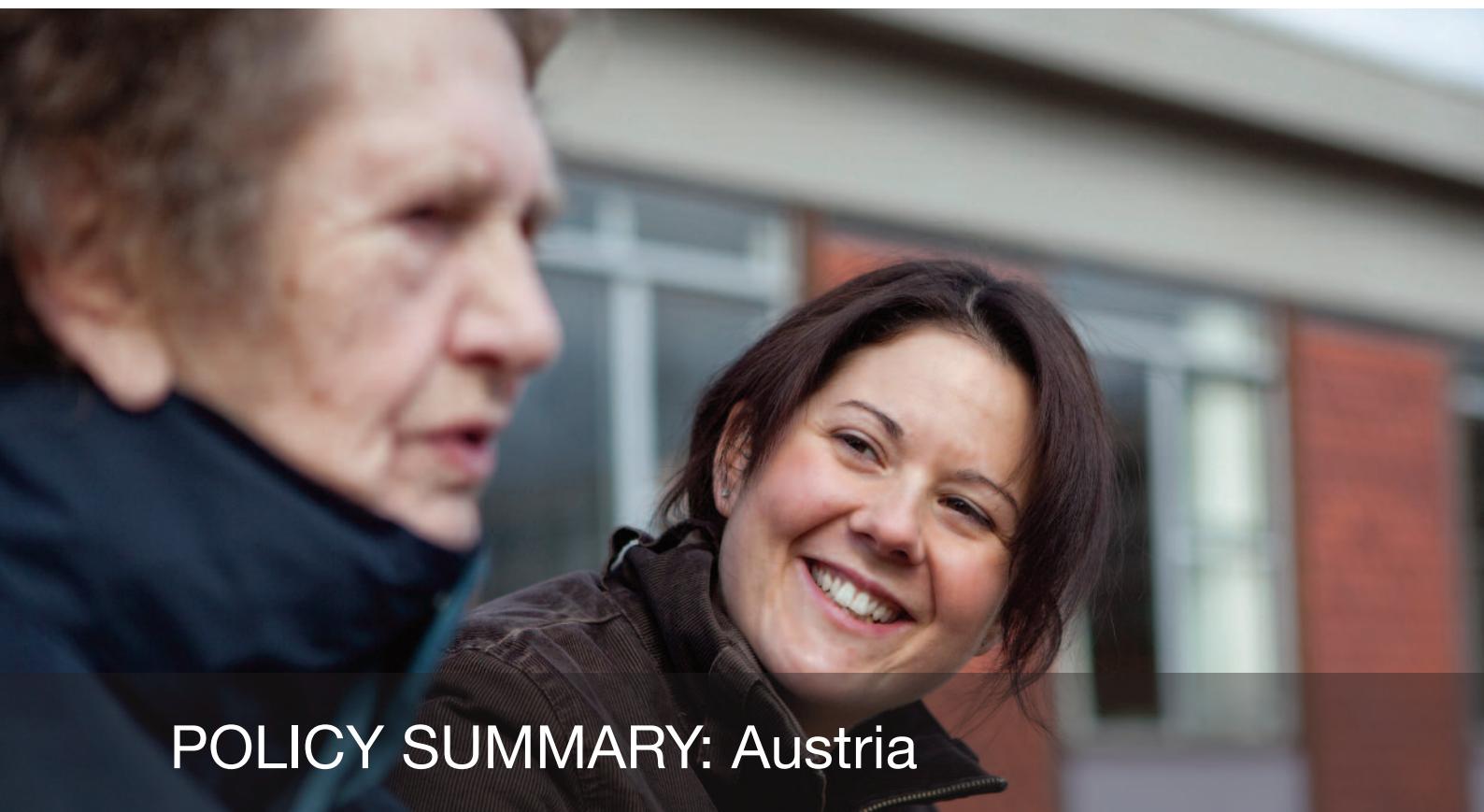


Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: Austria

Regulating 24-hour care

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Policy theme	Policy measures to support unpaid carers
Design and implementation level	National design, national implementation
Policy objective	To legalise so-called 24-hour care performed by mainly migrant carers and to combat moonlighting in the area of personal assistance in private households; to support care at home; to provide social security coverage for 24-hour care.
Start date – End date	2007/08, ongoing

Aims

The legalisation of 24-hour care through amendments in labour law (working time), professional legislation (delegation and liability issues), registration of personal

carers (Code of Trade and Commerce), and the introduction of minimum standards of quality (qualification).

Implementation

By 2007, the 'Personal Care Act' (Hausbetreuungsgesetz, BGBI. Nr. 33/2007) was enacted to ensure legal employment of 24-hour carers in private households and to avoid a (further) loss in social security contributions and tax payments. The Act, based on an ancient law for maids and butlers, was introduced and the Code of Trade and Commerce was amended in 2007. Both regulations created a legal basis for the 24-hour care arrangements with the following options for hiring a 24-hour carer:

- The first option is direct employment of 24-hour carers by care organisations or by families who pay social contributions and income taxes. Apart from minimum wages and leave entitlements this arrangement includes working time regulations that stipulate a maximum working time of 11 hours per day and 128 hours during a biweekly shift.
- The second option, which has been chosen by the large majority of 24-hour

carers, is self-employment. This arrangement allows for more flexible (unregulated) working times, does not enforce minimum wage rates specified by trade unions and offers relatively straightforward registration procedures.

Social security contributions and taxes are due to be paid by both employers and employees, in the second option by the self-employed carers. As these additional payments have increased the costs of hiring 24-hour carers significantly, legislators also introduced means-tested subsidies to incentivise regular arrangements. These subsidies for employers were aligned with the Austrian long-term care allowance scheme. The law stipulates qualification requirements for the public subsidy to be paid. A number of other eligibility criteria have been specified for the subsidy, including the availability of a separate room in the household for the carer.

Target group

24-hour carers (mainly migrant carers from Slovakia, the Czech Republic and Hungary); families employing 24-hour carers; people with long-term care needs.

Eligibility criteria	The public subsidy for 24-hour care is granted only to people in need of at least 120 hours of care per month (at least care level 3 of the long-term care allowance scheme, except in cases of dementia, where a lower threshold can be agreed on), if they have a personal income of less than €2,500 per month. The monthly subsidy amounts to €1,100 for two employed 24-hour carers (€550 for one) and €550 for two self-employed 24-hour carers (€275 for one).
Resources	The subsidy is provided by the Federal Ministry of Labour, Social Affairs and Consumer Protection and tax-funded from its budget. In 2015, about 21,900 beneficiaries received subsidies amounting to €138.6 million.
Performance assessment and monitoring	‘Quality assurance visits’ are carried out by specialised nurses on a random basis covering annually about 20,000 beneficiaries of the LTC allowance, among which in 2015 there were 4,487 with a 24-hour carer. In 99% of these cases the care provided was rated good or satisfactory (Sozialministerium 2016).
Evidence of success (outcomes, quality, satisfaction, awareness)	Moonlighting in the area of 24-hour care has been quite successfully avoided through this regulation. There is no robust evidence on changes in the real quality and working conditions in 24-hour care. However, scandals or complaints seem to be relatively scarce. Regulation is often addressed as a win-win situation for all involved, but in interviews some 24-hour carers clearly underline the exploiting character of these care relationships (Leichsenring et al. 2015).
Transferability/ uniqueness	As live-in care by migrants has become a widespread phenomenon in Europe, in particular in the Mediterranean countries, but also Germany, the Austrian regulation provides at least a first step towards regulation that is completely lacking in many countries. As it is generally difficult to regulate employment in private households, further efforts are needed.
Is this an emergent practice? (degree of innovation)	Austria remains the only country in Europe where 24-hour care by migrants has been regulated in this way.

Sustainability

The support of 24-hour care recipients through subsidies to cover social insurance costs contributes eventually to higher tax income and social security contributions. A relatively low amount of subsidy was therefore sufficient to avoid moonlighting.

Wage differentials between neighbouring countries and Austria may reduce or disappear over the next decades and under changing conditions it may be harder or impossible to attract personal carers from these countries.

Academic literature on this action

Winkelmann et al. 2015;
Schmidt et al. 2016;
Schmidt 2016

Documents

www.ris.bka.gv.at/Dokument.wxe?Abfrage=BgbIAuth&Dokumentnummer=BGBLA_2007_I_33
