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Quality of jobs and services in the Personal care and Household Services sector in Austria

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INTRODUCTORY NOTE

This report has been prepared, reviewed and finalised through the research of its authors, the contributions and suggestions of the project partners, the suggestions and remarks made by the participants-members of partners' organisations at the regional seminars (Rome / Brighton / Vienna 2015) and by the Advisory Board members (AGE Platform, Eurofound). The authors wish to thank warmly all these persons for their time and contribution. The report presents the personal care and household services sector in the country at stake and in the framework of the For quality! project objectives, following the methodological grid validated by the consortium, without being exhaustive. Authors have tried to incorporate corrections and comments that were reported to them during this process. However, the content does not necessarily reflect the vision of the project partners who are not responsible for the information contained in this report.

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The seven-year Programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies, across the EU-28, EFTA-EEA and EU candidate and pre-candidate countries. For more information see: <http://ec.europa.eu/progress>.

The information contained in this publication does not necessarily reflect the position or opinion of the European Commission.

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1. NATIONAL OR LOCAL REGULATION AND POLICIES

1.1. Policy backgrounds

Personal and household services (PHS) cover a broad range of activities that contribute to wellbeing at home of families and individuals: child care, long term care for the elderly and for persons with disabilities, cleaning, remedial classes, home repairs, gardening, ICT support, etc.¹. In Austria, there is first the long-term care (LTC) which corresponds to a diversity of PHS for dependent persons. The philosophy of the Austrian LTC system is to support persons in caring need to lead a self-determined and needs-oriented life and improve the opportunity to choose between different settings of care (formal/informal, institution/home based)². As for the branch of household services, the country has a specific legislation on domestic work: the Law on home help and domestic workers (*Hausgehilfen und Hausangestelltengesetz - HGHAngG*)³.

In the Austrian context, the role of the public authorities is divided in several levels of statutory power, and regulated by one federal and 9 different Lander laws. The state is federal, with powers shared between federal and 9 provincial governments. Federal competencies are implemented uniformly in all provinces (Länder), while provincial competencies are different among themselves. While the federal government is predominantly responsible for designing and providing allowances, each province also takes part in setting allowances levels⁴.

The Austrian system benefits include: benefits in cash (federal cash benefits, respite care benefits, 24-hour care), benefits in kind (see below), and benefits for carers⁵.

With regard to the benefits in cash, it is allowed to use them, either to purchase formal care services from public or private providers or to reimburse informal care giving⁶. Additionally, provinces are required to provide places in institutions, in day/night care centres and home care services. The social security scheme covers the difference between recipient's income (including care allowance) is not sufficient to cover the costs of care services. There are several kinds of benefits in cash:

- A universal allowance system at the federal level has been introduced in 1993: according to

¹ European Commission, Staff Working Document on exploiting the employment potential of the personal and household services, SWD (2012) 95 final.

² Riedel M., Kraus M., The long-term care system for elderly in Austria, ENEPRI report n°69, 2010. <http://bit.ly/1M9gtdS>

³ Bundeskanzleramt, Rechtsinformationssystem (RIS), <http://bit.ly/1RCNXBw>

⁴ OECD, Austria long-term care, 2011. Full text: <http://bit.ly/1Lco5gC>

⁵ Typology and description have been taken from the OECD report Austria long-term care, 2011.

⁶ Riedel M., Kraus M., Informal care provision in Europe, ENEPRI report n°96, 2011.

the federal Long Term Care Allowance Act (*Bundespflegegeldgesetz, BPGG*) all persons in caring need can receive **federal cash benefits**. These benefits are entirely financed from taxes and they are granted to dependent persons on the basis of seven categories of need, thus the number of hours of nursing care per month. The minimum-requirement (level 1 benefit) is a monthly 60-hours need of care and an expected duration of the need that exceeds 6 months. The allowance, which varies from EUR 154.20 (level 1) to EUR 1,655.80 (level 7) per month⁷ is provided regardless of income and assets. Dependent persons who are not covered by BPGG (essentially disabled persons and social assistance recipients) can obtain **cash benefits provided by the provinces** (*Landespflegegeld*).

In 2015 the care allowance has been granted to 457,821 persons⁸. The merged levels 1 (23%) and 2 (29%) represent 51% of total beneficiaries:

Level	Need of care (in hours)	Amount	Beneficiaries
1	Over 65 hours	€ 154.20	23%
2	Over 95 hours	€ 284.3	29%
3	Over 120 hours	€ 442.90	18%
4	Over 160 hours	€ 664.30	14%
5	Over 180 hours and permanent need	€ 902.30	10%
6	Over 180 hours and non-coordinable service	€1260	4%
7	Over 180 hours and permanent immobility	€ 1655.80	2%

Source: VIDA, 2015.

The care allowance is the key feature of the Austrian system, as it allows dependent persons to finance the freedom of choice for care. Yet, Riedel and Kraus have noticed that the average number of care hours a beneficiary could buy with the allowance dropped considerably since 1997 and that this trend has continued, notably with the impact of the economic crisis.

- **Respite care benefit** is destined to the primary informal carers. It is provided on an annual tax-free basis. Depending on the level, the respite care benefit can reach EUR 1,200 (levels 1 to 3), EUR 1,400 (level 4), EUR 1,600 (level 5), EUR 2,000 (level 6) and EUR 2,200 (level 7).
- **24-hour care**, available for persons that organise 24-hour care. The objective of this system is to provide assurance of nursing and care around the clock⁹: the assistance is given to the person under care at the household and certain tasks relating to the personal care and

⁷ OECD, 2011.

⁸ Situation on 01.03.2015. VIDA, 2015.

⁹ For quality! project, Third regional seminar, Vienna, 22.09.2015, report.

eating. In addition to these tasks, under a doctor's order a caregiver may perform certain defined medical tasks for example the administration of drugs, bandaging and subcutaneous injections. To benefit from this grant additionally to the cash benefit, the dependent person has to be recognised at least level 3. The amount of this grant depends on whom the dependent person has hired: an employee (EUR 1,100) or an independent worker (EUR 550).

The benefits in kind cover a variety of services which may be bought with the cash benefits. The beneficiary may also opt for them instead if more adapted for their care needs. Among them are:

- **Mobile services:** domiciliary care, home helpers, transitional care family assistance, 24-hour care, meals on wheels, visiting service, and emergency hotlines
- **Outreach services:** therapeutic services and Länder advisory or counselling centres
- **Semi-institutional services:** day centres
- **In-patient/institutional services:** short-term care, transitional care, care during the vacations of the carer, nursing homes/residential homes/senior residences
- **Services for persons with disabilities:** transport service, personal assistance, occupational therapy, and homes.

At last, there are the benefits for carers. They include paid and unpaid leave, working arrangements and pension credits, respite care, training and education.

More recently, the importance of the informal care provision has led the Austrian authorities to set up another significant regulation: the 2007 Home Care Law, which recognises the predominance of informal care provision in Austria, and therefore aims at creating better regulation of informal care provision. Indeed, most persons in need of care in Austria (about 80%) prefer staying home and receiving informal care from relatives over formal care¹⁰.

1.2. Structural framework, funding and actors involved

Like many European countries, Austria has a more or less clear distinction between social and

¹⁰ Riedel M., Kraus M., ENEPRI report n°69, 2010.

health care policies¹¹. The competencies in this area lie with two separate Federal ministries: Ministry of Labour, Social Affairs and Consumer Protection, and Ministry of Health. Furthermore, the Austrian social care and the health care systems have fragmented competencies. The fragmentation results from the Austrian federal constitution (*Bundes-Verfassungsgesetz, B-VG*): the B-VG divides responsibilities among the federal and provincial authorities. Social care services are cross-sectional matters. Provincial legislations mainly govern both the in-patient sector of health and social care (hospitals, nursing homes, residential homes, etc.) and home-based social services. The federal state, although mainly responsible for the development of policies on LTC, has to establish only basic laws in the field. In contrast, Länder have the authority to establish laws and the responsibility to implement them (Art.12(1) B-VG).

In terms of expenses, total expenditure in 2005 (cash and benefits in kind) amounted to EUR 3,664 billion, 77% of which were funded via taxes and 23% via private means¹². There are two major groups of expenses funded via taxes, care allowances (55% of tax funded LTC-expenses in 2005 for federal, 10% for provincial care allowances) and funding for services in kind via social assistance (33%). Both care allowance and social assistance are tax financed.

In 2008, Austria spent about EUR 3.75 billion on LTC care, which represented about 1.3% of country's GDP¹³. 60% of the total public expenditure took the form of cash benefits. Funding for needs-tested universal cash benefits in 2009 was composed of federal contributions (EUR 2 billion) and Länder or municipality contributions (EUR 0.36 billion).

The key component of care provision in Austria remains the care allowance. Since its introduction in 1993, it aimed at providing LTC users with the freedom of choice of care. As regards the benefits in kind, the expenditure (e.g. EUR 1.5 billion in 2010) was funded mostly by local budgets and Länder (social assistance)¹⁴. The benefits in kind are voluntary and often require income and asset dependent co-payments, in accordance with the care needs. The costs may be different from one Länder to another. To cover them, it is possible to receive a supplement from Social Services. Some Länder also involve the family members by asking them to provide contributions. Estimates show a wide disparity between Länder in terms of the private co-payments share for home care and residential care. Total private contributions for LTC remain unknown though¹⁵.

In terms of financing the PHS needs, in general it is up to the individual to finance them using the

¹¹ Chypionka T., Kraus M., Kalmar M., Quality assurance policies and indicators for long-term care in the European Union, country report Austria, ENEPRI report n°105, 2012. <http://bit.ly/1GpPt2F>

¹² Riedel M., Kraus M., 2010.

¹³ OECD, Providing and paying for long term care, 2011. <http://bit.ly/1HUBkeR>

¹⁴ OECD, 2011.

¹⁵ OECD, Austria long-term care, in Providing and paying for long term care, 2011. <http://bit.ly/1Lco5gC>

care allowance as well as private income or assets¹⁶. Both the institutional care and the home-based care are funded from private means as well as from social assistance. The social assistance providers often intervene to cover the difference, depending on income and care allowance. Social health insurance plays only a marginal role by financing home nursing care.

With regard to the projected trends in age-related expenditure, the long-term sustainability of pensions, healthcare and LTC have been identified as a major medium-term challenge to Austrian public finances¹⁷. To tackle the issue, Austria has notably put on track the health system reform, on basis of the reform plan 2013-2016 to stabilise healthcare spending as a share of GDP as of 2016¹⁸. Some doubts are however expressed whether this reform can bring about decisive action to reorganise the healthcare and LTC systems in a cost-effective and sustainable manner. In the context of the discussions held at the workshop gathering Austrian experts at the Regional seminar For quality! in September 2015 in Vienna, the key problems highlighted are notably the insufficient support for 24-hour care, a development of quasi-freelancers working in the sector but not sufficiently protected, as well as the mismatch in standards between the 9 different Länder¹⁹.

As concerns actors involved, PHS services are predominantly provided by non-profit organisations, such as Caritas Österreich, Diakonisches Werk Österreich, Österreichisches Hilfswerk, Österreichisches Rotes Kreuz, and Volkshilfe Österreich²⁰. They include among others home care, home nursing care, mobile therapeutic services, meals on wheels, transport service, home cleaning, laundry services and week-end help. In the province of Vorarlberg local Krankenpflegevereine and in the province of Tyrol Gesundheits- und Sozialsprengel are the main providers of home-based care. In addition to that, there are small providers of care who work in the local area. With regard to the caregivers, one specific characteristic is that around 65,000 caregivers are migrants mainly from the eastern-European neighbouring countries, with greater attention on recruitment of workers from further east²¹. These caregivers are essentially employed in the framework of the 24-hour care system.

2. WORK AND EMPLOYMENT QUALITY

Employment status and collective agreements

In Austria PHS largely take place in the informal economy: over 80%. In most cases PHS are

¹⁶ Riedel M., Kraus M., 2010.

¹⁷ European Commission, Country report Austria 2015, Commission staff working document, COM(2015) 85 final.

¹⁸ http://www.bmg.gv.at/home/EN/Topics/Health_reform

¹⁹ For quality ! project, Third Regional seminar, Vienna (22.09.2015), report.

²⁰ Riedel M., Kraus M., 2010.

²¹ For quality ! project, Third Regional seminar, Vienna (22.09.2015), report.

provided by family members, mostly women. Granted this, Austria may be placed in an intermediate position with regard to the main responsibility for care, in some way closer to the Mediterranean model of high family responsibility than to the Nordic model of high individual responsibility and a more pronounced role for the government in service provision.

The cash allowance alone usually is not sufficient to cover the total cost of PHS if the need is high. This could be interpreted as an indicator that informal - less costly - care support is preferred by the Austrian authorities. Besides, the recent trends show that formal care is much preferred by persons with their own income, by carers with full-time jobs and by carers with higher education levels²².

As mentioned before, Austria has a specific legislation on domestic work: the Law on home help and domestic workers (*Hausgehilfen und Hausangestelltengesetz - HGHAngG*)²³. This law from 1962 makes provisions for remuneration, working time, daily and weekly rest, holidays, notice period and social security insurance of domestic workers. Also, general employment law includes areas which apply to domestic workers, such as maternity leave, health insurance, and protection against violence and abuse.

With regard to collective agreements, Austria does not have a full one on domestic work; however, there is an agreement on the minimum wage for domestic workers, graded according to qualifications and work experience. In addition, collective bargaining agreements exist for care work, including care workers who provide “low skilled” assistance with everyday activities and household tasks. 24-hour care workers who provide care to the elderly in their private homes are mostly self-employed and therefore do not benefit from the minimum wage agreement²⁴. The employers’ associations with whom the unions negotiate are large organisations, involving many sectors including domestic care/cleaning²⁵.

Reducing undeclared work: impacts of the voucher and of the 24-hour care systems

The PHS in Austria represent one of the most frequently undeclared services purchased by households. In 2007, the country implemented a legal framework to reduce undeclared immigrant employment in the PHS sector. However, as in Germany, most of the domestic work is performed

²² Riedel M., Kraus M., ENEPRI research report n°69, 2010

²³ EFFAT, Promote industrial relations in the domestic work sector in Europe, final report, 2015.

²⁴ EFFAT, 2015.

²⁵ EFFAT, Decent work for domestic workers! booklet, 2015, <http://www.effat.org/en/node/13931>.

informally. Unlike its neighbour though, no significant public schemes exist in Austria to support housework services.

For the purpose of reducing undeclared work and improving the social protection of workers, Austria has introduced the household services vouchers (*Dienstleistungsschecks*) in 2006²⁶. The goal has been to enable dependent persons to pay their PSH in official vouchers as well as to finance social insurance contributions. Before hiring a worker, users have to buy vouchers (at newsagents, post offices, the VAEB or online) with a nominal value amounting EUR 5, EUR 10 or any other value. The user and the worker agree together on the wage while respecting a minimum wage set by the Act governing Domestic Help and Domestic Employees (*Hausgehilfen-und Hausangestelltengesetz*). By using the voucher, users fulfil all social insurance obligations on behalf of the worker. The following table resumes the core data on the Austrian voucher system:

Description	Employment relationship	Social security coverage	Collective agreements/laws, and tax reductions
<p>Used for temporary work below the marginal earnings threshold of EUR 395.31 per month, plus holiday pay and other special payments (a maximum amount of EUR 541.52 can be paid per month).</p> <p>Managed through service cheque competence centre (DLS Kompetenzzentrum): Versicherungsanstalt für Eisenbahnen und Bergbau (VAEB)</p> <p>The employer fills in the necessary details for the voucher (social security numbers of employer and worker and day of work) and sends it to the VAEB or a health insurance company. The VAEB transfers the money to the domestic worker's account.</p> <p>The vouchers can be used by Austrian nationals, EU citizens and third country nationals with a work permit.</p>	<p>The domestic worker is employed by a private individual / household</p>	<p>The employee is covered by accident insurance (contributions paid by employer).</p> <p>The worker is expected to register with health insurance and pension funds individually.</p> <p>No unemployment insurance.</p>	<p>Minimum wage agreement for domestic work (Different minimum wages according to levels of qualification and tasks performed in the household)</p> <p>Costs for childcare may be deducted from taxes if the domestic worker has completed a minimum training.</p>

Source: EFFAT (2015)

Since 2006, the household services voucher system has increasingly developed. In 2012, 427.709 vouchers were sold for an amount of EUR 4.277.088 which represented an increase of 30.3% compared to 2011 and about 2.870 persons buying vouchers each month. In 2014, the service vouchers were used by 9.101 individuals (a large majority of women aged above 45) and 7.652 employees were working in the system, among which 78% were female workers and 76 % native Austrians (VAEB²⁷, 2015). VAEB has estimated that, assuming the cost of an average hourly cost of

²⁶ EFSI, White book on personal and household services in ten EU Member States, EFSI, 2013.

²⁷ The Insurance Association for Railways and Mining Workers in charge of the operational handling of the scheme

about EUR 11, the voucher system contributed to the formalisation of 1.55 million working hours since its introduction²⁸. The introduction of the voucher system has therefore contributed to formalise the contractual relation between employer and employee.

Yet the impact of the voucher system should be nuanced²⁹. The reason would lie in their price: while the voucher nominal value amounts EUR 10, the undeclared black market of a domestic worker amounts EUR 7. Consequently the voucher is financially not interesting. Another instrument to support household services is the provision of housework services by welfare organisations. The price for working with disadvantaged persons (disabled, long-term unemployed) is very expensive: the cost for the welfare organisations amounts EUR 25 per hour. If the user accepts it is however covered by significant state funding³⁰. At last, it is also to be noticed that short term employment contracts remain predominant in this context: employment within the voucher system is fixed-term up to a month, but repeated contracts are possible without limitations.

With regard to 24-hour care system, it is nowadays estimated that 80% of 24-hour care is carried out legally³¹. The data estimate the number of caregivers at 50.158³², most of them residing in eastern-neighbouring countries (mainly Slovakia, Romania and Hungary) and working under the Austrian 24-hour care statutory regime for care. Most operate in Lower Austria - Niederösterreich (12,407), followed by Vienna - Wien (7.892), Upper Austria - Oberösterreich (7.586) and Styria - Steiermark (6.831). However, in order to perform tasks required by the 24-hour system caregivers must first undergo, at minimum 200 hours of training or have performed at least 6 months of lasting care for the user³³. In the past, 24-hour care has notably led to lack of quality control and the risk of abuse. Workers in the sector are often faced with limited job opportunities in their home country. Additionally many workers experience relatively high levels of satisfaction within their

(Versicherungsanstalt für Eisenbahnen und Bergbau – VAEB).

²⁸ EFSI, 2013.

²⁹ Farvaque N., Developing personal and household services in the EU - A focus on housework activities, Report for the DG Employment, ORSEU, 2013.

³⁰ Farvaque N., 2013.

³¹ Farvaque N., 2013.

³² VIDA, 2015.

³³ For quality! project, Third regional seminar, Vienna, 22.09.2015, report.

new situation. Despite high levels of satisfaction in their employment, workers receive no vacations or sick pay, must be available for 24 hours to provide care, and often must leave their families behind for two weeks while they provide care.

Income and access to social protection

Looking at the wages, in Austria, minimum wages are set in sector-specific collective agreements. These collective bargaining agreements set minimum wages by job classification for each industry and provide almost in each applicable agreement for a minimum wage of EUR 1,500 per month for 38 hours a week. The agreement *Mindestlohnentarif für Hausgehilfen und Hausangestellte* set up minimum wages for domestic workers. With regards to occupations where no such collective agreements exist, wages are regulated by the pertinent law and are generally lower than those covered by collective bargaining.

As regards the access to social protection, in the service voucher scheme, workers are not entitled to unemployment benefits, sickness benefits or future pension benefits. Workers whose monthly income does not exceed the threshold of € 512.36 (in 2011) are only insured against accidents. Workers may opt for voluntary health and pension insurance with a comparatively low monthly flat rate of € 52.78 (in 2011) per month. Workers whose monthly pay exceeds this threshold (only when the worker has at least two employers) need to pay social security contributions at the regular rates.

Workers' rights

The Equal Treatment Acts (*Gleichbehandlungsgesetz*) prohibit discrimination on the basis of "ethnicity" in the areas of employment, social protection, social benefits, education, access to goods and services and the provision of goods and services available to the public, including housing, and, in the field of employment, discrimination on the grounds of beliefs or religion³⁴.

Furthermore, Austrian trade unions have been actively organising domestic workers, improving their working conditions and defending their interests and rights. In Austria domestic workers are represented by the trade union Vida (trade union for transport, social, personal and health care services, and private services)³⁵. 24-hour care workers are organised in the trade union GPA-djp

³⁴ European Commission against Racism and Intolerance (ECRI), ECRI Report on Austria, 2010.

³⁵ Trade Union VIDA, www.vida.at

(union of private employees, and employees of the print and journalism sectors)³⁶.

Regularly employed workers automatically become members of the Chamber of Labour (*Arbeiterkammer*); the membership includes approximately 11,800 domestic workers. Since the Chamber of Labour only represents employees, 24-hour care workers who are typically self-employed in Austria, do not belong to the membership.

Ensuring compliance with laws and regulations in the domestic work sector is a major challenge as the workplace is a private home, which often places limitations on inspection visits to households. Labour inspectors in Austria only have a mandate if an agency or institution employs the domestic worker, not if the private household employs them directly³⁷.

Skills development and professionalization

As in most European countries, Austria is subject to a general shortage of staff in the PHS sector. The demand is mainly rising for elderly care workers, home helps and social workers. Career advancement prospects in care for persons with disabilities are very good for qualified workers.

In the long term, it is expected that the shortage of home care workers increases, especially in the group of qualified workers³⁸. With regard to the household services, it is likely that the demand for domestic workers will continue or even increase, yet public provision of services is reduced³⁹.

The demand for nurses will rate increase with upcoming retirements in the coming years. Therefore, training in the PHS sector needs to be promoted and made more attractive. A professional transition in the nursing field or promotion to a higher nursing profession often requires qualifications which cannot be acquired while working as a majority of the interested persons cannot afford a vacation due to the associated loss of income⁴⁰.

Health and well-being

Some recent studies showed that a huge majority of informal carers feel that caring represents a heavy burden. The most important stress factors confessed are responsibility, hopelessness and

³⁶ EFFAT, 2015.

³⁷ EFFAT, 2015.

³⁸ Eurofound, More and better jobs in home-care services, 2013.

³⁹ EFFAT, 2015.

⁴⁰ Trade Union (Die Gewerkschaft) VIDA, 2015.

feeling overtaxed⁴¹.

Formal care is more used to complement informal care. On average, dependent persons use five hours of home care and nine hours of home nursing per week.

It comes out from the recent trends that at least a third of carers feel unable to quantify their working time⁴²: it is particularly difficult to determine when both user and carer live in the same house (24-hour care) or when the user needs more supervision than care.

3. SERVICE QUALITY

The Austrian regulatory framework for the quality of LTC services consists of **four levels**⁴³.

- The first level is composed of two agreements between the federal state and its nine Länder, based on the Austrian Constitutional Act, the LTC-related part.

The first agreement (Annex A of the Article 15 from the B-VG Agreement 1993) defines LTC service regulation as a responsibility of the 9 Austrian Länder and specifies the minimum standards for institutional and home-based care: a free choice between the existing services, a comprehensive and integrated range as well as a network of services, availability on Sundays and public holidays and a quality assurance and control by Länder.

The second agreement between the federal state and the nine Länder (2008) regulates public funding for 24-hour care for employed workers living in the users' home or for persons working on a freelance basis. The agreement requires that these workers have to be adequately trained.

- The second level is composed of laws, mainly issued by 9 Länder.

The federal authorities have enacted federal laws that regulate the quality assurance aspects, notably: the Federal long-term care allowance Act (*Bundespflegegeldgesetz*), the Act on care of people in private households (*Hausbetreuungsgesetz*) and the Home resident Act (*Heimaufenthaltsgesetz*).

⁴¹ Riedel M., Kraus M., ENEPRI research report n°69, 2010.

⁴² Riedel M., Kraus M., 2010.

⁴³ Presentation taken from:

- Trukeschitz B., Safeguarding good quality in long-term care: the Austrian approach, Eurohealth, volume 7, N°2, 2010.
- Czypionka T., Kraus M., Kalmar M., Quality assurance policies and indicators for long-term care in the European Union, Country report Austria, ENEPRI research report n°105, 2012.

Länder have their own laws on social assistance that regulate the provision of PHS services. Although quality assurance of PHS service provision is not always explicitly mentioned, it is however implicit to rules concerning the recognition measures and the supervision of providers, notably: the suitability of equipment and workers, improvement of carers' skills. Some Länder' laws also affect the quality of the process notably: the trustworthiness of service provision and the degree of coordination between different types of providers.

- Levels three and four are composed of ordinances and guidelines.

At these levels, the quality criterion is more specific. For instance: minimum standards with regard to qualification of the workers to perform a specific task, or maximum size of homes. Some Länder give instructions to the care providers to conduct quality management activities.

As a result of this regulatory framework, regulation and methods for quality assurance vary significantly between the 9 Länder. If on the one hand the legal framework is easily accessible, on the other hand inspection reports on service quality of care homes or of home care providers are not publicly available⁴⁴.

With regard to **availability of PHS services**, Austria offers a wide range of services in order to provide persons with an appropriate response to their needs. It is especially possible thanks to both federal and Länder care allowance programmes, which are designed to enable the free choice among different options. One of them is the informal care: this kind of care traditionally plays a very important role in the PHS provision, and it can be financed by care allowances.

However, some regional disparities have emerged between 9 Austrian Länder. Indeed, formal care sector is still growing and this has resulted by tangible differences between Länder in terms of availability of services. This is especially the case of services to support informal care-giving, such as counselling and respite care⁴⁵.

The Article 15a B-VG of agreement for dependent people from 1993⁴⁶ states that Länder are required to develop demand and development plans (*Bedarfs- und Entwicklungspläne, BEP*) for an adequate and comprehensive system of institutional, semi-institutional, and home-based care services with full geographical coverage, observing minimum standards⁴⁷. Yet, the binding force of

⁴⁴ Trukeschitz B., 2010.

⁴⁵ The Austrian system for long-term care, Peer review "Achieving quality long-term care in residential facilities", 18-19 October 2010.

⁴⁶ The text of the agreement (in German) is available at <http://bit.ly/1HAfv59>

⁴⁷ Riedel M., Kraus M., ENEPRI report n°69, 2010.

this agreement is rather limited as there is no specific penalty in case of non-compliance with the agreement⁴⁸. This agreement contains a basic framework, while most details have to be regulated on the provincial level and differ accordingly. Therefore in reality there is a broad variation between and within Länder, regarding availability and quality of services. This regional divergence is found in settings of formal care, institutional and home-based care.

When it comes to **affordability**, care allowances help users to obtain affordable PHS. All dependent persons, without age distinction, are covered by the federal and Länder care allowance programmes. Persons not entitled to receive the cash benefit at federal level are entitled to receive the same amount of cash benefit at Länder level. If the dependent person's income does not allow him/her to finance his/her care, then social services can provide complements.

Although the majority of caregivers in the PHS sector are now mediated by organisations that organise the workers, measures for quality assurance within organisations are often missing⁴⁹. There has been a recent and increasing competition on the prices of services and not the quality of services. As such, many organisations have difficulties finding qualified nursing staff.

48 Riedel M., Kraus M., The Austrian long-term care system, project ANCIEN, report, 2010.

49 For quality! project, Third regional seminar, Vienna, 22.09.2015, report.

4. CONCLUSION

The Austrian workshop experts expressed at the Vienna regional seminar on 22 September 2015 the concern that overall state of the PHS sector's job market is deteriorating, with increasingly poor working conditions, the problems of bureaucracy and the need for quality criteria required for services (24-hour care, personal assistance, etc).

Indeed, the fragmented Austrian PHS system relies on 9 different Länder legislations, as well as on several manners to designate, manage and finance the PHS services at municipal level. This heterogeneity makes notably hard the calculation of the real costs of the expenditure for PHS. To handle this problem, some Länder have started to collect structural data to improve comparison. Some other Länder are still in the process of doing so. Along with this evolution, the working group for provision of care (*Arbeitskreis für Pflegevorsorge*) has started to collect some basic national data on care on a yearly basis, in an effort to make them comparable between for all Länder, with the ultimate goal to improve forward-looking capacity planning and steering.

However – and this is one of major recommendations made by the Austrian workshop experts expressed in Vienna – it remains essential to develop a nationwide regulation establishing standardized quality services and training for staff. It has also been suggested that the various stakeholders involved in the PHS sector could assist with the local authorities to ensure that the national regulations are adapted to local necessities and concerns. And last but not least, experts pointed out that sufficient funding must be provided to the PHS sector to ensure quality services and working conditions.

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