Foresight Future of an Ageing Population - International Case Studies

Case Study 7: Home care provision in Austria – the use of migrant labour

Foresight Theme: Supporting families and communities

In many countries, as populations age, home care is becoming an increasingly preferred option both by recipients, who generally prefer to stay in their own home, and governments who are seeking cost effective solutions. Home care provision in Austria combines a traditional family orientation to care with a universal cash-for-care-scheme and a growing migrant care sector who can provide inexpensive 24 hour care at home.

Context

With a total population of 8.6 million in 2015, Austria is in the mid-range of countries in the European Union.

Austria's population is ageing, with a total fertility rate of 1.44 in 2013 well below replacement levels but higher than its much larger near neighbours, Germany and Italy, both at 1.39 (EuroStat).

In 2013 18% of the population of Austria were aged 65 and over while 5% were aged 80 and over. This latter group, who are the ones most likely to be in need of long-term care is likely to double as a proportion of the total population, making up more than 11% by 2050.[1]

Austria, like its near neighbours Germany and Italy, has a family-oriented approach to the care of older people.

Like Germany and Italy, Austria makes direct cash payments to older people in need of care, and their families, to be used at the recipient's discretion. In all three countries, Germany (53%), Italy (58%) and Austria (52%), over half of over 65s who receive care and support, receive it in this form [2] and, in Austria, it accounts for around two thirds of all long-term care expenditure.[3]

Some Austrian families have used this cash payment to pay for live-in home care by care workers, many of whom are migrants.

Geographical proximity is a key factor in migrant care work, with Austria taking care workers (24-hour carers registered with Federal Social Welfare Office, 2007-2012) mainly from the neighbouring, poorer countries of Slovakia (72%), Romania (18%) and Hungary (4%) but also, to a lesser extent, from Poland, Bulgaria and the Czech Republic. [4]

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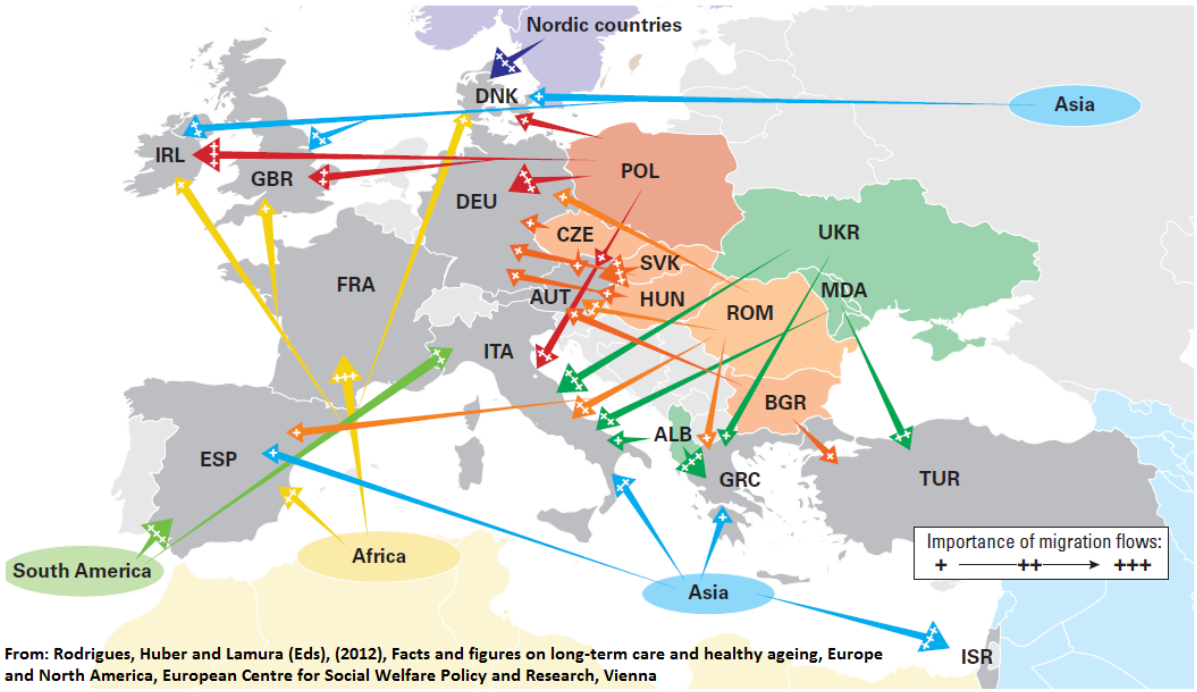
[1] European Commission (2015), *The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060)*

[2] Rodrigues, Huber and Lamura (Eds), (2012*), Facts and figures on long-term care and healthy ageing, Europe and North America*, European Centre for Social Welfare Policy and Research, Vienna

[3] Österle and Bauer (2012), *Home care in Austria: the interplay of family orientation, cash-for-care and migrant care*, Health and Social Care in the Community, 20(3), 265-273

[4] Winkelmann (2013), Double standards in regulating migrant care work? Analysing cleavages in the care labour market in Austria.

Main countries of origin and destination of migrant care workers in Europe



From: Rodrigues, Huber and Lamura (Eds), (2012), Facts and figures on long-term care and healthy ageing, Europe and North America, European Centre for Social Welfare Policy and Research, Vienna

History

In 1993, Austria adopted major reforms to its administration of long-term care for older people. Before the 1993 reforms, long-term care provision in Austria was fragmented and depended on the type of disability rather than the degree of dependency. Social care provision was a provincial and local responsibility. Residential care provision was dominant and care in the community, including home care, was patchy and virtually non-existent in some areas.[5]

The 1993 reforms included a universal federal cash-for-care allowance (Pflegegeld) as a contribution towards care-related costs.

Initially around 80% of home care was undertaken by relatives, but the availability of the cash-for-care allowance and the pressures on family carers led to an influx of live-in, migrant, care workers from Eastern Europe. Austria joined the European Union in 1995 and the availability of carers from the neighbouring countries of Slovakia, Hungary, and the Czech Republic as well as Poland was enhanced when those countries joined the EU in 2004. Access from Romania and Bulgaria was eased when they joined in 2007.

This led initially to an un-regulated period during which migrant home-care workers were employed on an irregular, often illegal basis with precarious working conditions, no regulations on working time and no social security coverage.[4]

After a number of families, including those of political leaders, had been accused of the illegal employment of migrant care-workers in their homes, and following a media campaign during the Austrian general election campaign in 2006, migrant home care was regularised in 2007.[5]

[5] Österle and Bauer (2011) *Home care in Austria* In: Rostgaard et al*, LIVINDHOME: Living independently at home, Reforms in home care in 9 European countries*.

Implementation

The Austrian long-term care allowance (*Pflegegeld*) is a tax-financed cash benefit for those in need of permanent long-term care due to physical, sensory or, mental disability that is expected to last at least 6 months. The need for long-term care has to exceed 50 hours per month. The care allowance is paid at seven levels, depending on need as assessed by a physician, and, in 2015, ranged from €123 to €1,995 per month. It is not means-tested and is paid directly to care receivers 12 times a year.[5]

The 2007 law (*Hausbetreuungsgesetz*), to regularise home care by 'live-in' carers, including migrant workers, offered the options of employing live-in carers based either on self-employment or an employer-employee relationship. To ensure the affordability of live-in care work under the new rules, a means-tested financial support scheme was introduced.

The 2007 law introduced the role of a 'personal care worker' (*PersonenbetreuerIn*) requiring only a low level of qualification, by completing 168 hours of training or demonstrating 6 month's work experience.[5] The 2007 Act also regulated the working conditions of live-in carers, restricting working hours to 11 hours per day or 128 hours per fortnight.[6]

It is estimated that there were about 45,000 female migrant care workers in private household with older people in Austria in 2015,[7] typically paid about €1,500 per month.[6]

In Austria around two thirds (66%) of home care workers are foreign-born. This compares with nearly three quarters (72%) in Italy but contrasts with the 10% of residential care workers in Austria who were born outside the country. [2]

The market in home care workers from abroad is well developed in the donor countries with a large number of agencies including, for example from Slovakia, the main provider for Austria, the *Senior Service* and *Kristo* agencies in West Slovakia, the *Nathan and Wolf* and *Laura* agencies in Central Slovakia and the *Personal Swk Service* in Eastern Slovakia, all providing carer workers for the Austrian market.[8]

Impact

Cash-based care allowances for home care, as implemented in Austria, Germany and Italy, are seen as an effective mechanism for containing costs. They generally cover only part of a recipient's care costs, at any level of need; can be frozen while care costs rise; and can be adjusted so that fewer people, with higher level needs, are eligible.[9]

[6] Schmidt (2013,) *From 'Cinderella' to professional carer? The changing status of migrant care workers in Austria*.

[7] Raithelhuber (2015), Female migrant care-givers in private households of elder people as a challenge to social work: Insights into the transnational organisation of social service provision and vulnerabilities of "live-ins".

[8] Di Santo and Ceruzzi (2010), *Migrant care workers in Italy*

[9] Rostgaard et al (2011*), LIVINDHOME - Living independently at home Reforms in home care in 9 European countries*

Twenty-four hour care provided by migrant care workers has been accepted as a budget-friendly solution to meet the care demands of around 4-5% of families with a relative in need of care in Austria[4]. In Italy this solution is even more popular with, in 2011, 13% of families [6] using this option.

The use of live-in, migrant, home care workers in Austria raised issues around the regulation of service provision including training, quality-of-care and appropriate conditions of employment.