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LONG-TERM CARE SYSTEM FOR DEPENDENT PEOPLE – AUSTRIAN EXPERIENCES

Abstract. Austrian society is an ageing society. Old age does not always mean dependence. However, the risk of disability and dependence increases with age. In addition, older people often experience multi-disease. High-quality long-term care services can help frail and dependent elderly on maintaining greater autonomy and participation in society, regardless of their condition. The aim of the article is to analyze legal, institutional and practical solutions in the field of long-term care system functioning in Austria. It should be emphasized that Austria is striving to develop services based on a social model and an independent life paradigm. Analysis of legal solutions indicates that the long-term care system in Austria is very complex. Institutional solutions are divided between the federal level and nine federal states. On the one hand, this results in decentralization and more effective help for the elderly, but on the other hand, it causes the diffusion and heterogeneity of standards.

Keywords: dependent people, long-term care, older people, social assistance, social security system, principle of subsidiarity.

1. Introduction

The aging of the population is an inevitable process and is currently one of the most important challenges of developed countries, including Austria. As a result of the drop in mortality, especially in the population of people over 65 and the prolongation of the life expectancy, more and more people are living late into old age, and the period of old age itself lasts longer. In addition, fertility rates, which have been maintained for several decades at a low level, intensify

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the process. One of the consequences of the increasing percentage of old people[1] is the need to provide care to dependent elderly people. Of course, not every elderly person requires support in everyday functioning, however, along with the progressive aging of the society, the need for assistance and care services is growing (Szweda-Lewandowska 2014b: 148). In addition, the risk of dependence significantly increases with the age of 80. At the same time, we are talking about economic dependability as well as functional dependability, which is very often characterized by aged elderly (Szukalski 2015: 1).

The dependance of older people is not always the result of their disability. Often, help and care is required for those who are physiologically aging. Loss of physical fitness and ability to function independently in the environment is the result of physiological aging of the body (Szweda-Lewandowska 2014b: 149). Therefore, with the increase in the number and proportion of older people in the society, the need for assistant and care services is increasing. Unfortunately, due to demographic conditions observed in Austria, care for the elderly by members of the immediate family will be more and more often encountered in the future. This situation will be determined by the increasing percentage of older people in Austrian society and the decreasing number of people representing potential caregivers.

The above-mentioned phenomena are a challenge not only for people directly dealing with dependent older people, but they are a social issue that requires systemic action. In accordance with the principle of subsidiarity, when the individual is unable to perform specific tasks and satisfy needs, it is possible, and even desirable, to intervene in a higher level community. The aim of this approach is to optimally implement the principle of human dignity, as well as to realize the principle of the common good. One of the answers to specific problems arising from the need to care for the elderly is legal solutions that create a framework for admissible activities of public authorities in connection with the support of older people. The legislator, when establishing a certain security system, must balance different values and build solutions that are not illusory, but which actually and effectively help the dependent entity and his or her relatives. The perspective that must be adopted in this case is first, the need to protect human dignity and subjectivity, secondly, care for the common good, and respect for the freedoms and rights of others, and third, the subsidiarity of the state in the field of social assistance.

Taking into account the specific demographic conditions related to the aging process of societies, it is possible to analyze specific legal systems regulating the

[1] Retirement age (60 years for women and 65 years for men) is most often considered as the trashold of old age. Medical definitions also recognize the age of 65 as the limit. This is in line with the classification developed by the World Health Organization (WHO), which distinguished three groups within the older age: 65–75 years, 75–90 years and 90 years and more (Luty-Michalak 2009: 172; 2010: 421).

issue of long-term assistance to dependent older people and follow the directions proposed by the legislator in the context of their effectiveness. The analysis of the above issues in this study will be carried out on the example of Austrian solutions.

2. Demographic conditions

Many measures are used in the analysis of the aging process of societies, such as the old age indicator, old age index or age dependency ratio. From the point of view of the subject of this article, the most important is the presentation of changes in the median age of the population and the life expectancy. It is also important to analyze indicators describing the percentage share of people aged under 14, from 15 to 64, and aged 65 and more in the total population. The median age of the population divides the population into two parts. This is the age that one half of the population has not yet reached, and the other half has already reached (GUS 2014: 127). The increase in its value testifies to the progressive aging of the society. In Austria, since 1980, constant, systematic growth has been observed. At the beginning of the analyzed period, it was less than 35 years old. In 2010, it has already reached the level of over 41.5 years. This increase will be observed until 2080, when it reaches the value of almost 49 years. This means that in the 100 years from 1980 to 2080, its value will increase by 14 years, and half of the population will be 49 years old and over.

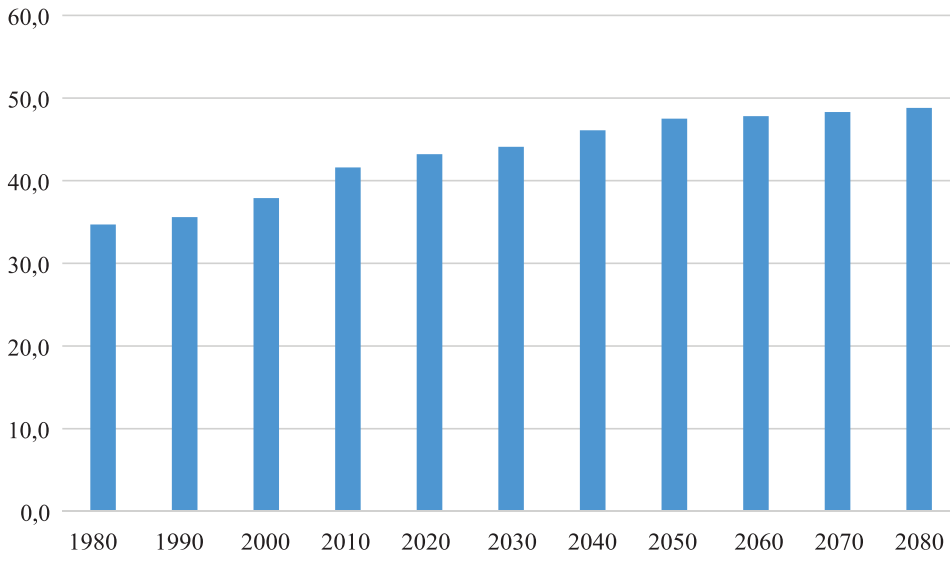

Diagram 1. Median age of the Austrian population in 1980–2080 (in years)
Source: Eurostat database: population (demo_pop) and population projections (proj) (accessed 16.07.2019)

According to Eurostat projection, the structure of the population of Austria will also change by age in the analyzed period. The most numerous group were and still will be people of working age, i.e. from 15 to 64 years of age. However, their share in the total population will decrease by 8.4 percentage points from just 63.9% in 1980 to 55.5% in 2080. Taking into account the fact that family members who care for the elderly belong to this group, it should be recognized that we will be dealing with the worsening demographic trends. In addition, in the adopted time horizon, the number of children under 15 will be significantly reduced, as evidenced by the percentage of people aged 0-14, which in 1980 was 20.7%, while in 2080 it will fall to less than 14%. In turn, in the case of the percentage of older people (65 and more), a significant increase in its value will be noted from 15.5% (1980) to 30.7% (2080). In 2080, the share of older people in the population will be higher than the share of children by more than 17 percentage points. This trend is extremely worrying and points to the considerable advancement of the aging process of the Austrian society. The constant increase in the percentage of the oldest (over 80) is also an issue of concern. What's more, in the coming decades it will be characterized by the fastest growth rate due to the

> so-called the dual aging of the population, according to which in societies characterized by low mortality, together with the increase in the percentage of older people, the structure of this subpopulation changes at the same time, which means an even faster increase in the number of the oldest people. Generally, with the older group we are dealing with, the faster its number increases (Szukalski 2014: 59).

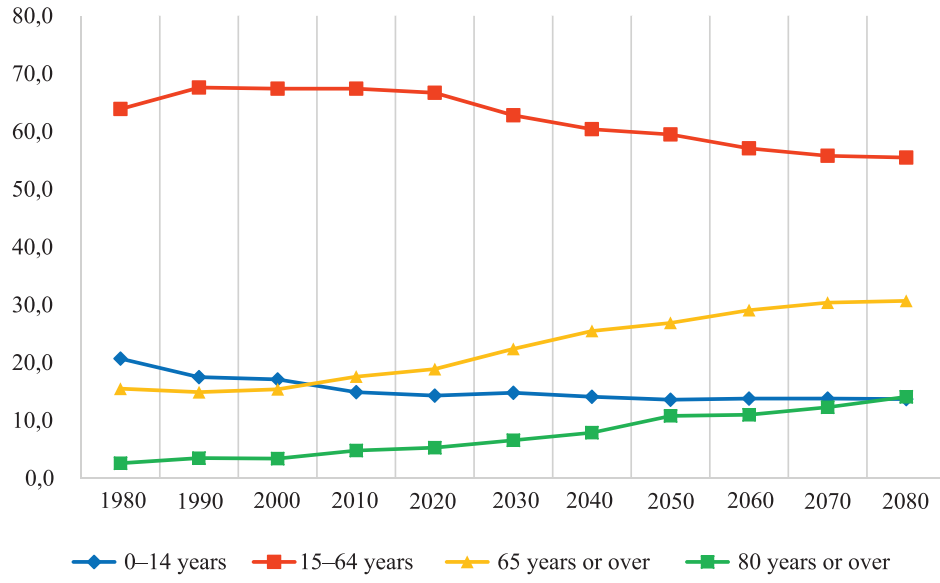

Diagram 2. Structure of the population of Austria by age groups in 1980–2080 (in %)
Source: Eurostat database: population (demo_pop) and population projections (proj) (accessed 16.07.2019)

The rate of growth is evidenced by the fact that the oldest in 1980 accounted for less than 2.6% of the Austrian population, while in 2080 their share will be as much as 14.1%. In addition, in 2080, people aged 80 and more will constitute a larger part of Austrian society than the youngest people, i.e. in the age of 0–14. It should also be emphasized that a significant proportion of aged people (aged 80 and over) are widowed, and most of them are women. Older people are mostly people living alone who need support. Therefore, such a dynamic increase in the percentage of this part of the population means in the future the growing problem of the independent existence of those people who will require help and care.

As a result of the development of medicine, as well as changes in the lifestyle of Austrians, their lifespan is also extended. The 1980s began a period of steady growth in life expectancy in Austria. The decrease in the intensity of deaths caused that the life expectancy of a newborn male increased from 69 years in 1980 to 77.8 years in 2010. Women live longer than men, because in 1980 their average life duration was 76.1 years, in the year 2010 – 83.5 years. It is worth emphasizing, however, that the difference in the value of this parameter between women and men is diminishing. In 1980 it was 7 years, while in 2080 it will be less than 4 years. In the final year of the analyzed period, a newborn baby boy will have a chance to live up to 87.3 years old, while a newborn baby girl will have 91.2 years. In the case of men, the life expectancy will be extended by less than 15 years, while in the case of women, it is only slightly over 12 years.

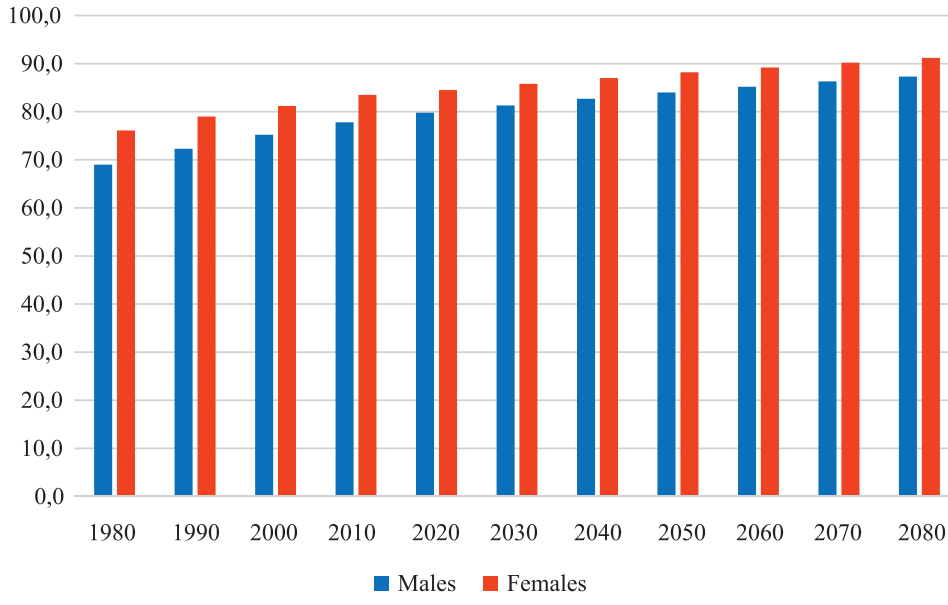

Diagram 3. Life expectancy in Austria in 1980–2080 (in years)
Source: Eurostat database: mortality (demo_mor) and population projections (proj) (accessed 16.07.2019)

A more complete image of the demographic situation can be obtained by comparing data on the life expectancy with the health status of the population, whose excellent empirical illustration is the indicator of healthy life years. *It measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems. The indicator is therefore also called disability-free life expectancy (DFLE)* (EUROSTAT).

A diagram 4 presents this information for women and men aged 65 years. The life expectancy of women aged 65 in the entire analyzed period was longer than the life expectancy of men of the same age. In 2016, it amounted to 21.7 and 18.5, respectively, and increased over the last decade both in the case of women (by 0.7 years) and men (by 1 year). It should be emphasized that the healthy life years indicator was slightly prolonged for men (by 0.7 years), while for women it was shortened by half a year. Women aged 65 had an average chance of living in health in 2007, another 7.9 years, while in 2016 – 7.4 years. For men, the appropriate values were 7.5 years and 8.2 years. Worrying, however, is the phenomenon of such large disproportions between the life expectancy and the healthy life years indicator. The continuation of life in health in Austria for women aged 65 years represented in 2007 only less than 38% of life expectancy, while for men it was less than 43%. In 2016, the percentage of remaining healthy lives was 34% for women, and slightly more than 44% for men. It is clearly visible that although the life expectancy of men aged 65 years is shorter than women, the greater part of them is experienced in good health.

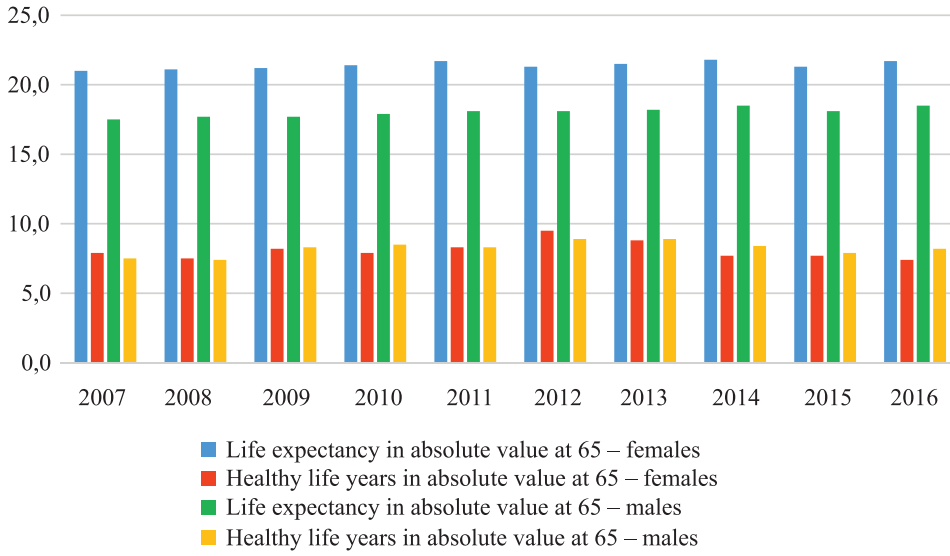

Diagram 4. Life expectancy and healthy life years of women and men aged 65 in Austria in 2007–2016 (in years)
Source: Eurostat database: mortality (demo_mor), healthy life years (hlth_hlye) (accessed 16.07.2019)

3. The risk of dependence among older people

With age, the likelihood of dependence increases, which is usually defined as "the inability to carry out everyday activities independently and the need to use the help of third parties in meeting these needs" (Szweda-Lewandowska 2014a: 215). Various scales are used to measure the degree of dependency. In order to assess independence in the scope of performing basic activities of everyday life such as: washing, dressing, eating, moving around, controlling physiological activities or using the toilet, the most commonly used scale is *Activities of Daily Living* (ADL). On the other hand, the scale of *Instrumental Activities of Daily Living* (IADL) is used to assess the level of independence in performing complex everyday activities, including using the telephone, using public transport, shopping, preparing meals, housework, taking medicines and managing money (Winzer, Skalska, Klich-Rączka, Piotrowicz, Grodzicki 2012: 82–83). This part of the article will present data based on the above-mentioned types of indicators. The following information was taken from a representative *European Health Interview Survey* (EHIS), which is carried out periodically every 5 years, and the last took place in 2014.

One of the issues raised during the last study was self-service ability and self-management of the household. In both cases, the need to use the help of other people or devices increased with age. Slightly more than 11% of people aged 65–74, and more than 23% of seniors aged 75 and more were forced to use such

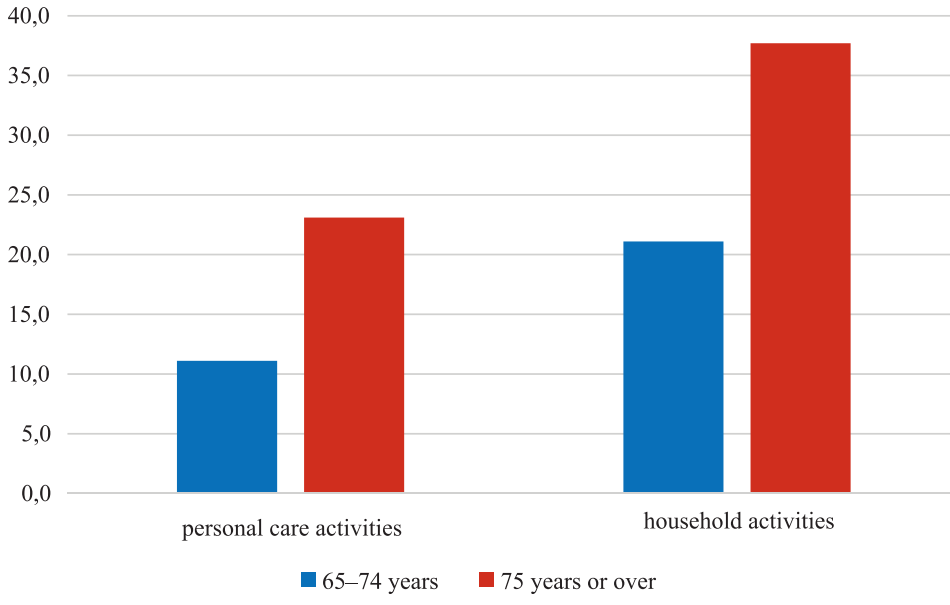

Diagram 5. Need for help with personal care activities and household activities by age (in %)
Source: Eurostat database: health status (hlth_state) (accessed 16.07.2019)

assistance in performing personal care activities such as: feeding oneself, getting in and out of a bed or chair, dressing and undressing, using toilets, bathing or showering. In the case of running a household, these percentages were higher and amounted to 21.1% and 37.7% respectively.

For Austrians aged 65–74, the most difficulty was getting in and getting out of bed or chair (7.2%), bathing or showering (5.1%) and dressing and undressing (4.6%). Every tenth person in this age indicated that he or she has problems with using the toilet and eating meals. In the case of the self-service activities mentioned, the difficulty with their performance increases and significantly with age. People aged 75 and over usually had problems with lying down or sitting down and standing up (15.6%), bathing (13.2%) and dressing and undressing (11.2%). The use of the toilet (5.6%) and food (1.9%) were the least frequently indicated. Generally speaking, in the 65–74 age group, every tenth person declared problems with performing daily activities related to self-care (11.1%), and among people aged 75 and more it was already every fourth person (23.1%).

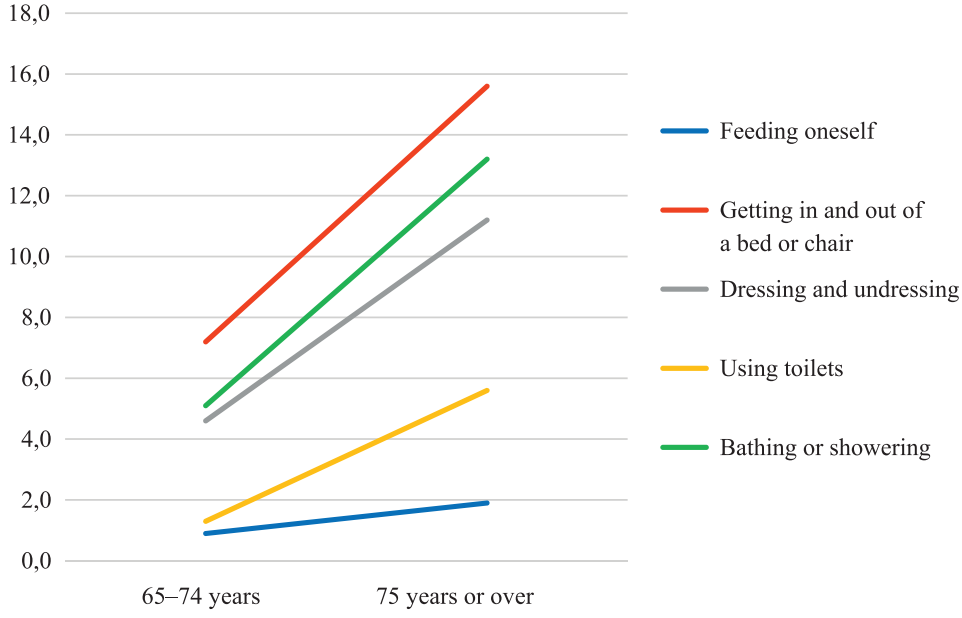

Diagram 6. Difficulties in personal care activities by age (in %)
Source: Eurostat database: health status (hlth_state) (accessed 16.07.2019)

Seniors have greater difficulties in the household activities. Severe housework is a problem for every fourth person aged 65–74 and slightly over 39% of people aged 75 and over. The second place was indicated by difficulties in shopping (65–74 years – 6.8%, 75 years and more – 18.5%). Light housework is a problem for 11.5% younger seniors and 4.7% older seniors. In turn, every tenth person, including 65–74 years old and less than 4% of people aged

75 and more, declare difficulties in preparing meals. Caring for financial affairs and everyday administrative matters is a problem for every tenth person aged 75 and over, and every thirtieth person aged 65–74. The last places included the use of a telephone (65–74 years – 1%, 75 years and more – 5.2%) and the use of medicines (65–74 years – 1.2%, 75 years and more – 4.5%).

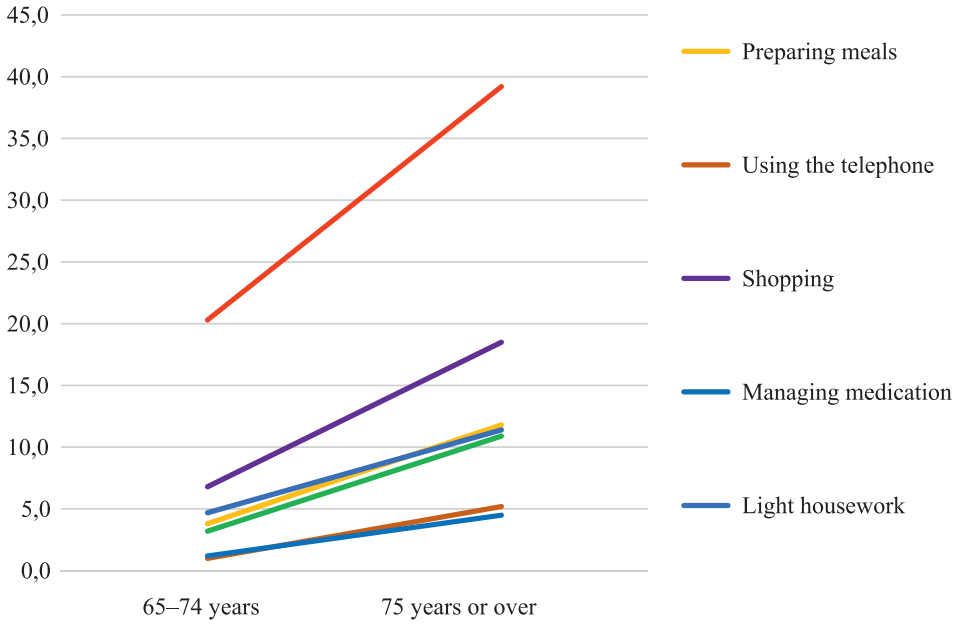

Diagram 7. Difficulties in household activities by age (in %)
Source: Eurostat database: health status (hlth_state) (accessed 16.07.2019)

The above analysis indicates a significant need for help among seniors both in self-service activities and in household activities.

4. Family and the possibilities of caring for an elderly person

The analysis shows an unfavorable change in the relationship between the main age groups of the population: 0–14 years, 15–64 years and 65 years. It also draw attention to the failure to meet the caring needs of a large part of the elderly. On its basis, one can draw the conclusion that the potential of caring family is limited nowadays, and in the future this trend will deepen. To justify this statement, table 1 presents the results of the analysis of three factors: potential support ratio, parent support ratio and care potential ratio. The coefficient of potential support ratio indicates how many people aged 15–64 are per 100 people aged 65 and

over. The parent support ratio defines the ratio of people aged 85 and over to people aged 50–64. However, the care potential index is the ratio expressing the number of women aged 45–64, per 100 people aged 80 and more. Therefore, it determines the size of the nursing potential of women in the studied population, because it is women who are the caretakers of dependent elderly people (Luty-Michalak 2017: 218).

The values of all coefficients indicate an unfavorable situation at the end of the analyzed period. The ratio of potential support in 1980 was 411, while in 2080 it will be slightly above 180, which means that the number of people of working age per 100 persons in the post-working age will more than double. However, the number of people aged 85 and more per 100 people aged 50–64 will increase from almost 6 in 1980 to over 52 in 2080. At the same time, the number of women aged 45–64, which is per 100 people aged 80 years and more, will fall from less than 440 in 1980 to less than 83 in 2080, which indicates that the number of aged elderly exceeds the number of potential carers, and thus the family's care facilities will be significantly reduced and for many older people they will prove insufficient.

Table 1. Coefficients: potential support ratio, parental support ratio and care potential ratio in Austria in 1980–2080

Year	Potential support ratio	Parental support ratio	Care potential ratio
1980	411,82	5,81	439,47
1990	453,10	8,18	334,01
2000	437,46	10,40	353,19
2010	382,32	12,02	281,73
2020	352,91	12,53	272,31
2030	280,36	19,05	201,58
2040	236,86	22,44	163,18
2050	221,19	31,03	120,65
2060	196,22	39,29	109,54
2070	183,55	43,42	95,18
2080	180,78	52,38	83,13

Source: own calculations based on: Eurostat database: population (demo_pop) and population projections (proj) (accessed 16.07.2019).

5. Support system for dependent people in Austria – legal perspective

The aging of society in Austria requires providing care for dependent elderly people. From the early 1990s, this task from the informal level became the subject of the legislative system action, which led to the creation of a specific normative support system. The example of Austria is interesting, until the beginning of the 1990s, in this country it was recognized that primarily long-term care is the task of the family and of the people close to those who need care. This was an expression of the principle of subsidiarity, which to this day is one of the basic principles of social assistance and social care. The scope of support in the field of long-term assistance from the state was fragmentary until the early 1990s. The competence in this area was mainly held by the federal state administration. There were three types of public support available to care for dependent older people. Cash benefits were mostly low and limited to specific groups and circumstances. Municipalities were to provide institutional care, both in nursing homes and institutions offering mixed forms of care. The availability of social services in municipalities differed significantly between the federal states and was often limited to nursing care (Riedel, Kraus 2010: 17).

The change in the approach to the long-term care system took place in 1993. The paradigm of aid was modified, although the subsidiarity principle was not abandoned. At the same time, it was pointed out that the issue of help and care concerns a wide range of recipients. Most of them were older people, but not only. In the course of the political discussion, it was recommended that the basic form of assistance would be a cash benefit (and therefore financial aid), as this solution increased the autonomy of recipients of services in the selection of forms of assistance. In addition, it was postulated to support the market in the development of long-term care institutions. The 1993 reform program consisted of two main parts:

- legislation regarding cash benefits and income tax, and
- agreements between the federal authorities and the federal states regarding the responsibility for long-term care and the provision of services in these matters.

The agreement concluded at that time is still valid and states that the development of services in the institutional, semi-institutional and home care sectors remains the responsibility of the federal states, while the federal level is responsible for drawing up social and insurance protection arrangements for carers (see more Badelt, Holzmann-Jenkins, Matul, Österle 1997).

The reform led to the adoption of a basic act from the discussed scope, which is still valid today. It is a law called *Bundespflegegeldgesetz* (BPGG). In addition, issues related to assistance to dependent persons are regulated in the legal acts of the federal states. The whole system is supplemented by executive acts to laws. Detailed provisions on the assessment of needy care are set out in the Regulation on the amount of care allowance (*Einstufungsverordnung*), which was issued on the basis of *Bundespflegegeldgesetz*.

In addition to the law on caring benefits (federal and union level), the key document from the perspective of long-term care is the agreement between the federation and the federal states for people in need of care made in 1993 (*Vereinbarung zwischen dem Bund und den Ländern gemäß über gemeinsame Maßnahmen des Bundes und der Länder für pflegebedürftige Personen*). This agreement includes, inter alia:

– the obligation for the federal states to develop demand and development plans for care services;

– the obligation to organize a system of institutional, semi-institutional and home care services covering geographically the entire territory of a state.

Although the agreement is not secured by sanctions, it does, however, designate tasks in the care system in Austria and the division of these tasks between the federation and the federal states.

Analysis of legal solutions of a social assistance indicates that the long-term care system in Austria is complex. Institutional solutions are divided between the federal level and nine federal states. On the one hand, this results in the decentralization of tasks and the ability to reach more effectively all communities in which there are people who need care or assistance, but on the other hand, it means the diffusion and heterogeneity of standards.

Since the beginning of the 1990s, the process of system integration has been in progress. This is to harmonize the quality and standards of services provided. The harmonization is favored by the regulation of basic system issues in federal law. Unfortunately, at the level of laws of the federal states, there is no uniformity as to detailed solutions, and therefore the criteria for access to services, especially in the institutional (formal) system, differ. This results in differentiation of the level of help available in the actual dimension.

The social welfare system in Austria consists of:

– social insurance, including sickness, retirement and accident insurance in exchange for compulsory contributions;

– social care, which is envisaged as protection for special groups for which the state must take direct responsibility. It is financed by taxes;

– social assistance, which is to provide a need-based security network for individual cases. This assistance is of a subsidiary nature and is provided on condition that other services are not available or insufficient. It is financed primarily from federal state taxes. Therefore, it has a regional dimension.

The long-term care system in Austria is based on cash benefits, on services and on material assistance. It is implemented both at the federal level and at the level of federal states. The basic form of supporting long-term care is cash benefits. It is the realization of the assumption according to which a person requiring care, equipped with specific material means, has greater freedom in choosing the forms of services he or she wants to use (Da Roit, Le Bihan 2010; Riedel, Kraus 2010: 4–6).

Persons in need of care may receive benefits in cash on the basis of the federal law of 1993 on caring benefits (BPGG). Under Paragraph 1 of the BPGG, the long-term care benefit is intended to compensate for additional long-term care expenses in the form of a flat-rate cash payment to ensure, where possible, the necessary presence and support of persons in need of care and improvement of their independent living capacity in accordance with their needs. BPGG states that people requiring long-term care receive a cash benefit that they can use in connection with the selected service. The Act regulates the conditions for the acquisition of a benefit, including the levels determining the number of hours of care depending on the needs (see § 4 of the BPGG). It also determines the rates of the benefit awarded depending on the degree of care required (see § 5 BPGG).

People requiring care not covered by the above Act (i.e. persons receiving social assistance) may apply for cash benefits in the federal states (*Landespflegegeld*). These are the welfare benefits of federal states.

Care allowance (regardless of the degree [level] to which it is awarded – whether by federation or by a federal state) can be used to finance care services from public or private providers. It may also be intended for the reimbursement of expenses incurred for informal care services.

Care allowance is a benefit intended only for additional expenses incurred in connection with care. Beneficiaries are free to choose how they spend the allowance. This allowance is not taxed. The amount of the allowance is determined individually based on the scope of care and assistance needed. The benefit is granted regardless of the cause of care needs or the age of the person concerned. Thus, the legislator does not limit people here to the possibility of using the benefit by introducing discriminatory criteria.

The setting of the allowance is subject to uniform criteria as well as one federal law and nine corresponding federal states' laws. The allowance is financed from the general federal budget and nine federal state budgets. The management and organization of this allowance belongs to the Austrian social insurance institutions.

Detailed provisions on the assessment of needy care, including long-term care, are set out in the Regulation on the amount of care allowances (*Einstufungsverordnung*) issued under the federal law. This regulation defines the nature of care and assistance and the time allocated to specific tasks, such as dressing and undressing, body care, food preparation and feeding, and assistance in moving around.

The BPGG Act specifies seven levels of care needs, resulting in a care allowance ranging from € 157.40 for a period of 65 to 95 hours of care per month (degree [level] 1) up to a maximum of € 18,909 (degree [level] 7) for over 180 hours care for a month in combination with total immobility[2]. The amount

[2] Legal status as of 20 July 2019.

of time spent on care services is the right criterion to qualify for levels 1–4. To qualify for levels 5–7, additional criteria must be met. The amount of care allowance is important for the beneficiaries of care not only because of the care allowance itself. Based on your qualification to a certain degree, you can apply for other benefits. Thus, the degrees of care required determine the right to other benefits.

Persons who receive long-term care benefits up to level 4 can usually only finance their basic needs for personal support, which are set out in the regulation on long-term care. However, it does not include all personal assistance needs that would lead to improved quality of life and greater participation in society. In the case of people receiving long-term care, starting from the fifth level, the matter is more difficult. Usually, they need physical help directly several times a day, and the cash payment is not enough to cover these basic needs. A significant percentage of people who receive long-term care require a permanent attendance every day. The legal analysis shows that there is a clear gap between the support actually provided and the type of support which, according to the legislator, is objectively necessary. Long-term care benefit is the main source of financing for personal assistance, as well as any other form of support for people in need of care.

In the federal states, various forms of support are offered to dependent people. The choice of services varies between different regions. People living in rural areas are disadvantaged and do not have much freedom of choice.

An important aspect of the long-term care system is the support of families of people who require care. In Austria, there is no uniformly established uniform and comprehensive support system for families, but there are legal solutions that are meant to be an incentive for relatives and relatives to become carers of a dependent person. Among other things, permanent retirement pension insurance was introduced on preferential terms for people who have finished work in order to take care of close relatives who require long-term care at levels 5, 6 or 7. From 1 January 2001, the option of continuing insurance on preferential terms for carers of persons was introduced, receiving long-term benefits at level 4, and from September 1, 2002, also for carers of persons receiving long-term benefits at level 3. In 2002, a family leave was introduced at a hospice for people who look after terminally ill members of the family. In addition, short-term stays in nursing homes for people in need of care are subsidized so that relatives can rest from their duties. Thus, the political strategy is that family members, usually women, stay at home to support a dependent family member. There is no general support for the whole family.

In addition to cash benefits, a nursing home is a popular form of long-term care.

There is no special procedure for assessing access to a nursing home (permanent or daily). Accepting people depends on the administration of the house. Free spaces are included. With more demand than supply, nursing homes

usually require a specific degree (level) of care. For example, houses run by the city of Vienna (Fonds Soziales Wien), accept people with at least grade (level) 3.

In Austria, so-called personal assistance works as part of long-term care services. Satisfying housing needs and providing social assistance to dependent people is carried out at the level of federal states. Services are provided primarily by NGOs, and people with disabilities still have little impact on the shape of these services.

The analysis of legal provisions leads to the conclusion that the Austrian system of assistance to dependent older people is a combination of cash and material benefits. In addition to a single care allowance, social services for people in need of care are provided. The granting of benefits depends on certain criteria. In the case of cash benefits (i.e. care allowance), the criteria are:

– constant need for personal services and assistance due to physical, mental, psychological or sensory disabilities that will likely last at least six months;
– constant demand for at least 50 hours of care per month;
– Austrian citizenship (or legal persons equal to Austrian citizens);
– place of residence in Austria.

In the case of benefits in kind, the criteria are:

– health care needs;
– Austrian citizenship (or legal persons equal to Austrian citizens); and
– place of residence in Austria.

In principle, it is up to a natural person to finance their long-term care needs, which means that they themselves decide how to use the benefit, as well as income or private property. However, in most cases, the funds obtained from the allowance are insufficient to cover the overall costs of institutional care.

6. Conclusion

In the next few decades, Austria will still belong to the group of the oldest countries of Europe. The demographic analysis carried out in this article unambiguously indicates that this process is inevitable. Family care opportunities will be declining, which is a huge challenge for the state's senior policy regarding the organization of care for the elderly in Austria, especially since the results of the European Health Survey indicate that there is a significant need for older people's care and assistance services.

This issue is extremely important because in Europe it is still women who are the caretakers of older people, especially those aged 45–64, and the care potential index indicates that as early as 2070 potential carers will be in Austria less than old aged, who most often require support in everyday life.

A partial answer to the diagnosed state of affairs is the legal system of assistance to dependent people. It is regulated in federal and federal states' law. The basic

form of institutional support are benefits provided at the federal and federal level. In accordance with the principle of subsidiarity, federal states are responsible for social assistance to provide a decentralized system of semi-institutional and home services. In connection with this, the following postulates are formulated:

1) persons requiring care must be able to choose freely from among the services offered;

2) the dissolution of home services has a clear priority in connection with the expansion of institutional forms;

3) nursing homes should be small, decentralized and integrated with flats;

4) the development of new services or care facilities must reduce the burden related to the care of family members. In this case, the scope of provided services is of key importance (e.g. day care, short-term care, substitute care).

The Austrian long-term care system distinguishes between two main types of social services:

1) institutional care services, which are provided mainly by federal states and municipalities, or by religious organizations and other non-profit organizations. These services usually include care in residential homes, social welfare homes, kindergartens and night-time centers;

2) home services that are mainly provided by non-profit organizations such as Caritas, Hilfswerk, Red Cross and Volkshilfe. Among other things, they include home care, mobile health services, wheeled meals, transport services, house cleaning, laundry services and weekend assistance.

In addition, services and support are available for informal caregivers. In particular, please indicate here:

1) financial support for pension plans (*Begünstigte Selbst- / Weiterversicherung in der Pensionsversicherung*) whose amount for the carer depends on the level of long-term care allowance granted to the person whose guardian provides care. In this case, at least level 4 dependency is required for carers to receive financial support. Since 2009, it is possible that the state will cover the entire contribution;

2) financial support for alternative care (*Ersatzpflege*), which is a temporary, financially limited support / allowance for informal carers, intended to finance substitute care;

3) family system of hospice leave (*Familienhospizkarenz*). It is a system that allows an informal carer to take up a job, change jobs, or change working hours to care for terminally ill relatives. In any case, such leave shall be limited to six months.

The provision of social services is characterized by a highly dispersed system of various suppliers (most of them are non-profit organizations), various forms of service provision and various financing provisions. Suppliers in some regions operate in an almost monopolistic situation.

Regardless of the existing imperfections of legal solutions, the reform of the social welfare system of 1993 should be seen as a milestone in the organization

of the long-term care system in Austria. Regulations are revised and adapted to the social and demographic situation. The development of this sector is dynamic and the legislator is trying to equalize opportunities and provide institutional guarantees for people requiring long-term care.

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SYSTEM OPIEKI DŁUGOTERMINOWEJ DLA OSÓB NIESAMODZIELNYCH – DOŚWIADCZENIA AUSTRIACKIE

Abstrakt. Społeczeństwo austriackie jest starzejącym się społeczeństwem. Starość nie zawsze oznacza niesamodzielność, jednak, ryzyko niepełnosprawności i uzależnienia od pomocy innych wzrasta wraz z wiekiem. Ponadto, osoby starsze często doświadczają wielu chorób. Wysokiej jakości usługi opieki długoterminowej mogą pomóc słabym i niedołężnym starszym osobom w zachowaniu większej życiowej autonomii i uczestnictwa w społeczeństwie, niezależnie od ich kondycji. Celem tego artykułu jest analiza prawnych, instytucjonalnych i praktycznych rozwiązań w dziedzinie systemu opieki długoterminowej funkcjonującej w Austrii. Należy podkreślić, że Austria dąży do rozwijania usług opartych na modelu społecznym i paradygmacie niezależnego życia. Analiza rozwiązań prawnych wskazuje, że system opieki długoterminowej w Austrii jest bardzo złożony. Rozwiązania instytucjonalne są podzielone między poziomem federalnym a dziewięcioma stanami federalnymi. Z jednej strony prowadzi to do decentralizacji i skuteczniejszej pomocy dla osób starszych, ale z drugiej strony powoduje dyfuzję i niejednorodność norm.

Słowa kluczowe: osoby zależne, opieka długoterminowa, osoby starsze, pomoc społeczna, system zabezpieczenia społecznego, zasada pomocniczości.