

# Implementation report on the "Council Recommendation on access to affordable high-quality long-term care"

Austria



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# 1 Introduction

Care and support, especially for older people, is becoming an increasingly important topic. The European Union has also taken this into account with the European Care Strategy and the Council Recommendation on access to affordable high-quality long-term care.

Long-term care concerns many groups of people in the population. This includes people with care needs, as well as people with disabilities, their relatives, the chronically ill, carers, volunteers and many more. In Austria, a comprehensive care provision system and long-term care as an independent policy field were implemented 30 years ago, in 1993. It is based on the system of a federal long-term care allowance and (at the time) a long-term care allowance from the federal states and the expansion of care and support services by the federal states. This established a tax-financed care system.

A long-term care allowance can be received upon application, depending on the need for care. Long-term care services, as institutional and home care services, are provided independently of the long-term care allowance. Over the following decades, reforms were aimed at securing, expanding and sustainably improving the existing system. A single federal long-term care allowance applicable to all was introduced, replacing the system of the federal long-term care allowance and long-term care allowance from the federal states. The federal states – with the support of the federal government via the long-term care fund – further expanded LTC services. There were also improvements and direct support for caregiving relatives, an increasing professionalisation of care staff and further quality assurance measures. Austria thus has a comprehensive system of long-term care that protects people in need of care and supports their relatives.

In the course of the fiscal equalisation negotiations for the years 2024–2028, important reforms from 2022 and 2023 were anchored in the long term and significant improvements were achieved in various areas. The care fund has been significantly increased, the coordination and database have been improved and the instruments and services that can be financed with it have been expanded. Community Nursing, which was launched as an RRF-funded pilot in 2022, has also been established on a long-term basis.

The aim of the implementation report on the "Council Recommendation on access to affordable high-quality long-term care" is to present Austria's long-term care system with regard to the recommendations.

The second chapter begins with a description of the recommendation and an overview of the most important facts and figures and the elements of implementation in Austria. It identifies future challenges and describes how the report was developed with the involvement of stakeholders. The third chapter describes the political response to the challenges and the measures in the area of long-term care as a "policy response". Finally, the fourth chapter provides an outlook on future challenges and developments.

## 2 Context and baseline

This chapter first describes the Council's recommendation on long-term care and then provides an overview of key facts and figures. It then describes how the Austrian system of long-term care provision covers all aspects of the recommendation and where there are challenges with regard to future developments. The final subchapter describes how this report was produced with the involvement of all key stakeholders.

### 2.1 Council Recommendation on long-term care

The Council Recommendation on access to affordable high-quality long-term care is part of the European Care Strategy. It contributes to the implementation of the European Pillar of Social Rights.

The recommendation focuses on appropriate access to long-term care and expansion in line with demand, taking into account the needs of people with care requirements. The member states should enable high-quality employment and good working conditions in long-term care and promote the professionalisation of care. As part of this, informal carers should be given special support.

*"1. The aim of this recommendation is to improve access to affordable, high-quality long-term care for all people who need it.*

*2. This Recommendation concerns all people in need of long-term care, and all formal and informal carers. It applies to long-term care provided across all care settings."*

(Council Recommendation on access to affordable high-quality long-term care)

In particular, the Recommendation promotes non-discrimination, gender equality, children's rights, the rights of the elderly and people with disabilities, fair and just working conditions and rights in relation to family and professional life, as well as social security and social assistance.

## 2.2 Long-term care provision in Austria: Figures, data, analysis

Demographic trends are an important factor in the development of long-term care provision over the next few years and are briefly outlined below. Key figures on people being cared for as well as formal and informal carers and forecasts are also presented.

### Demographic development

While the population continues to grow, the proportion of older people is increasing. The proportion of over-65s will increase from 20% in 2024 to 23% in 2030, 27% in 2040 and 28% in 2050. In 2060 and 2070, it is forecast to be around 29%. The proportion of women over 65 is higher at 22% in 2024 and 30% in 2070. While the 65 to 74 age group will see the strongest growth in this decade, it will then be the older age groups that will see the biggest increase. (Data source: Statistics Austria, population forecast main variant; retrieved 16th February 2024, own calculations)

### Long-term care provision in Austria

On average in 2023, 476,228 people were entitled to long-term care allowance, which is around 5% of the population. 62% of recipients are women. (Source: PFIF, BMSGPK). In 2022, around 96,000 people (71% of whom were female) were looked after and cared for by institutional care and nursing services and 151,000 (65% of whom were female) by home care and nursing services. In the institutional care facilities, the proportion of very old people and higher long-term care allowance levels was significantly higher than in the home care services. With respect to other services, around 8,200 people were registered in semi-institutional day services, 7,600 in respite care in institutional facilities and 4,100 in alternative living arrangements. 127,000 were supported by case and care management (source: Long-Term Care Services Statistics/ *Pflegedienstleistungsstatistik*). In 2023, there was an average of around 22,000 recipients of 24-hour-care support, around 70% of whom were female (source: BMSGPK).

### Personnel

In the long-term care sector, around 71,500 people or 51,900 full-time equivalents are employed in the areas of home care (including everyday support and respite care services) and institutional care facilities (including partial institutional care, respite care and alternative living arrangements). Around 80% of the staff are female. Around 30% of staff

in institutional care facilities are qualified healthcare and nursing staff (*diplomierte Gesundheits- und Krankenpfleger:innen* DGKP), 54% are care (specialist) assistants (*Pflege(fach)assistenz* PFA, PA) and 16% are other care and support staff (source: Austrian National Public Health Institute GÖG, Long-Term Care Services Statistics 2022 and register of healthcare professionals / *Gesundheitsberuferegister*).

## Caregiving relatives

As part of its care provision, the Ministry of Social Affairs deals with the large group of caregiving relatives, among other aspects. More than 10% of the Austrian population, i.e. around 950,000 people, dedicate themselves to the care and support of a loved one. The majority of caregiving relatives are over 60 years old and predominantly female. In home care, the proportion of women is around 73% (source Nagl-Cupal et al. (2018):

*Angehörigenpflege in Österreich Einsicht in die Situation pflegender Angehöriger und in die Entwicklung informeller Pflegenetzwerke/* Care by relatives in Austria Insight into the situation of caregiving relatives and the development of informal care networks, University of Vienna, study commissioned by the BMSGPK). In addition, there are around 43,000 children and young people who care for a family member and thus belong to the group of young carers in Austria.

## Forecasts: Care requirements and staff

The Austrian federal government repeatedly commissions forecasts on long-term care services and on care staff. In addition, there are regular forecasts by the federal states, which are also provided for by law.

In its care staff requirements forecast for 2023 (Juraszovich et. al (2023):

*Pflegepersonalbedarfsprognose Update bis 2050/* Care staff requirements forecast update up to 2050, GÖG on behalf of the BMSGPK), the Austrian National Public Health Institute calculated that around 51,000 additional nursing and care staff will be needed in the acute institutional and long-term care settings by 2030. The additional requirement is made up of a need to replace existing staff due to retirements and an additional requirement due to the greater demand resulting from demographic trends.

In its forecast "Projections of public care expenditure up to 2050" (Famira-Mühlberger (2023): *Zum künftigen Bedarf an Pflegepersonal in den stationären und mobilen Diensten/* On the future demand for care staff in institutional and home care services, Austrian Institute of Economic Research on behalf of BMSGPK), WIFO (the Austrian Institute of

Economic Research) predicts an increase in demand. The projection shows an increase in demand for long-term care allowances, long-term care services and 24-hour-care – as was already the case in the 2019 forecast. The incidence of long-term care allowance, the incidence of utilisation of long-term care services and the current care mix are assumed to remain constant (for further assumptions, see Appendix 5.1). The increase relates to the number of people to be cared for, the resources required and the staff needed. The main driver is the demographic trend (doubling of the proportion of over 80-year-olds in the total population by 2050). Expenditure on long-term care services is rising faster than that on long-term care allowance, as a stronger increase in (wage) costs is to be expected. Net expenditure on long-term care services is forecast to increase by 56% by 2030 and by 294% by 2050, while long-term care allowance expenditure (including the statutory valorisation) is forecast to increase by 72% and 235% respectively.

### **2.2.1 Overview and analysis: Implementation of the recommendation in Austria**

Austria has a well-developed system of long-term care provision. This was created 30 years ago, in 1993, with two main pillars – the long-term care allowance and the long-term care services. This established a tax-financed long-term care system. Over the following decades, a large number of reforms were aimed at expanding and improving the system. In 2007, the legal framework for live-in care (so-called 24-hour-care) was created and a funding model developed. The long-term care fund (*Pflegefonds*) was established in 2011 with the aim of improving coordination, further development and harmonisation. In 2012, instead of the system of the federal long-term care allowance (*Bundespflegegeld*) and long-term care allowance from the federal states (*Landespflegegelder*), a single federal long-term care allowance that applies to everyone was created. The introduction of care leave and part-time care leave (*Pflegekarenz und Pflegezeit*) with a legal entitlement to income replacement (care leave allowance; *Pflegekarenzgeld*) in 2014 focussed on improving the compatibility of care and work. The most recent comprehensive long-term care reform packages in 2022 and 2023 implemented numerous improvements with regard to carers, people with care and support needs and caregiving relatives. As part of the fiscal equalisation negotiations for the years 2024–2028, improvements in care were anchored in the long term, which were agreed in the 2022 and 2023 long-term care reforms. These include salary increases for workforce, financial support for students and increased financial support for live-in care. The many Community

Nursing projects have also been permanently secured. The amended Long-Term Care Fund Act (*Pflegefondsgesetz* PFG) has also led to improvements in coordination and data.

### **Wide range of offers for people with care needs and caregiving relatives**

People with care and support needs can apply for both cash benefits and care services. Long-term care allowance can be received on application, whereby the amount depends on the individually assessed care needs (categorised into seven levels). The long-term care allowance thus supports the self-determination and freedom of choice of people with care needs. The offer of long-term care services is organised and financed by the federal states. As a result, the offer is orientated towards regional conditions and individual needs. In principle, long-term care services can be applied for and used independently of the long-term care allowance in the institutional and home care settings. Depending on the federal state, a certain level of long-term care allowance may be required for some services. There are often socially graduated subsidies, which also give people on low incomes access to long-term care services.

The wide range of services includes home care services (such as home nursing care or meals on wheels), institutional services, semi-institutional and day services, case and care management, alternative living arrangements such as assisted living, as well as multi-hour support in everyday life and respite care services. The offer is orientated towards the needs of the people being cared for. These offers are generally available throughout Austria within a few days and several weeks on average, depending on the urgency. There are different support options for people on low incomes in the federal states – depending on the respective federal state laws (e.g. socially differentiated co-payments or special hardship regulations).

In addition, there is already a wide range of support services and offers for caregiving relatives, who play a central role in care provision. A definition of the term "caregiving relatives" arises on the one hand in connection with the use of certain benefits granted by the federal or state governments. On the other hand, it can mean "all relatives and connected persons (e.g. acquaintances, neighbours, etc.) who live with the person in need of care in the same household or outside the household and who provide informal long-term care on the basis of a relationship with the person in need of care" (source: Nagl-Cupal et al. 2018).

In addition to the support services and long-term care allowance mentioned above, counselling and support services, social insurance measures, care leave and the bonus for caregiving relatives are particularly important measures for caregiving relatives. This means that they are supported and safeguarded in their care activities.

## **Coordination and Governance**

The organisation of the Austrian long-term care system with the strong role of the social partnership in Austria requires close cooperation and coordination. Social partners, interest groups and stakeholders are extensively involved in the design and further development (e.g. in the working group on long-term care provision). Within the care system, the working group on long-term care provision is the central point of coordination between the federal government, federal states, municipalities, social partners, interest groups and other stakeholders. The amendment to the PFG (which came into force on 1st January 2024) also established the Long-term Care Governance Board. Regional differences are also addressed through various measures, such as the "Care Carinthia 2023" needs plan ("*Pflege Kärnten 2023*") or the "Care 2023-2033 structure plan" in Tyrol ("*Strukturplan Pflege 2023-2033*"), which show the different needs in the individual political districts.

## **Personnel**

Nursing and care staff are covered by Austrian labour law, worker protection, employment regulations and collective agreements, which ensure high-quality employment and fair working conditions. The Health and Nursing Care Act (*Gesundheits- und Krankenpflegegesetz GuKG*) is an essential professional legal basis and supports the professionalisation of nursing. Education and training has also undergone continuous professionalisation, for example with the transfer of the education to become a qualified healthcare and nursing professional to universities of applied sciences. Educational opportunities and monetary support have also been expanded. In order to make the caring profession more attractive, numerous measures are being implemented by the federal and state governments as well as by organisations.

This provides the Austrian population with a comprehensive care provision system in the event of care and support needs, which implements the recommendations of the European Commission to the member states with regard to appropriateness, availability

and quality, carers and governance. The greatest challenges with regard to future development are described in the following chapter.

## 2.3 Diagnosis of gaps and challenges

The comprehensive care provision system in Austria presents a number of challenges for the future. The challenges were identified and discussed with the social partners and stakeholders based on the results of the Taskforce for Long-Term Care (*Taskforce Pflege*) process, the Long-term Care Governance Board with its working groups and the feedback from the federal states, cities and municipalities. The list of challenges should not be viewed hierarchically, but rather the three points are of equal importance. The measures that address these challenges are described in chapter three.

### **Challenge 1: Workforce**

The biggest and most frequently mentioned challenge is the care staff. The number of people with care needs is increasing, partly due to demographic factors. There is already a shortage of nursing staff, as described in the Austria 2023 country report on page 13, which will increase due to upcoming retirements. Making the care professions and their education and training more attractive is therefore a key prerequisite for ensuring high-quality nursing care in the future. This challenge is addressed in the recommendation in paragraphs 7 and 8.

### **Challenge 2: Coordination, sustainable financing and prevention**

Due to the rising number of older people, an increase in expenditure and the number of people requiring care is forecast. This results in the need for greater coordination in order to utilise future expenditure efficiently (see also Country Report 2023 and country-specific recommendations for Austria). In this context, it is particularly important to strengthen prevention. This also includes tertiary prevention. A strong focus on costs in the area of social services and care often neglects the positive economic effects (eg. high employment effects, as this is a labour-intensive area) and the positive social effects. These must be taken into account in sustainable financing. Challenge 2 relates in particular to paragraphs 5 and 10 of the recommendation.

### **Challenge 3: Support for caregiving relatives and social commitment**

More than 10% of the Austrian population, i.e. around 950,000 people, dedicate themselves to the care and support of another person. They are therefore an important pillar of the care provision system. The support and relief of caregiving relatives (including young carers) is the focus of numerous measures in the area of long-term care.

Volunteering also plays an important role in strengthening social cohesion. This does not serve as a substitute for professional services, but is to be seen in cooperation or as an additional measure and in coordination with professional services. This challenge is covered in particular by point 9 of the recommendation.

## **2.4 Preparation of the Implementation Report and Stakeholder's involvement**

The Austrian report on the implementation of the recommendation was prepared in 2023 and 2024. Firstly, in August and September, the coordination unit of the Council's recommendation on access to affordable high-quality long-term care produced an initial draft report. This incorporates the experience and results of the Taskforce for Long-Term Care, a broad strategy process involving the main stakeholders, the working group on long-term care provision and the Long-term Care Governance Board. The feedback from the relevant ministries was incorporated in October and November 2023. These are the Federal Chancellery (BKA) – Division Women and Equality, the Federal Ministry of Labour and Economic Affairs (BMAW), the Federal Ministry of Education, Science and Research (BMBWF) and the Federal Ministry of Justice (BMJ).

This first draft report was discussed with the federal states who are responsible for benefits in kind, the Austrian Association of Towns and Cities (*Städtebund*) and Austrian Association of Municipalities (*Gemeindebund*). A questionnaire was sent out to obtain information on the key measures and challenges at federal state, city and municipal level. The inputs and feedback from the nine federal states and numerous cities and municipalities were integrated in the draft report in February 2024.

This draft report was discussed with the social partners and key stakeholders in the long-term care sector in March 2024 (Representatives of the Chamber of Labour, the Chamber of Agriculture, the Austrian Trade Union Federation and the Chamber of Commerce; Representatives from Caritas, Diakonie, the interest group of caregiving relatives,

Lebenswelt Heim, the Austrian Disability Council, the Austrian Healthcare & Nursing Association, the Austrian Red Cross, the Austrian Seniors' Council, Sozialwirtschaft Österreich, the Patient and Care Ombudsman's Office and Volkshilfe). Following an update on the EU Care Strategy and the Council recommendation, the discussion focussed on the challenges, the most important starting points and other open issues. Stakeholder feedback related in particular to working conditions, coordination priorities, staff and collective agreements, the connection between senior citizens' policy and long-term care, live-in care, informal carers and their relief, quality, the interaction between institutional/care at home/transitional care, tertiary prevention and the positive macroeconomic effects of social services. The discussion points have been included in the text. Overall, the challenges identified and the presentation of the measures were met with approval. The recommendation itself was also welcomed, as care is an important area for the future.

## 3 Policy objectives, measures and best practices

This chapter first provides an overview of the measures that address the challenges identified in the previous chapter. All relevant services and measures in the area of long-term care are then described.

### 3.1 Overall policy response: Measures and challenges

All measures of the Austrian long-term care system that address the recommendation are described below. As described above, there is a broad-based system in Austria that is constantly being expanded. These measures are therefore also included. For a better overview, some of them have been summarised in thematic blocks (e.g. care staff). All measures are described in more detail in the next chapter. The number of the measure therefore refers to the corresponding subchapter.

Table 1: Overview on the measures

Number of the measure (subchapter)	Name of the measure	LTC Recommendation article
3.2.1	Various coordination and governance measures, including:	5, 10
3.2.1	Working group on long-term care provision	5, 10
3.2.1	Long-term Care Governance Board	5, 10
3.2.2	Various information and advisory services, including:	5
3.2.2	Services at state and municipal level	5
3.2.2	Sozialministeriumservice (Office of the Ministry of Social Affairs)	5
3.2.2	Young Carers Austria	5
3.2.2	Advisory centre for carers providing live-in care	8
3.2.3	Long-term care allowance	4

<b>3.2.4</b>	Institutional care: Retirement and nursing homes	4, 5
<b>3.2.5</b>	Home care services	4, 5
<b>3.2.6</b>	Other benefits in kind, such as case and care management, partial institutional care, day centres, etc.	4, 5
<b>3.2.7</b>	Live-in care	4, 5
<b>3.2.8</b>	Community Nursing	4, 5
<b>3.2.9</b>	Various quality and control measures, including:	6
<b>3.2.9</b>	Provisions of the long-term care fund and in the hospice and palliative care sector	6, 10
<b>3.2.9</b>	Definition of the quality of professional care and support	6
<b>3.2.9</b>	Quality assurance in home care	6
<b>3.2.9</b>	NQZ – National Quality Certificate for Retirement and Nursing Homes	6
<b>3.2.10</b>	Adult Protection Law	6
<b>3.2.11</b>	Home Residence Act	6
<b>3.2.12</b>	Measures to prevent violence	6
<b>3.2.13</b>	Various measures for nursing and care staff, including:	7, 8
<b>3.2.13</b>	Improvements in employment law	7, 8
<b>3.2.13</b>	Salary increase for nursing and care staff	7
<b>3.2.13</b>	Additional week off (relief week)	7
<b>3.2.13</b>	Access of third-country nationals and recruitment of staff	7, 8
<b>3.2.14</b>	Various measures of training, including:	8
<b>3.2.14</b>	VET college for nursing and social care	8
<b>3.2.14</b>	Monthly subsidy for education and training to support students	8
<b>3.2.14</b>	Nursing grant	8
<b>3.2.14</b>	Nursing Care Labour Foundations	8
<b>3.2.15</b>	Various measures of caregiving relatives, including:	9
<b>3.2.15</b>	Care leave allowance	9
<b>3.2.15</b>	Bonus for caregiving relatives	9
<b>3.2.15</b>	Social insurance for caregiving relatives	9

<b>3.2.15</b>	Counselling session between psychologists and caregiving relatives	9
<b>3.2.15</b>	Home visits	9
<b>3.2.15</b>	Contributions to the costs of substitute care	9
<b>3.2.15</b>	Care courses	9
<b>3.2.16</b>	Dementia strategy	4, 5
<b>3.2.17</b>	Long-Term Care Fund	4, 5, 6, 7, 8
<b>3.2.18</b>	Hospice and Palliative Care Fund Act	4, 5, 6, 8, 9
<b>3.2.19</b>	Senior citizens' policy	5
<b>3.2.20</b>	Accessibility and self-determined living for people with disabilities	5
<b>3.2.21</b>	Consideration of people with disabilities in the long-term care system	5
<b>3.2.22</b>	Crisis preparedness	10
<b>3.2.23</b>	Digitalisation and artificial intelligence	5
<b>3.2.24</b>	European Agricultural Fund for Rural Development	5
<b>3.2.25</b>	Primary care units	5

## 3.2 Detailed description of the measures

In this section you will find further details on each of the measures listed in the previous section. The brief descriptions cover the points mentioned in the guideline where relevant.

### 3.2.1 Coordination and Governance

The division of competences requires close coordination between municipalities, federal states and the federal government. Financing is dealt with and coordinated in particular in the fiscal equalisation system, which regulates the distribution of tax revenue over a period of (usually) five years. The coordination of content between the federal government, federal states and municipalities, social partners, interest groups and other stakeholders takes place in particular in the working group on long-term care provision. The agreement under Art. 15a B-VG on joint measures for persons with care needs (*Art.*

### *15a B-VG-Vereinbarung über gemeinsame Maßnahmen für Personen mit Pflegebedarf)*

also stipulates the submission of needs and development plans. The Long-Term Care Fund Act (PFG) provides for harmonisation with common objectives and the generation of data. Processes with broad civil society participation are being carried out on specific topics to further develop care provision, such as the Taskforce for Long-Term Care 2020/21. The development of new laws also provides for defined participation processes. In the federal states, cities and municipalities, places for people in need of care are planned on the basis of needs and development plans (e.g. "Zukunftsplan Pflege Burgenland" or "Altersalmanach" in Lower Austria). Coordination mechanisms in the field of long-term care can therefore be found throughout Austria, whether through coordination centres such as in Carinthia or the umbrella organisation of the Viennese Social Services (*Dachverband der Wiener Sozialdienste*), which serves as a platform for networking with and between care facilities in Vienna.

### **Working group on long-term care provision (Arbeitskreis für Pflegevorsorge)**

The central government and the federal states have set up a working group for long-term care provision. It consists of representatives of the federal government, the federal states and municipalities, the social security agencies, the Austrian Disability Council, the social partners and the Federation of Austrian Industries. Numerous other stakeholders, such as interest groups representing senior citizens, providers and caregiving relatives, as well as the Austrian Federal Statistical Office and the Austrian National Public Health Institute (GÖG), are also taking part. The tasks of the working group are defined in Article 12 (2) of the agreement under Art. 15a B-VG on joint measures for persons with care needs:

- To make recommendations on common goals and principles for long-term care provision,
- To submit proposals for the further development of the minimum standards for ambulant, day-care and institutional services as well as the needs and development plans of the federal states,
- To prepare a joint annual report on long-term care provision,
- To develop other recommendations and exchange experiences that are important for the care services system in Austria as a whole.

### **Long-term Care Governance Board (Pflege-Entwicklungs-Kommission)**

As equal partners, the federal government, federal states, municipalities and cities have agreed to set up a long-term care governance board to further develop and manage the

structure, organisation and financing of Austrian care provision. The Long-term Care Governance Board was established in 2023 and has defined its principles. The amendment to the Long-Term Care Fund Act (which came into force on 1st January 2024) established the Long-term Care Governance Board. The Long-term Care Governance Board shall meet as required, but at least once a year, for the purpose of joint strategic observation and monitoring of care provision and may set up working groups to fulfil its tasks, in which experts shall be consulted as required.

### **Demand and development planning, data and forecasts**

The planning of social services in the long-term care sector as well as hospice and palliative care services is carried out by the constitutionally responsible federal states. These prepare planning documents according to the forecasts of their regional needs and submit these to the Federal Ministry of Social Affairs, Health, Care and Consumer Protection as part of the special-purpose grants from the Care Fund and the Hospice and Palliative Care Fund. The safety, expansion and development plans in the long-term care sector must be updated annually for a period of at least five years. The needs and development plans for hospice and palliative care must be submitted for a 3-year period and, from 2025, for a 5-year period.

In the area of long-term care, a long-term care services statistics database (*Pflegedienstleistungsstatistik-Datenbank*) has been in place since 2012, in which parameters such as expenditure, service units, people cared for and carers are published. The amendment to the Long-Term Care Fund Act (which came into force on 1st January 2024) stipulated a revision of the data. A database is currently being set up for hospice and palliative care, with data for 2023 to be entered for the first time in 2024. This database can be used to review the use of funds by the care fund and, in future, the hospice and palliative care fund, and to monitor the further development of services in the federal states. For the hospice and palliative care database, which is currently being finalised, the involvement of important stakeholders is intended as part of a sounding board that meets at least once a year.

The "Care Data Reporting" (Pflegereporting) project was launched in 2021. Its aim is to provide a structured overview of the number and structure of nursing and care staff and thus to illustrate the impact on the population and staff. Various existing databases were utilised and interlinked for the project with the involvement of all relevant stakeholders. In February 2024, the Care Data Reporting Website (Germany only) went online.

### **3.2.2 Information and advisory services**

Austria has a range of information and advisory measures in place. In particular, regional differences in the federal states as well as within the target groups and the focus on prevention are taken into account.

#### **Information platform for long-term care and support – [pflege.gv.at](http://pflege.gv.at)**

As a step towards providing the necessary reduction in the burden of carers, a comprehensive information platform has been created for people with care and support needs and their relatives. At [pflege.gv.at](http://pflege.gv.at) (web page only available in German), people with care and support needs and their relatives can find out about offers and services relating to care and support.

#### **Information service of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (Infoservice des BMSGPK)**

The Ministry of Social Affairs stands for direct contact with citizens and therefore offers a comprehensive range of information on a wide variety of topics as well as concrete assistance in the entire social sector.

#### **Sozialministeriumservice (Office of the Ministry of Social Affairs)**

The Sozialministeriumservice with its nine regional offices is an authority of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection. It is the central point of contact for people with support needs and handles a wide range of services for people with disabilities (disability passport, parking permit in accordance with Section 29b of the Austrian Road Traffic Regulations, projects and funding to improve professional participation) as well as for people with care and support needs (live-in care, allowances towards the costs of substitute care) and in the area of social compensation (vaccination damage, victims of crime, etc.).

#### **Young Carers Austria**

The website [www.young-carers-austria.at](http://www.young-carers-austria.at) (web page only available in German) and the "Young Carers Austria" app offer a comprehensive range of information for children and young people caring for their relatives. "Young Carers Austria" is primarily aimed at young

carers, but also provides parents and people in teaching, healthcare and nursing professions with useful information.

### **Advisory centres for carers providing live-in carers (24-h-Betreuer:innen)**

The majority of live-in carers working in Austria come from abroad and can be either self-employed or employed. To support them, advisory centres have been set up to provide personal or telephone consultations in several languages on social, labour and company law issues or on further education and training opportunities.

### **Services at federal states' and municipal level**

There are advisory centres in the individual federal states that people with care and support needs and their relatives can contact. These include, for example, care hotlines, advisory centres or outreach consultations. It also offers courses and leisure activities (in person and online) as well as consultation days. The programmes often focus on prevention and health promotion. For example, the "Tut gut" initiative in Lower Austria acts as a hub for health promotion and prevention. As part of the "Contact Visiting Service of the City of Vienna", all people registered in Vienna who are over 75 years old are contacted and informed about social services for seniors. A number of municipalities and cities have projects for dementia or fall prevention or "healthy communities" in general (including lunch counters).

### **3.2.3 Long-term care allowance (Pflegegeld)**

The long-term care allowance is an income-independent benefit that is intended to cover additional care-related expenses and is therefore not intended as a general increase in income. As the actual costs of care exceed the long-term care allowance due in most cases, the care allowance is to be understood as a lump-sum contribution to the costs of the necessary care. It allows people with care needs a certain degree of independence and to remain at home (for longer).

The long-term care allowance is granted in seven stages, depending on the level of care required, ranging from EUR 192.00 to EUR 2,061.80 (2024). Since 2020, the annual valorisation of the long-term care allowance has been based on the respective pension adjustment factor. The amount of the long-term care allowance is determined solely by

the actual need for care and assistance. The permanent need for care due to a physical, mental, learning or sensory disability must last at least six months and average more than 65 hours per month. The granting of a long-term care allowance is independent of the cause of the need for care, income and assets as well as the age of the person concerned. When categorising long-term care allowance for severely mentally disabled persons, in particular those suffering from dementia, aged 15 and over, a flat-rate hardship supplement of 45 hours is taken into account. The particularly intensive care of severely disabled children and young people up to the age of 15 is also taken into account with flat-rate hardship supplements.

Due to the structural reform of the Austrian social security system, the following three decision-makers have been in place since 2020: The Pension Insurance Authority (*Pensionsversicherungsanstalt PVA*), the Social Security Institution for the Self-Employed (*Sozialversicherung der Selbständigen SVS*) and the Insurance Institution for Public Employees, Railways and Mining (*Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau BVAEB*).

The detailed provisions for assessing the need for care are set out in the Categorisation Ordinance to the Federal Long-Term Care Allowance Act. This contains definitions of care and assistance and time values for the individual tasks, e.g. dressing and undressing, personal hygiene, preparing and eating meals and mobility assistance. For the standardised assessment of care needs for children and young people up to the age of 15, a separate children's classification ordinance was issued. The basis for awarding the long-term care allowance is a medical or nursing expert opinion. The assessments are usually carried out in the form of home visits. If the requirements are met, there is a legal entitlement. A rejection of an application can be appealed to the Labour and Social Court.

Expenditure and recipients: On average in 2023, 476,228 people were entitled to long-term care allowance, which is around 5% of the population. 62% of recipients are women. The annual expenditure is around EUR 3.0 billion. While just under half of recipients are in level 1 or 2, the higher levels 3 to 5 account for the highest proportion of expenditure. The average duration of the procedure for awarding licences was around 67 days. The average monthly long-term care allowance in 2023 was EUR 535.

### **3.2.4 Institutional care: Retirement and nursing homes**

Retirement and nursing homes are a form of institutional care. Admission to a retirement home is voluntary and requires an application. Depending on the federal state or provider,

retirement and nursing homes are designed and organised differently. They are paid for by means of the income of the person requiring care, or there are subsidies (social assistance/minimum income) depending on need (socially staggered), so that people with lower incomes can also make use of them. Temporary admission or short-term accommodation is also possible.

A very important service is short-term and transitional care, i.e. transitional care in a residential care home, and transition management. After a stay in hospital, transitional care is used, for example, to strengthen people (e.g. with the help of physiotherapy) so that they can live in their own home again (possibly with the help of home care services).

Expenditure and persons cared for according to Long-Term Care Services Statistics: The expense in 2022 was around EUR 2.2 billion. There were around 96,200 people in care, with the proportion of women at around 70% at the end of 2022.

### **3.2.5 Home care services**

Home care services cover a wide range of services, such as home nursing care, meals on wheels and everyday assistance. They are administered by the federal states. They are financed by contributions from people in need of care and (socially or according to income/expenditure differentiated) subsidies from the federal states. In addition, organisations can be supported with funding to offer certain services at low cost. The home care services, other benefits in kind, community nursing and counselling are designed to enable people to remain at home for as long as possible.

Expenditure and persons cared for according to Long-Term Care Services Statistics: The expense in 2022 was around EUR 500 million. Around 151,200 people were cared for, with the proportion of women at around 65% at the end of 2022.

### **3.2.6 Other benefits in kind of the federal states**

In addition, there is a wide range of other benefits in kind provided by the federal states that can be used, such as partial institutional services, case and care management, senior centres, volunteer groups and day centres.

Expenditure and persons cared for according to Long-Term Care Services Statistics: Expenses for partial residential services totalled around EUR 29 million in 2022. There were around 8,200 people in care, with the proportion of women at around 68% at the end of 2022. Other services were reported at an expense of around EUR 87 million.

### **3.2.7 Live-in Care (24-Stunden-Betreuung)**

In 2007, the framework conditions for quality-assured 24-hour-care on a legal basis were created in Austria and a corresponding funding model was developed. Persons with care and support needs or their relatives can receive benefits if they receive at least level 3 long-term care allowance.

In 2023, there was an average of 22,000 recipients of financial support for live-in care, approximately 70% of whom were female. Expenditure in 2022 totalled around EUR 155 million (federal government 60% and federal states 40%).

#### **The Austrian quality certificate for agencies recruiting personnel for 24-hour-care – ÖQZ-24**

Self-employed live-in carers in Austria are often placed through placement agencies. In order to promote quality assurance in 24-hour-care, the Austrian quality certificate for agencies recruiting personnel for 24-hour-care (ÖQZ-24) was developed in 2019 with the aim of strengthening the situation of people with care needs and their families and contributing to a sustainable increase in care and support. The Federal Ministry of Social Affairs, Health, Care and Consumer Protection, the Economic Chamber and stakeholders developed the basis for the certification. The certification is voluntary and offers those agencies that fulfil higher standards than the legal requirements the opportunity to prove this to an independent certification body. Currently, 42 of around 930 registered agencies (agencies with an active business licence) are certified. The 42 certified agencies provide around 11,200 live-in carers. In total, around 58,000 live-in carers in Austria have an active business licence.

### **3.2.8 Community Nursing**

The Community Nursing project was launched in 2021. The community nurses, qualified healthcare and nursing staff, were established as part of pilot projects. They are the central point of contact for health and care-related issues. They advocate for the concerns of the target groups, provide low-threshold advice and information and coordinate the services of various regional players in the health and social sector. Community nursing, which is funded by the EU (NextGenerationEU) as part of the Austrian Recovery and Resilience Plan, is therefore an important part of the further development of the care provision system towards needs-based, integrated care with a focus on prevention. A total of around EUR 54 million is available, financed by RRF (NextGenerationEU). As of January 2024, 116 community nursing projects were being implemented. With the amendment to the Long-Term Care Fund Act, which came into force on 1st January 2024, community nursing was secured for the long-term and integrated into the LTC fund as a service.

### **3.2.9 Quality and control**

Federal states are responsible for specifying and (checking) compliance of LTC services with quality measures. The topic of quality assurance is considered very important in counselling as well as in home care and institutional care. Appropriate measures and requirements such as staff qualifications, regular team meetings, supervision and further training are set by the federal states, cities and municipalities. Various quality management and assurance systems are implemented, such as standardised service documentation and funding guidelines, the definition of minimum standards and guidelines for action, on-site visits, inspections and quality audits by the authority/the federal states, ongoing evaluation, as well as complaints management and surveys of customers, their relatives and their associates.

#### **Provisions of the long-term care fund and in the hospice and palliative care sector**

Special-purpose federal subsidies from the long-term care fund are earmarked for benefits in kind in the federal states and can also be used for quality assurance measures. The federal states must endeavour to ensure that at least 50% of institutional facilities have quality assurance systems in place from 2021. During monitoring in 2021, seven out of nine federal states (over)fulfilled this requirement. In the hospice and palliative care sector, the funds are dedicated to quality assurance measures in the specialised care

services. For this purpose, quality criteria were developed in 2022 together with the funding partners, the social security providers and the federal states as well as the Austrian Hospice Umbrella Organisation with the participation of other stakeholders.

### **Definition of the quality of professional care and support**

A working definition for the quality of professional care and nursing was developed in a participatory process based on literature in order to present a standardised and holistic quality of care. Various stakeholders were involved, including users and recipients of care, nursing and care staff, university experts and representatives of the respective departments of the federal states. The result is a well-developed and comprehensively harmonised working definition for the quality of professional care and nursing that can be applied to various forms of care and by various care providers. The key elements of the definition include a person-centred approach, which is expressed, for example, through the promotion of self-determination and social participation, and the safety of people with care needs.

### **Quality assurance in home care**

Since 2001, free and voluntary home visits have been made to care allowance recipients who are being cared for in their own homes. To ensure the quality of care, mandatory home visits have also been carried out on an ongoing basis since 2009 for applicants for the subsidy in 24-hour care in accordance with Section 21b Para. 2 Z 5 Federal Long-Term Care Allowance Act (BPGG) (since 2018 regardless of the type of qualification of the carer). The Competence Centre for Quality Assurance in Home Care (*Kompetenzzentrum Qualitätssicherung in der häuslichen Pflege*) organises and coordinates home visits for all care allowance decision-makers. During these home visits, the specific care situation and quality are recorded on site by a qualified care professional using a standardised situation report and both care allowance recipients and caregiving relatives are informed and advised. The home visits are an important measure for effective and sustainable quality assurance and improvement in home care and live-in care.

### **National Quality Certificate for Retirement and Nursing Homes – NQZ**

The NQZ is a standardised external assessment system for retirement and nursing homes throughout Austria that can be applied to a wide variety of structures and quality management systems. The NQZ is a quality development tool with the aim of recognising

high quality and identifying potential for improvement. Retirement and nursing homes that have introduced a quality management system recognised by NQZ can voluntarily apply for certification. Only measures that go beyond the fulfilment of legal provisions are evaluated. The certification process focuses on the quality of life of residents and the quality of the workplace for employees. With each certification, the certification teams make recommendations for further quality development. On this basis, care homes derive important goals and measures for the quality of life of the residents. By 30th June 2023, 178 certifications and re-certifications had been conducted across Austria.

### **3.2.10 Adult protection law (Erwachsenenschutzrecht)**

As a rule, every adult who is restricted in their decision-making capacity due to a mental illness or comparable impairment should be able to continue to manage their own affairs independently. If necessary, they should also be supported in this, for example by family, other close people, home social workers, personal assistance, guidance in making applications to authorities or advice centres. A representative should only be allowed to act on the person's behalf if the adult wishes to do so or because it is necessary to prevent disadvantages for the person.

### **3.2.11 Care Home Residence Act (Heimaufenthaltsgesetz)**

The personal freedom of people who require care or assistance due to age, disability or illness must be particularly protected. The people entrusted with care or support must be given special support for this purpose. Restriction of the freedom of a person being cared for or looked after (resident) against or without their will by physical means, in particular by mechanical, electronic or medicinal measures, or by the threat of such measures, may only be carried out if the resident is mentally ill or mentally disabled and, in connection with this, his or her life or health or the life or health of others is seriously and significantly endangered, it is indispensable to avert this danger and its duration and intensity are appropriate in relation to the danger, and this danger cannot be prevented by other measures, in particular more gentle care or nursing measures. Every resident who is restricted in their freedom is represented by law by the so-called "residents' representation" in exercising their freedom rights. Residents and/or the residents' representatives, but also the management of the institution, can initiate a judicial review procedure to clarify whether a measure is an unauthorised restriction of freedom.

### 3.2.12 Violence prevention

For many years, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection has used comprehensive measures at various levels to prevent and intervene in cases of violence specifically directed against older people. In addition to the scientific analysis, the sensitisation of the general public and the specialist public is promoted. In January 2023, a two-year awareness-raising movement was launched in the form of a travelling exhibition on the topic of "STOP – NO VIOLENCE" ("*HALT – KEINE GEWALT*"), which will travel from place to place throughout Austria.

In order to provide those affected with low-threshold counselling, the Austria-wide, anonymous and free counselling hotline on the subject of violence against older people at the Pro Senectute Austria association was further expanded. As a central contact point for violence against older people it is funded by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

Other low-threshold measures include the updated "Recognising violence" ("*Gewalt erkennen*") folder series with various key topics as well as plays, films and lectures on the subject of violence against older people.

In addition, workshops were organised as part of an event initiative to raise awareness of the problem among the specialist public. In addition, trained prevention officers were established in selected care centres. The project "StoP – neighbourhoods without partner violence" ("*StoP – Stadtteile ohne Partnergewalt*"), a neighbourhood project to prevent partner violence and domestic violence at 25 locations in Austria, is primarily aimed at older people and older women affected by violence.

In addition, the Women's Section in the Federal Chancellery is implementing comprehensive measures to combat and prevent violence against women, in particular by (co-)financing victim protection centres. As a central and specialised point of contact for help and support for victims of domestic violence and violence in a domestic content, the nationwide violence protection centres in particular are open to all victims. With a contract increase of around 50% in 2021, the services offered by the violence protection centres were expanded even further.

In the context of violence prevention, especially in the area of long-term care, there are a large number of different concepts and strategies in the federal states and institutions.

They include i.a. guidelines for violence prevention concepts, which are also discussed in the inspections, further training courses, guidelines and brochures; in concrete terms, this includes, for example, the brochure "Violence and Age" in Tyrol or binding guidelines on aggression, violence and de-escalation management in Vienna.

### **3.2.13 Measures with the target group of nursing and care staff**

Employees are subject to Austrian labour law and worker protection, which ensure fair working conditions and effective regulations on health and safety in the workplace. Austria has almost complete coverage of employees and employers through collective agreements, which gives the social partners a central role. Wage increases are determined as part of collective agreement negotiations, whereby real wage increases have always been recorded in recent years.

The professional law for healthcare and nursing professions guarantees the professionalisation and regulation of nursing work. The federal states and municipalities also implemented numerous measures to attract additional staff, such as image films, social media recruiting, expanding childcare services and providing official housing. In addition, the latest long-term care reform packages have introduced numerous measures to improve the working conditions and salaries of healthcare and nursing staff and to attract more staff. These are described below.

#### **Professional law**

The requirements of long-term care were also taken into account in 2016 with the creation of a third healthcare and nursing profession – specialist nursing assistant – in the Health and Nursing Care Act (*Gesundheits- und Krankenpflegegesetz GuKG*). This should enable a more targeted deployment of nursing staff (qualified healthcare and nursing staff, specialist nursing assistants, nursing assistants) in nursing practice. The defined areas of activity of the nursing assistant professions have been adapted several times since the creation of this new occupational structure; in particular, the areas of activity of the (specialist) nursing assistant professions in medical diagnostics and therapy have been expanded in order to avoid interruptions to care in professional practice. New specialisations relevant to long-term care (wound management and stoma care, hospice and palliative care, psychogeriatric care) were also created for qualified nurses in 2016.

The professional law reforms in healthcare and nursing that began in 2016 are to be further developed as part of the ongoing long-term care reform process.

### **Salary increase for nursing and care staff**

The aim of the Act on the Special-Purpose Subsidy for Salary Increases (*Entgelterhöhungs-Zweckzuschussgesetz EEZG*) was to ensure better pay for nursing and care staff. The federal government provided the federal states responsible for nursing and care staff with a total of up to EUR 570 million in advance for 2022 and 2023 in the form of special-purpose grants. So far, around 125,000 full-time equivalents or 157,000 people could benefit from this.

With the amendment to the Long-Term Care Fund Act (PFG 2024), the salary increase for nursing and care staff could be anchored in the long-term (see section 3.2.17). The target group is qualified healthcare and nursing staff, nursing assistants, specialist nursing assistants and members of the social care professions as regulated in the applicable agreement under Art. 15a B-VG.

### **Additional week off (relief week, Entlastungswoche)**

As a worker protection measure, employees in nursing assistance, specialist nursing assistance and qualified nurses receive a relief week from the age of 43 (unless they already have a sixth week of leave under collective agreements or company agreements). All employees in care professions have this entitlement, regardless of how long they have been with the company (as is often provided for in collective agreements).

### **Heavy night work (Nachtschwerarbeit)**

Since 2023, all employees in institutional long-term care have received two hours of time credit for heavy night work. This is intended to promote longer recovery and reduce the mental and physical stress of care staff.

### **Access of third-country nationals and recruitment of staff**

Nursing assistants, specialist nursing assistants and qualified nurses have been on the annual shortage occupation list of the Skilled Labour Ordinance since 2019 (initially regionally, then nationwide).

Since the reform of the Red-White-Red (RWR) card (1st October 2022), skilled workers in shortage occupations – including qualified nurses, specialist nursing assistants and nursing assistants – can more easily obtain the necessary points for the RWR card: Proof of a vocational education in a shortage occupation is now awarded a standardised 30 points. In addition, skilled workers over the age of 40 (up to the age of 50) also receive points in the "Age" category, making it easier for these applicants to achieve the required minimum points. In addition to German and English, points are now also awarded for language skills in French, Spanish and Bosnian-Croatian-Serbian.

The public employment service (*Arbeitsmarktservice AMS*) positively assessed a total of 46 applications for RWR cards for workforce from third countries in 2019, 150 in 2020, 163 in 2021, 315 in 2022 and 374 by the end of September 2023. As a result of the reform of the RWR card, there is already a significant increase for 2023.

As part of the 2022/2023 long-term care reform process, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection has implemented professional law measures to enable workforce trained abroad to practise their profession more quickly and to facilitate nostrification procedures (see "Nostrification"). In addition, the AMS was authorised by the Federal Ministry of Labour and Economy (BMAW) by decree to issue RWR cards for this group of people if corresponding foreign training qualifications and (conditional) Austrian recognition or nostrification certificates are available. If sufficient points are also achieved for the other necessary criteria (professional experience, language skills and age), the AMS issues these persons with a positive assessment for obtaining an RWR card as a skilled worker in a shortage occupation.

The same applies to qualified nurses and (qualified) nursing assistants authorised for further training purposes as well as to personnel of the higher medical-technical service authorised for further training purposes.

Since 30th August 2022, foreign nationals who are already legally resident in Austria and have completed their nursing (assistant) education in full at a recognised domestic training institution for healthcare and nursing are generally exempt from the scope of application of the Foreign Nationals Act (AuslBG). This group of people can take up employment appropriate to their training immediately after completing their training – without additional approval from the labour market authorities.

## Nostrifications

As part of the 2022/2023 long-term care reform process, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection created professional law measures to enable nursing staff trained abroad to access the Austrian labour market more quickly and to facilitate their nostrification procedures:

- **Qualified healthcare and nursing staff** (DGKP) now have the opportunity to work as specialist nursing assistants for a limited period of two years until nostrification has been completed.
- **Specialist nursing assistants** (PFA) have the opportunity to work in nursing assistance for a limited period of two years until nostrification has been completed.
- **Nursing assistants** (PA) have the temporary opportunity to work in nursing assistance under guidance and supervision until nostrification has been completed.

Furthermore, it was implemented in professional law that in the course of the equivalence assessment of nursing training acquired abroad in the nursing assistant professions, the executing authorities of the federal states assess the overall qualification and professional experience and no longer focus on a 1:1 comparison of the subjects in the respective number of hours.

## Contact points for the recognition and assessment of qualifications obtained abroad

The contact points for the recognition and assessment of qualifications obtained abroad (Anlaufstellen für Personen mit im Ausland erworbenen Qualifikationen AST) provide free and multilingual advice and support to migrants throughout Austria on questions regarding the professional utilisation of their skills and the nostrification process for their care training. In several cities the contact points regularly organise information and exchange meetings for people with school and academic nursing qualifications from the EU/EEA and third countries, sometimes in cooperation with clinics and including practical tips and advice from people who have already successfully completed the recognition process. The AST Coordination Office has also produced information sheets on the recognition of healthcare and nursing training brought from abroad (last updated in August 2023), which provide an overview of immigration and recognition, the application process, responsibilities and counselling options, as well as provisional and temporary employment opportunities. These are also used by the Austrian Healthcare and Nursing Association and made available online (see <https://oegkv.at/pflegeberuf/anerkennung-und-nostrifikation/> (web page only available in German)). Further information on

recognition consulting including regional contacts, events and downloads can be found at (German only) <https://www.anlaufstelle-erkennung.at/>-

### **Strategy committee for international skilled workers**

Under the leadership of the Federal Ministry of Labour and Economy (BMAW), an interministerial strategy committee (*Strategieausschuss für internationale Fachkräfte*) was created to advise on and pool all projects in this area, which deals with a nationwide strategy for the immigration of skilled labour, improved procedures and the identification of target and focus countries for the recruitment of skilled workers, among other things. The Federal Ministry of Social Affairs, Health, Care and Consumer Protection is particularly involved here with a focus on healthcare and nursing professions.

### **Best practice in the field of staff**

One example of the implementation of diversity among nursing staff is the Schandorf nursing competence centre in Burgenland, which is the first retirement home to be run in three languages: German, Croatian and Hungarian.

## **3.2.14 Measures in the area of education and training**

Training to become a qualified healthcare and nursing professional (DGKP) takes place at universities of applied sciences (FH bachelor's degree programme). Education at healthcare and nursing schools has no longer been possible since 1st January 2024 (only cohorts up to that date can be completed). The DGKP education programme lasts at least three years. Education for the professions of nursing assistant and specialist nursing assistant can take place at the health and nursing care schools. Nursing assistant education can also take place in dedicated courses for nursing assistants. The education programme for nursing assistants (PA) lasts at least one year and for specialist nursing assistants (PFA) for two years. The latest reforms at federal level have broadened the education pathways and incentivised people to start a nursing education. In the school system, a new five-year school type "VET college for nursing and social care" (*Höhere Lehranstalt für Pflege und Sozialbetreuung*) was created. The apprenticeship for nursing assistance was also launched.

In addition to the professions mentioned above, the social care professions of social care worker and qualified social care worker, which largely involve training as a nursing assistant, also play a role in long-term care. They are regulated and standardised in the applicable agreement under Art. 15a B-VG. This agreement also regulates the profession of home assistance (*Heimhilfe*) to support people with care needs, which involves significantly shorter training.

The federal states are implementing numerous innovative measures to attract more students in the nursing sector. The measures include, for example, modernising, digitalising and making training more attractive, improved advice, funding for public transport tickets and vaccinations required for training, language and preparatory courses as well as information, advice and advertising (e.g. at schools). In order to attract more trainees, campaigns and exhibitions such as the one in Salzburg ("Das ist stark", "Pflegestraße") are also organised on an ongoing basis. The education and training campaign of the province of Burgenland includes an employment model for apprentices and there are many more innovative examples to mention.

### **VET college for nursing and social care (Höhere Lehranstalt für Pflege und Sozialbetreuung)**

The VET college for nursing and social care is a type of school within vocational secondary schools that provides students with a general university entrance qualification and a direct professional qualification in nursing and social care professions. The curriculum of the VET college includes the specialisation "Nursing" and the specialisation "Social Care". In the "Nursing" specialisation, students obtain the professional qualification "(Specialist) Nursing Assistant", in the "Social Care" specialisation they obtain the professional qualification "Qualified Social Care Worker" in the training specialisation attended. The training specialisations in work with the elderly, the disabled and family work also include training as a nursing assistant, while the training specialisation in support for the disabled covers the module "Support with basic care".

### **Monthly subsidy for education and training to support students**

The Nursing and Care Education Special Purpose Subsidy Act (*Pflegeausbildungs-Zweckzuschussgesetz PAusbZG*), which came into force in 2022, introduced financial support to the amount of EUR 600 per month for people completing care training. The federal government grants special-purpose subsidies to the federal states, which the latter

use for monthly subsidy for education and training and other measures. Persons who already receive benefits from the AMS, such as the nursing grant, are excluded. The special-purpose grants for monthly subsidy for education and training were anchored in the Long-Term Care Fund Act with the amendment in the beginning of 2024. In 2023, the federal government provided EUR 88 million. In the first winter semester of 2022, around 8,400 trainees received a monthly subsidy for education and training.

### **Nursing grant (Pflegestipendium) and other offers from the AMS**

In addition to the Nursing and Care Education Special Purpose Subsidy Act, a nursing grant was introduced with the long-term care reform package. It supports people who want to enter the nursing profession later or re-enter it with a higher qualification. The nursing grant started in 2023 and is offered by the AMS. The responsible department is the Federal Ministry of Labour and Economy. The amount of the nursing grant is based on the unemployment benefit or poverty relief assistance, but is at least EUR 51.20 per day (or EUR 47.87 per day in work foundations), valorised in accordance with Section 108(2) Austrian General Social Security Act (ASVG) from 2024. It can be obtained for the following training programmes: Nursing assistant, specialist nursing assistant, qualified health and nursing care (only school-based, phased out), school for social care professions (specialising in work with the elderly, family work, work with the disabled, support for the disabled). As at the end of September 2023, 5,500 people were supported. The proportion of women receiving the nursing grant is 77%. 34% of the supported persons have only completed compulsory schooling.

### **Nursing Care Labour Foundation (Pflege-Implacementstiftung)**

There are also Nursing Care Labour Foundations, which are set up by several care and healthcare facilities in a region on the basis of a foundation concept. The Labour Foundation is an instrument of social partnership. The model envisages that people's livelihoods are secured via the AMS, which also pays the insurance contributions. The participating companies make a financial contribution to the establishment and ongoing operation of the foundation as well as to the scholarship for the participants during their training. By the end of September 2023, almost 3,000 people were supported. The proportion of women in all care foundations is 74%.

### **Subsidy supporting upskilling of those working in social services of general interest (GSK)**

If a company wishes to train its employees in the fields of health and social services and elementary education or to obtain higher qualifications, the AMS will pay 75% of the costs (instead of the 60% before the long-term care reform) of course and personnel costs for certain training and upskilling programmes as (qualified) care assistance or qualified social care worker. As at the end of September 2023, over 1,500 people were supported via this instrument, together with training measures commissioned by the AMS. The proportion of women receiving the GSK is 79%.

### **Simplification of upskilling**

A key measure to make training in the care sector more attractive is the creation of a training system that enables upskilling and allows permeability from the lowest-threshold to highly qualified education programmes. For example, qualified healthcare and nursing staff who have completed their training at a health and nursing care school can receive extensive credit for the training content they completed as part of their training for a university of applied science's bachelor's degree programme in general healthcare and nursing. This facilitates access to further education in the tertiary education sector for this group of people. However, there are also opportunities for members of the nursing assistant professions to gain credit towards a higher qualification in the tertiary sector.

## **3.2.15 Measures for caregiving relatives**

### **Care leave allowance (Pflegekarenzgeld)**

In order to ensure a better balance between care and work, employees have the option of agreeing care leave or part-time care leave with a legal entitlement to care leave allowance, protection against dismissal and social insurance cover in the form of non-contributory health and pension insurance. As care leave and part-time care leave are bridging measures, they can be agreed for a period of one to a maximum of three months.

In the case of family hospice leave or part-time family hospice leave, the care leave allowance is due for the duration of the measure. End-of-life care can be utilised for up to a total of six months per case. When accompanying seriously ill children, up to a total of nine months per case is possible. In addition, this measure can be extended twice for a

period of nine months each time if this is to take place on the occasion of further medically necessary therapy for the seriously ill child. Since November 2023, employees have also been able to accompany their children up to the age of 14 during an institutional rehabilitation stay for a period of four weeks per calendar year. The prerequisite is that this accompaniment and the stay have been authorised by the social security. During the programme, there is also a legal entitlement to care leave allowance.

In 2023, there were 4,600 recipients of care leave allowance, around 74% of whom were female. Expenses totalled approximately EUR 19.2 million for care leave allowances and EUR 9.6 million for social security contributions, i.e. a total of EUR 28.8 million.

### **Bonus for caregiving relatives (Angehörigenbonus)**

Since July 2023, people who predominantly care for close relatives who are entitled to at least level 4 long-term care allowance are automatically entitled to a EUR 125 bonus for caregiving relatives per month if they obtained or continued to obtain pension insurance due to the care they provide. Other low-income family members, such as pensioners, can also apply for the bonus if they fulfil the relevant requirements.

### **Social insurance for caregiving relatives**

Persons who care for close relatives with complete or substantial utilisation of their working hours can also acquire pension insurance periods without paying contributions. Continued insurance is possible under certain conditions for persons who have left compulsory insurance (e.g. termination of employment) in order to care for a close relative. Under certain conditions, self-insurance for periods of caring for close relatives can also be claimed in addition to compulsory insurance due to employment.

In addition, under certain conditions, co-insurance is also possible for caregiving relatives of a person insured under statutory health insurance. Persons who care for a disabled child or other close relatives can also insure themselves in the statutory health insurance scheme under conditions defined in more detail in the law, provided they are not compulsorily insured without being a co-insured relative of an insured person.

The cost of social security cover (§ 18a, § 18b and continued insurance) amounted to EUR 73.4 million for approximately 16,000 people in 2022.

## **Counselling session between psychologists and caregiving relatives (Angehörigengespräch)**

Caregiving relatives face a variety of challenges, and psychological stress is especially noticeable. As a supportive measure, a counselling session between psychologists and caregiving relatives is therefore offered throughout Austria. If required, up to ten appointments can be arranged. Around 8,300 counselling sessions between psychologists and caregiving relatives were conducted in 2023. 80% of the caregiving relatives were women.

## **Home visits**

Since 2001, qualified health and nursing staff have been making home visits to care allowance recipients to provide support and quality assurance. In addition, mandatory home visits have been made to applicants for a subsidy for 24-hour-care since 2009. During the home visits, the specific care situation and quality are recorded on site using a standardised situation report and both care allowance recipients and caregiving relatives are informed and advised. In 2023, around 25,600 home visits to care allowance recipients and around 13,500 home visits in 24-hour-care were successfully carried out. 66% of the main carers were female.

## **Contributions to the costs of substitute care**

Close relatives who have been caring for a person in need of care for at least one year and are unable to do so due to illness, holiday or other important reasons can receive an allowance to cover the costs of substitute care. The prerequisite is that the person with care needs receives a long-term care allowance of at least level 3, in the case of people with dementia-related impairments and minors, a level 1 care allowance is sufficient. The maximum annual allowance depends on the nursing care allowance level of the person in need of care. It varies between EUR 1,200 and EUR 2,500. In 2022, the cost of substitute care amounted to EUR 9.5 million for 10,000 people.

## **Care courses**

Close relatives of a person with care needs who is entitled to at least a level 1 long-term care allowance can receive benefits if they take part in one or more courses to impart

knowledge in the field of care and support. The maximum annual allowance per person in need of care is EUR 200. Both face-to-face and online courses are included.

### **Further measures and best practices**

People with care needs and informal carers can find a wide range of advisory services in the federal states as well as in the municipalities and cities. In addition to initial information on the websites, there is also the option of telephone information and counselling as well as personal, individual needs assessments (e.g. by care counselling, case management, social services and caring communities). Self-help programmes are important; relatives and (informal) carers are supported by various initiatives such as the "Stammtisch für pflegende Angehörige" (get-together for caregiving relatives) or the establishment of a "Plattform für pflegende An- und Zugehörige von älteren Menschen" (platform for informal carers of older people) in Vorarlberg. The pilot project "Employment of carers" in Graz and the training of caregiving relatives in Burgenland should also be mentioned.

As part of the EU co-funded project "TRAPEZ – Transparent Pension Future. Securing the economic independence of women in old age" (*"TRAPEZ – Transparente Pensionszukunft. Sicherung der ökonomischen Unabhängigkeit von Frauen im Alter"*), carried out by the BKA Women's Affairs and Gender Equality Section in cooperation with the BMSGPK, the BMAW, the Working Life Research and Centre (FORBA) and the Austrian Institute of Economic Research (WIFO) and with the participation of ABZ\*AUSTRIA and SORA in the period 2019–2020, an informational video and a postcard on the topic of "Protection options for caregiving relatives" were developed. The annually updated brochure "Women and pensions – How life decisions influence pension provision in old age" also provides information specifically for this target group, among others.

### **3.2.16 Dementia strategy**

The Austrian dementia strategy "Living well with dementia" (*"Gut leben mit Demenz"*) was developed in 2015 on behalf of the Ministry of Health and the Ministry of Social Affairs. A broad circle of stakeholders, affected persons and their relatives were involved. With its seven impact targets and 21 recommendations for action, the strategy is an important step towards creating a framework for providing people with dementia and their relatives with the best possible support and improving their lives. Over 100 implementation

measures have already been documented on [www.demenzstrategie.at](http://www.demenzstrategie.at) (web page only available in German) by those responsible at federal, state and social security level, 33 of which are at federal level. The Austrian National Public Health Institute is responsible for their development and supporting their implementation.

In addition to the topics of participation and involvement, sensitisation and awareness-raising, measures for the early support of people with dementia are currently being promoted at federal level. In order to increase the involvement of those affected, a working group for self-representation was also set up at federal level in 2021. It consists of people with dementia and their supporters and aims to promote the participation of those affected in measures as part of the dementia strategy, to make it visible and to gather their needs and opinions.

### **3.2.17 Long-term Care Fund (Pflegefonds)**

The long-term care fund is used to provide support in the form of special-purpose grants to the federal states to ensure and improve the provision of affordable long-term care and nursing services to people with care needs and their relatives, as well as to expand and develop the range of care and nursing services in long-term care in line with demand. In addition, since 2024, the special-purpose grants for a monthly subsidy for education and training and the continuation of the increase in remuneration for nursing and care staff have been granted. The aim is to improve care services, to make the nursing and care professions more attractive, and to fund quality assurance measures, innovative projects and digitalisation measures. Two thirds of the funds for this are provided by the federal government and one third by the federal states and municipalities. The provisions on the LTC fund are set out in the Long-Term Care Fund Act (PFG).

The long-term care fund has been set up at the Ministry of Social Affairs and is administered jointly with the Ministry of Finance. According to the provisions of the Long-Term Care Fund Act, the federal states are obliged to submit securing, expansion and development plans for the following year to the Ministry of Social Affairs by 30th September of each year at the latest. With regard to the objectives of the Long-Term Care Fund Act, this ensures that the federal states regularly draw up needs and development plans for long-term care.

The amendment to the Long-Term Care Fund Act, which came into force on 1st January 2024, substantially increased the allocation to a total of EUR 6.034 billion to the long-term care fund for the years 2024 to 2028. It added measures to make the nursing professions and their education and training more attractive. The funding for the monthly subsidy for education and training (see Chapter 3.2.14 on the Nursing and Care Education Special Purpose Subsidy Act) and the salary increase for nursing and care staff (see Chapter 3.2.13 on the Act on the Special-Purpose Subsidy for Salary Increases) has been secured for the long term. Community Nursing, which was launched as an RRF-funded pilot in 2022, was also included as a service. Other changes include the establishment of the Long-term Care Governance Board and improvements to the data. In 2023, the LTC fund was endowed with EUR 455.6 million, in 2024 with EUR 1.1 billion due to the increase.

### **3.2.18 Hospice and Palliative Care Fund Act**

Hospice and palliative care focuses on the needs of seriously ill and dying people and their relatives and loved ones. In 2022, regular funding for specialised care services that are not already financed by other funds was therefore put on a secure footing in hospice and palliative care and the Hospice and Palliative Care Fund Act (HosPalFG) came into force. This is a special-purpose federal subsidy act to support the federal states in implementing an Austria-wide, needs-based hospice and palliative care service organised according to uniform criteria. The funds made available by the federal government amount to EUR 21 million in 2022, EUR 36 million in 2023 and EUR 51 million in 2024. From 2025, the amount of the previous year will be valorised with the revaluation figure. Based on agreements to be concluded annually, both the social security institutions and the federal states provide the same amount of funding. This can be used to finance the development and expansion of the service, ongoing operations, quality assurance measures, educational measures and the organisation of preventive and informational talks.

### **3.2.19 Senior citizens' policy**

Active ageing and senior citizens' policy contribute to prevention and can therefore extend periods without the need for care. For this reason, these are also included in the report as an important measure. The Federal Plan for Senior Citizens "Ageing and the Future" ("*Altern und Zukunft*"), which came into force in 2012 and was developed with the involvement of the Federal Senior Citizens' Advisory Council, forms the basis of the

Austrian strategy for older people, which aims to create a policy together with and for senior citizens. The federal plan ensures the targeted further development of senior citizens' policy in 14 defined areas – from participation, social security and education to health, care, support, discrimination, violence and housing through to intergenerational relationships and infrastructure. During the reporting period, significant activities were carried out in these areas to improve the quality of life of older people. An ongoing evaluation and subsequent adaptation of the plan has been commissioned.

### **Active ageing**

The "Healthy & Active Ageing Dialogue" ("*Dialog gesund & aktiv altern*") – a cooperation between the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK), the umbrella organisation of the Austrian social insurance institutions (*Dachverband der Sozialversicherungsträger*) and the Fund for a Healthy Austria (*Fonds Gesundes Österreich*) – is intended to help increase the number of healthy years of life and social participation of the older population, strengthen positive images of old age and prevent social isolation, loneliness and the premature need for care.

A guide entitled "New images of age(ing) - communicating appreciatively about age(ing)" ("*Neue Bilder des Alter(n)s – Wertschätzend über das Alter(n) kommunizieren*") was created with the aim of raising awareness of the topic, workshops on the topic were held and a caring community toolbox was created on the topic of "caring communities". Networking at a political and strategic level was driven forward.

### **Lifelong learning and education in the post-work phase of life**

Education in the post-professional phase of life is a key element in ensuring the social participation of older people and enabling them to lead a self-determined, independent life into old age. Lifelong learning is an essential prerequisite for meeting the constantly changing demands of a society characterised by rapid change (keywords: digitalisation, computerisation).

Education in old age was anchored both in the Federal Plan for Senior Citizens and in the "LLL:2020" strategy for lifelong learning in Austria. The objectives are to increase the participation of people in the post-working phase of life in continuing education, to ensure the quality of the programmes, to provide age-group-specific advice and information, and to develop an education-promoting infrastructure for the participation of older people

close to their homes. Based on the principles of equal opportunities, self-determination, low-threshold, accessibility and sustainability, projects and measures are carried out in the areas of basic research, quality development, methodology and didactics, digital media and information.

### **COVID-19 and older people**

In particular during COVID-19 pandemic, it became clear that loneliness in old age is an increasing problem and that maintaining social relationships and participating in social life are decisive factors for quality of life, satisfaction, physical and mental health and well-being, especially in times of crisis. With this in mind, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection has implemented a range of measures that focus primarily on promoting low-threshold services in the areas of education and digital media, strengthening neighbourhood support, supporting care networks and community projects, promoting social cohesion and social and active participation.

With regard to an age-sensitive perspective in the management of future crises, a study project was carried out to assess the situation of older people in connection with the effects of the measures to contain the COVID-19 pandemic, which also includes findings with regard to loneliness in old age and quality of life in times of crisis. The study was presented in June 2022 at the UNECE Ministerial Conference in Rome as part of a side event on age-appropriate crisis management. However, loneliness in old age is also an issue that is becoming increasingly acute even in non-COVID times. Future measures therefore include further activities to strengthen social cohesion, promote sustainable social networks, ensure social participation and encourage voluntary work. All these aspects are fundamental prerequisites for quality of life, physical and mental health and counteract loneliness and social isolation.

## **3.2.20 Accessibility and self-determined living for people with disabilities**

### **Implementation of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in Austria and National Action Plan on Disability 2022–2030 (NAP on Disability II)**

Austria committed to implementing the UNCRPD by ratifying it in 2008 and adopted the first long-term national action plan for implementing the UNCRPD in 2012. The NAP on

Disability II comprises 288 objectives and 375 measures. Throughout the multi-year development process, particular attention was paid to the involvement and participation of representatives of people with disabilities. In accordance with "disability mainstreaming", the measures must be implemented and adequately funded by each individual federal ministry and federal state.

The NAP on Disability covers many areas of life and aims to improve the living conditions of people with disabilities in all areas in the long term and sustainably. The sub-chapter "Protection against violence and abuse" is particularly noteworthy in connection with long-term care. According to Article 16 of the UNCRPD, states parties should take all appropriate measures to protect people with disabilities from all forms of exploitation, violence and abuse, both inside and outside the home. The implementation processes for some of the measures in the UN on Disability 2022–2030 have already started. In the areas of non-discrimination and accessibility, additional steps are being taken towards legal equality for people with disabilities through various measures.

### **Accessibility**

Accessibility is a prerequisite for people with disabilities to be able to live independently, participate fully and equally in society and exercise their rights without hindrance. Accessibility standards and requirements are spread across a large number of material laws. In accordance with Section 8 of the Federal Disability Equality Act, the federal government is obliged to provide people with disabilities with comprehensive accessibility to its services and offerings. Disability equality law, which obliges public providers of goods and services in particular to avoid discrimination, explicitly lists barriers as possible forms of discrimination. This legal protection against discrimination contributes to the overall improvement of accessibility and the creation of greater awareness of accessibility.

The establishment of accessibility officers at the federal ministries has helped to ensure that their expertise is utilised within the ministries and that they are consulted in planning processes, particularly in the construction sector.

### **De-institutionalisation**

People with disabilities have a right to a self-determined life and inclusion in the community in accordance with Article 19 of the UNCRPD. This includes the freedom to decide where, how and with whom they want to live. In Austria, the expansion of mobile

support services is being accelerated in order to give people with disabilities greater freedom of choice between living in their own home environment and living in institutional facilities.

The central objective of the NAP on Disability is that people with disabilities should be able to live independently in a flat or smaller shared accommodation – including in regular residential facilities – and that the de-institutionalisation of residential facilities should be started or continued as quickly as possible in all federal states. Almost all federal states are planning to create further self-determined and inclusive forms of housing as part of pilot projects. Key objectives and measures in the NAP on Disability 2022–2030 relate to ensuring the expansion and development of care and support services across the country in line with demand through sustainable funding and the creation of standardised regulations nationwide.

### **3.2.21 Consideration of people with disabilities in the long-term care system**

It should be noted at the outset that disability is not automatically synonymous with illness or the need for care. Irrespective of this, various (service) benefits for people with disabilities are offered, particularly by the federal states, within the framework of special laws (equal opportunities, participation or disability assistance laws). There is also a wide range of corresponding support from the federal government.

In addition to the general requirements for receiving federal benefits and the services offered by the federal states, there are also special regulations within the federal care system, particularly in the area of long-term care allowance or with regard to free self-insurance for the care of a disabled child (see 3.2.15 Measures for caregiving relatives).

In the case of long-term care allowance, the special needs of people with learning disabilities and mental disabilities are taken into account by equating guidance and supervision with care and assistance and by taking into account a time value for conducting a motivational interview in the categorisation regulation. In 2009, hardship supplements were anchored as fixed values in the long-term care allowance. This is intended to take into account factors that make care more difficult (e.g. for children and young people with severe disabilities; for people with severe learning disabilities or mental disabilities and people with dementia). The supplements have been steadily

increased, as a result of which many people receive a higher long-term care allowance level and thus a higher long-term care allowance. Individual groups have a typical, largely similar care requirement due to a specific disability. Therefore, certain long-term care allowance levels are assigned to these disabilities (fixed or minimum classifications), for example, under certain conditions for people with visual impairments or wheelchair users. Another significant improvement for children with disabilities in particular is the abolition of the offsetting of the increased family allowance against the long-term care allowance from 1st January 2023.

When it comes to diversity and consideration of people with disabilities and children with care needs, there is one facility in Carinthia (Haus Elim), for example, which specialises in the care and nursing of people with disabilities in old age. "Fridolina" in Vienna is a paediatric care home for children and young people with complex, life-shortening illnesses, offering both short-term and long-term care places as well as hospice care places. The aim of Fridolina is to create as "normal" a living space as possible for the children and young people concerned, despite highly specialised care and therapy. At the same time, Fridolina offers support and counselling to families and relatives.

### **3.2.22 Crisis preparedness**

Experience from the COVID-19 pandemic has made it clear that vulnerable groups are particularly affected and that special precautions need to be taken here. As part of blackout prevention, the Health Working Group is working on joint objectives to secure the supply of electricity to the healthcare sector in the event of a blackout or power shortage. These objectives serve to fulfil the overarching goal of being able to maintain the necessary and life-sustaining medical care in Austria even during a blackout or power shortage situation, as far as possible. The subject area of medical and nursing care outside of hospitals covers the topics of long-term care and facilities for the disabled.

### **3.2.23 Digitalisation and artificial intelligence**

Digitalisation and artificial intelligence are also important factors in the field of nursing and health. Digital solutions play an important role, particularly in documentation and planning processes and the provision of information (e.g. electronic or voice-controlled care documentation systems, data collection, duty rota organisation with AI, transition

processes e.g. from doctor's surgery to social services, increased connection of retirement and nursing homes to ELGA, electronic reference works), but also for equipment. There are a large number of pilot projects throughout Austria, such as – to pick out just a few examples of projects mentioned in the questionnaires from the federal states – "Workvision Home Nursing" in Salzburg with a new approach to handing over patients to social services, the "Salve App" in Vorarlberg, which enables standardisation of requests for a permanent or short-term care place through an IT application, or fall sensors in retirement and nursing homes. In order to enable further development and optimisation in this area, the University of Innsbruck, for example, offers an FFG-funded innovation camp on digitalisation in healthcare (health care technologies, project and process management, data security, information technology, etc.). A care technology fund with a volume of EUR 2 million was set up in Upper Austria with the aim of developing, testing and implementing innovative technical solutions for the care and nursing sector.

### **3.2.24 European Agricultural Fund for Rural Development**

The AT programme LE 14-20 in implementation of the EU Rural Development Fund (EAFRD) manages around EUR 3.9 billion in EU funds for the 2014-2022 funding period, making it the largest structural fund in Austria. For the first time, a separate "project type" for investments in "social affairs" was created for the "rural development" programme. This made it possible for investments to be made in nursing and care facilities, childcare facilities, psychosocial and psychiatric facilities, mobile pick-up and delivery services, barrier-free access, hardware and software (e.g. for telecare) and the expansion of infrastructure in the area of outpatient healthcare services, for example.

The Austrian strategic programme for the 2023-2027 funding period has already been approved by the European Commission and once again includes the option of funding "Social Affairs".

### **3.2.25 Primary care units**

Nursing also plays an important role in primary care. At this level, essential services are provided for patients through good coordination work and continuity of care. Ensuring low-threshold access to needs-based and integrated primary care – for the entire population – is a priority in Austria. Austria is receiving significant support from the

European Commission's EU Recovery and Resilience Facility (2020–2026) to strengthen primary care and expand primary care units (PCUs). The innovative PCU model is based on multiprofessional teams in which a qualified workforce – alongside general practitioners and surgery assistants – form an integral part of the core team in accordance with the Primary Care Act (PrimVG). By carrying out home visits and providing continuous care for patients in need of care, PCUs make a significant contribution to meeting the need for care in their care regions.

## 4 Outlook: Remaining challenges and need for EU support

### 4.1 Remaining challenges: Further development of long-term care provision

Significant improvements have been achieved with the long-term care reforms of recent years. For example, those responsible report an increase in interest in nursing education programmes. Demographic developments and the shortage of nursing staff continue to pose major challenges. Based on the current challenges, the priorities for the further development of long-term care provision are primarily set in the following areas:

- Ensuring (and further developing) long-term care provision in the face of rising demand
- Meeting staffing requirements and making the nursing profession more attractive
- Making nursing education and Upskilling more attractive
- Strengthening care and support in your own home
- Relief and support for caregiving relatives
- Care and climate change
- Digitalisation

Improved coordination is essential, e.g. in the area of personnel (e.g. measures to make the profession more attractive to staff, staff-to-staff ratio, recruitment from abroad). With regard to prevention and tertiary prevention, it is essential to provide services that are as individually tailored as possible and to make the systems and settings more flexible. In order to safeguard quality and working conditions, stakeholders also consider it important to provide more information on the topics of quality and rights in care for the workforce, people with care needs and their relatives.

### 4.2 EU support

The initiatives at EU level in the area of long-term care are very important and welcome, as this will be one of the key challenges in the coming decades. A regular exchange,

including an exchange of best practice, is particularly helpful for member states, as has now been made possible by the long-term care coordinators. The federal states and municipalities also mention regular dialogue and EU-wide networking as important concerns. EU funds can be used to finance or initiate innovative projects and programmes

## Abbreviations

AMS	Labour Market Service
BMAW	Federal Ministry of Labour and Economic Affairs
BMBFW	Federal Ministry of Education, Research and Science
BMJ	Austrian Federal Ministry of Justice and the
BMSGPK	Federal Ministry for Social Affairs, Health, Care and Consumer Protection
BPGG	Federal Long-Term Care Allowance Act
BVAEB	Social Security Institution for Public Employees, Railways and Mining
DGKP	Qualified healthcare and nursing staff
EEZG	Act on the Special-Purpose Subsidy for Salary Increases
GÖG	Austrian National Public Health Institute
GuKG	Health and Nursing Care Act
PA	Nursing assistant
PFA	Specialist nursing assistant
PFG	Long-Term Care Fund Act
PVA	Pension insurance institution
SVS	Social security institution for the self-employed
WIFO	Austrian Institute of Economic Research

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