be able to stay at home, and can relieve the burden on caregiving relative; e.g. home helps, nursing care at home or meals on wheels
- **Semi-residential day care:** during the day or night once or several times; **day care:** structured daily routine and activating/therapeutic programmes predominantly has the objective of enabling people who need care to live a relatively independent life in spite of various limitations. Semi-inpatient services are offered, for example, by **geriatric day centres**. Their services include a picking-up and taking home service, meals, needs-oriented care and – depending on needs and interests – therapies, excursions, events and advice for caregiving relatives.
- **Short-term care in residential settings:** to relieve the burden on family members who provide care and support at home, care can be provided in a residential facility (e.g. a nursing home) for the duration of a temporary absence due to a holiday, for example.
- **Alternative forms of housing:** As an alternative to staying in a nursing/care home, some provinces have established **shared accommodation for senior citizens**. With the support of mobile social services and the assistance of social workers, former nursing home patients are enabled to live autonomous lives again.
- **Support for people in their everyday lives for several hours a day:** This includes offers of support for **24 hours** a day in the home environment to promote and maintain an independent lifestyle.

How Social Services are organized



Provinces are responsible for services offered by

- a) provinces
- b) local authorities and
- c) independent welfare organisations (e.g. Volkshilfe, Hilfswerk, Red Cross, Samariterbund and church-based charities such as Diakonie and Caritas)

Applications:

- 1) to the local authority office (Gemeindeamt), the District Commission (Bezirkshauptmannschaft) or the municipal authorities (in cities).
- 2) The provinces ensure that social services are appropriate and of high quality and available in sufficient amounts.

1. Best practice: LTC in Bruck/Leitha, Lower Austria



- **Bruck/Leitha:** a district closed to Vienna and to Slovakia
- **106.636** inhabitants (2022), 703,11 km², 33 communities
- **2020: “Acute Community Nurse (ACN)”:** a pilot project to improve medical & psychosocial care; this combination of care and ambulance service shall provide an extension of ambulatory care at off-peak hours and on weekends.
 - *Certified nurses* with additional emergency paramedic training are saving hospital visits.
 - *Acute care paramedic teams* perform nursing measures, such as dressing changes, at home.
 - *Acute Community Nursing:* to fill time gaps in care and to support general practitioners.
- **Primary Care Centre:** for low-threshold access to person-centred health care; offered by a team of medical and non-medical health professionals (e.g. Social Workers); to ensure continuous care, the cooperation with patients, relatives and informal carers is very important.

2. Best practice: LTC in Liezen, Styria (Austria)



- **Liezen**: a district in the mountain area of the province Styria
- 79.609 inhabitants (2022)
- biggest district in Austria (3.318,72 km²), 29 communities
- *LEADER*-region Ennstal-Ausseerland (to promote the regional development)

Case & Care Management Hub (*Pflegedrehscheibe*) of the province: central contact and service point for older people who need care & support and their relatives; coordinates the extra- and intramural area

- to clarify questions about care and support and to analyze the situation of those in need of care and thus ensure the right care, to the right extent and at the right time
- *certified health care and nursing staff* help to find the best type of care and offer those affected advice and information about the various forms of support and relief

2. LTC in Liezen, Styria (Austria)



Home assistance (*Heimhilfe*) for people who, due to their age, require assistance at home with the activities of daily living (social staggered costs)

Home health care (*Hauskrankenpflege*) provides care for people with all kinds of illnesses at home; certified health & nursing nurses; certified nursing assistants

24 hours care: for people with a permanent need for assistance and support that requires the constant presence of a caregiver

Day care center for people over the age of 60 who receive care allowance and need care (funded by ELER and the province of Styria)

SOPHA 65+: for people 65+ who are affected by mental illness & their relatives

SALZ: discussion groups for relatives of Alzheimer patients

Assisted Living (*Betreutes Wohnen*): barriere-free rental housing and care services for 60+ persons: information, advice and referral to other care services (meals on wheels, mobile services); support with care allowance, housing assistance, etc.; organization of medical aid & assistance, transportation; organization of joint activities; activation program for physical, mental & spiritual health (gymnastics, dance, etc.); emergency telephone connection available upon request; a crèche and child protection center promote multigenerational contact

2. Liezen: How to prevent the shortage of skilled workers



- *“There is no dispute about customers, but about personnel.”*
- **General situation:** staff shortage; very responsible staff; more challenging patients with addiction problems or psychiatric diagnoses; many job-changes (from nursing homes to outpatient care) after the Covid-pandemic
- **Measures** to promote employee’s satisfaction: good payment, attention to work-life-balance, correctly comply with legal requirements, enable part-time-work, employee-friendly conditions (e.g. make childcare possible), etc.
- enable *job rotation* with the same employer
- *job campaigns* in Social Media and poster campaigns
- short *advertising film* (“Why I like working here”)
- payments for internships
- personal contacts, etc.

CONCLUSION

- The **additional need for nurses/carers** (because of the demographic development) is to be met by **additional training places**.
- **Employee-friendly conditions** (appreciation, good payment, attention to work-life-balance, correctly comply with legal requirements, enable part-time-work, make childcare facilities, etc.) and the possibility for **job-rotation** promote the employee's satisfaction and help to avoid frequent personnel changes.
- Working in **multidisciplinary teams** supports caregivers as well as patients.
- **Supervision/Coaching** helps to cope with stressful work situations.
- **Tele Care, robotics, artificial intelligence** will influence the professional field of nurses in the future.

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Dr.ⁱⁿ Brigitta Zierer
<https://brigittazierer.at/>
<https://obds.at/>
brigitta.zierer@aon.at