



INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

The impact of COVID-19 on users and providers of Long-Term Care services in Austria

Andrea E. Schmidt, Kai Leichsenring, Heidemarie Staflinger, Charles Litwin, Annette Bauer

Last updated 28 April 2020

Authors

Andrea E. Schmidt ([Austrian National Institute of Public Health](#)), Kai Leichsenring, ([European Centre for Social Welfare Policy and Research](#)), Heidemarie Staflinger, ([Chamber of Labour for Upper Austria](#)), Charles Litwin and Annette Bauer ([Care Policy and Evaluation Centre, Department of Health Policy, London School of Economics and Political Science](#)).

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This document is available through the website [ltccovid.org](#), which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long Term Care Policy Network.

Corrections and comments are welcome at info@ltccovid.org. This document was last updated on 28 April 2020 and may be subject to revision.

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Suggested citation

Schmidt AE, Leichsenring K, Staflinger H, Litwin C and Bauer A (2020) *The impact of COVID-19 on users and providers of Long-Term Care services in Austria*. Report available at [LTCcovid.org](#), International Long-Term Care Policy Network, CPEC-LSE, date.

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1. Impact of COVID19 on long-term care users and staff so far

1.1. Number of positive cases in population and deaths

On 24 April 2020, Austria had 15,042 confirmed cases of COVID-19, 509 deaths and 11,872 who recovered¹. The largest proportion of confirmed cases was originally in Tyrol, where one of the most popular ski resorts in Europe was an outbreak hotspot. After a regional quarantine until 19 April, in some municipalities even until 23 April, the Tyrol is still the region with the proportionally highest number of deaths (13 per 100,000), followed by Styria (9 per 100,000) and Vienna (6 per 100,000).

1.2. Rates of infection and mortality among long-term care users and staff

Overall, the number of cases in care homes is estimated to be low in comparison with other countries. Six-hundred care home residents and staff have tested positive so far with the by far highest number (i.e. 200) coming from care homes in Tyrol². In the Tyrol region, the number of infected residents was 110 and of infected staff 96 (71 frontline workers and 25 administrative staff). In Vienna, 50 care home residents and 100 care home staff have tested positive. In the region of Upper Austria 40 residents and 64 staff tested positive. In the region of Salzburg 32 residents and 23 staff tested positive and in Lower Austria 12 resident and 7 staff members tested positive. In the region of Burgenland only one resident tested positive, and in Vorarlberg 33 residents tested positive whilst number of infected staff is not known. There were no records available for the Styria region. According to these regional figures, the known number of infected residents is 278 and of infected staff is 290. However, the government plans to focus its future testing strategy on care homes, which will provide a more accurate picture. This will be done as part of systematic, nationwide testing of care home residents and staff, including people who will be discharged from hospital to care homes (this is done to free up hospital bed capacity).

On April 16, the Minister of Health announced plans to test all personnel and inhabitants in the nation's retirement and nursing homes, as part of an increase and targeting in their testing strategy. He cited both medical studies and international experience showing that nursing homes are at greater risk as justification for this policy, which would test around 130,000 people in 918 retirement and care facilities. As of April 11, Austria had already run 140,000 tests within the general population³.

¹ https://info.gesundheitsministerium.at/dashboard_GenTod.html?l=de; see also

[https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-\(2019-nCov\).html](https://www.sozialministerium.at/Informationen-zum-Coronavirus/Neuartiges-Coronavirus-(2019-nCov).html)

² <https://medonline.at/innere-medizin/infektiologie/digital/covid-19/2020/10049113/update-zum-coronavirus-status-quo-und-notwendige-massnahmen-2/>

<https://www.tt.com/artikel/30727807/hotspot-tirol-rund-600-positive-tests-in-oesterreichs-pflegeheimen>

³ <https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=1.5%20Testing&Type=Chapter>

Table 1 shows the number of care home residents and staff who tested positive, as of 22 April. When compared with the data from 12 April they suggest that numbers of infected residents in care homes for older people are increasing faster than the numbers of infected staff, with numbers doubling in ten days. The data also suggest whilst 10% of infected residents in care home for older people died, no staff died. However, it is important to state that all data need to be considered with great caution as data collection methods are in development, and current data are therefore likely to provide a limited picture of the real situation.

Table 1: Number of care home residents and staff who tested positive (as of 22 April 2020)

	No. residents infected	No. of residents who died	No. of staff infected	No. of staff who died
Care homes for older people	612	53	308	0
Care homes for people with disabilities	47	1	57	0

1.3. Population level measures to contain spread of COVID-19

The Austrian government introduced various national measures from early March onwards⁴:

- Travel warnings were issued early March for China, Iran, Israel and South Korea and Austrian citizens staying in these countries were asked to return. In the light of the increasing spread of the virus in Europe, travel restrictions were significantly tightened in the following weeks, starting with refusal of entry from Italy. It might, however, be argued that such restrictions – in particular, entry bans from Italy and China – should have been introduced earlier. During the last two weeks of March, Austrian citizens were brought back to Austria from most countries worldwide (with ensuing 14 days of quarantine).
- On March 10, the government announced that all Austrian universities and upper secondary schools needed to switch to distance learning. Suspension of classroom teaching was subsequently extended to all types of schools, and childcare restricted to parents working in critical infrastructure. While the role of children in transmission of COVID-19 is not yet clear – they tend to show only mild or no symptoms, but may still be able to transmit the virus – this

⁴ <https://www.cambridge.org/core/blog/2020/04/12/austrias-response-to-the-coronavirus-pandemic-a-second-perspective/>
<https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=6.1%20Measures%20in%20Other%20sectors&Type=Section>
<https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Fachinformationen.html>
<https://www.cambridge.org/core/blog/2020/04/10/austrias-response-to-the-coronavirus-pandemic/>
<https://www.cambridge.org/core/blog/2020/04/12/austrias-response-to-the-coronavirus-pandemic-a-second-perspective/>

measure was based on the assumption that children could act as facilitators of transmission within families.

- With regard to physical distancing, the government had initially urged the population to voluntarily practice physical distancing and stay at home in case of symptoms. However, Austria soon faced daily infection growth rates of more than 40%, and consequently ordered the first movement restrictions on March 12. Initially these only applied to large gatherings and events, but substantially broadened just a few days later, requiring people to stay at home except for going to cover their basic needs, assisting others in need, performing essential work and taking walks with persons from the same household. The hospitality industry and all non-essential shops were closed on March 17. Considering the relatively low number of total cases at the time (around 360 on March 12) and the lack of comparable measures in most other European countries, these actions initially appeared rather drastic. It is probably owed to these measures that Austria's ample bed and intensive care unit capacity never came under pressure. Guidance on these measures came from a 'coronavirus taskforce', a group of medical professionals and civil servants from the Ministry of Health, and a 'COVID19 forecast consortium', a team of researchers simulating the spread and providing a forecast of hospital and intensive care unit use.
- Following the example of its Eastern neighbours, Austria also introduced mandatory use of face masks in supermarkets and public transport, despite inconclusive evidence regarding their effectiveness.

2. Brief background to the long-term care system

In Austria, 300,000 people out of altogether 500,000 people with long-term care needs are cared for (only) by family members while 33,000 people are mainly cared for by privately paid 'personal carers' (most often formally self-employed migrant care workers), representing 60% and 6% of people with long-term care needs respectively⁵. About 90,000 people are cared for in care homes, which are staffed by about 42,000 professionals (about 33,200 full-time employees)⁶. Personal carers (German: Personenbetreuer), of which more than 60,000 are officially registered with the Austrian Chamber of Commerce⁷, make up an important part of total care workforce. They are also called migrant care workers because they commute from a neighbouring country – such as Bulgaria, Czech Republic, Hungary, Romania, or Slovakia – to

⁵ <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>
<https://ltccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/>

<https://ltccovid.org/2020/04/01/report-the-importance-of-migrant-caregivers-in-the-austrian-long-term-care-system-highlighted-by-the-covid-19-outbreak/>

⁶ http://www.euro.who.int/_data/assets/pdf_file/0009/382167/hit-austria-eng.pdf?ua=1

<https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=719>

⁷ <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>
http://www.euro.who.int/_data/assets/pdf_file/0009/382167/hit-austria-eng.pdf?ua=1

provide '24-hour care' to a person in their home. They usually live in the house of the person they care for over a certain period – typically half a month – and return to their home country for the rest of the month. Families who employ personal carers typically employ more than one worker in order to cover the whole period. Although this kind of live-in migrant care is a widespread phenomenon in Europe, Austria is the only country with a regulated so-called '24-hour care system'. This system allows privately paid personal carers (mainly migrant care workers) to be employed legally, i.e. as self-employed personal carers with formal contracts that provide some basic social protection and security to them as well as their employers with some level of protection and security. Whilst far from perfect, this system is considered a good practice model by some other countries, which do not offer any protection for migrant care workers. While the 24-hour care model is being criticized by some researchers and NGOs, there is still broad consensus in the population to continue with the model, for reasons of cost-effectiveness and lack of (alternative) qualified formal care staff. Since 2007, the government has set working conditions, social security, and training competences as well as some quality criteria for migrant care workers and the related brokering agencies⁸. To avoid moonlighting in this sector of privately organised care, the regulation also offers a means-tested subsidy that families can apply for (if the person to be cared for meets a defined level of long-term care needs) to cover the additional costs that accrue for social contributions of personal carers. In 2017, about 25,300 households received a public subsidy for personal carers⁹.

3. Long-term care policy and practice measures

3.1. Whole sector measures

Various measures have been put in place to increase capacity in the long-term care sector since the onset of the COVID-19 crisis. This happened alongside an allocation of an additional 100 million euros to the sector¹⁰. Some of the money is specifically allocated to increase bed capacity for people with long-term care needs, e.g. in the currently closed rehabilitation centres. The funding will also pay for a one-off payment of 500 euros for migrant care workers who agree to stay for another bi-weekly turn in Austria. In addition, regional governments have taken independent action to provide additional resources to personal carers.

The government has loosened current staffing regulations in order to allow for people who have done the national service (mainly men who have opted for providing civilian duties instead of military service) to provide basic care. The government can enforce their employment as care workers. People currently trained to become care professionals, or unemployed persons

⁸ <https://itccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>
http://www.euro.who.int/_data/assets/pdf_file/0009/382167/hit-austria-eng.pdf?ua=1

⁹ http://www.euro.who.int/_data/assets/pdf_file/0009/382167/hit-austria-eng.pdf?ua=1

¹⁰ <https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=1.5%20Testing&Type=Chapter>
<https://itccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/>

with a desire to work in the long-term care sector could be also asked to step in to increase capacities.

Conditions for licensing and registration of care professionals have been lowered substantially for the duration of the crisis. For example, it is no longer required that care professionals register with the national registry for health and care professionals, which before COVID-19 used to be mandatory. This allows people with a formal qualification in long-term care (but who currently do not work in this capacity) to work as care professionals during the crisis also without formal registration.

In addition, The Federal Ministry of Social Affairs, Health, Care and Consumer Protection has published recommendations for preventive and protective measures to be taken by personal carers, by staff working in semi-residential care and in home care. It also published guidance on the use of face masks for health and social care professionals¹¹. Task forces have been established, which are responsible for developing guidance for the long-term care sector (e.g. on palliative care), implementing them or monitoring their implementation.

The government has also taken various measures to provide up-to-date information and help for people in need of long-term care and their family carers through telephone hotlines.

3.2. Care coordination issues

Various solutions are explored to coordinate the care for people living at home with long-term care needs who – as a result of COVID-19 – might be left without care. This is likely to include people whose family carer or personal carers are no longer available, either because they become infected with COVID-19 (and are too unwell to continue caring) or because they left the care arrangement (for example because of closing borders, or because of fears to leave their families alone, or become infected). Measures include the creation of bed capacity in currently closed rehabilitation centres and the provision of care through home care teams. The government also has produced various multi-disciplinary guidance for supporting infected patients including those reaching end-of-life. In addition, the government plans to increase the number of tests conducted for people with long-term care needs, who are currently in hospital, in order to facilitate their discharge from hospital to care homes. The government has also increased the capacity of telephone hotlines for people in need of care and their family carers, which includes a telephone line located within the health care sector ('1450') that guides people to the right point of service.

In terms of coordination of responses between national government and regional state governments, the following measures have been implemented to deal with the crisis: regional (state) governments report their hospital capacities (i.e. unoccupied hospital and intensive care beds and ventilators) to a centralised crisis management team. The data inform the national estimates of COVID-19 cases and hospitalisation rates.

¹¹ <https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Fachinformationen.html>

In terms of treatment and care capacities, there are around 24,000 acute care beds available for COVID-19 patients with moderate disease course¹². Another 7,500 beds could be made available from facilities other than hospitals, such as rehabilitation facilities. In addition, there are more than 1,000 beds for people with COVID-19 who require intensive care. At the moment 1,500 ventilators have been made available to treat COVID-19 patients.

3.3. Care homes (including supported living, residential and nursing homes, skilled nursing facilities)

The government has considered reopening (currently closed) rehabilitation centres in order to provide additional bed capacity for people who become infected or can no longer be cared for in their own home, if needed. In total, as many as 7,500 additional beds could be made available from such rehabilitation facilities (status quo on April 8th, 2020). In addition, the regional governments are exploring other options such as additional hours of home care and the provision of virtual care over the internet and phone. Furthermore, defined staffing levels have been eased in individual regions, e.g. in Upper Austria and Styria.

According to media reports¹³, the situation in care homes in Austria is less pressing than in many other Western countries affected by the outbreak with numbers of care home staff and residents testing positive being relatively low. However, it is unclear whether this can partly be explained by insufficient testing. Government plans to focus its future testing strategies on care homes will provide more accurate numbers.

3.3.1. Prevention of COVID19 infections

On March 21, rehabilitation facilities closed (except for indispensable medical measures after acute medical treatment as well as for support services in hospitals). Furthermore, regional governments started to close retirement and nursing homes to visitors¹⁴. The government has plans to increase testing as well as use of face masks among citizens. This is carried out alongside a strategy, in which the government slowly reduces some of its stricter lockdown measures. Use of face masks is required in supermarkets and public transport since 6th April. On 14th April smaller shops and hardware stores re-opened, but face masks are obligatory as well as keeping a distance of at least one metre.

3.3.2. Controlling spread once infection has entered a facility

Care homes have moved residents of care homes where infection entered facility into other facilities (hospitals, only if necessary) or created isolation wards for COVID-19 patients, where possible. General guidelines have been published on the Ministry's website¹⁵, a national protocol will be published soon. Overall, however, regional (state) governments have most of the decision-making power regarding care homes. They take decisions with individual care

¹² <https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Fachinformationen.html>

¹³ <https://orf.at/stories/3161391/>

¹⁴ <https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=6.1%20Measures%20in%20othe%20sectors&Type=Section>

¹⁵ <https://www.euro.centre.org/webitem/3721>

home providers (50% public, 25% private non-profit, 25% private for-profit) and the Federation of Care Homes. Researchers in a recent blog concluded that care homes are a growing concern as they are ill-prepared for a pandemic¹⁶.

3.3.3. Ensuring access to health care (including palliative care) for residents who have COVID19

The national association for palliative care (Österreichische Palliativ Gesellschaft, OPG) has – in collaboration with various partner organisations and based on Canadian guidance “Palliating a pandemic: all patients must be cared for” – published a position paper on palliative care during the outbreak¹⁷. It specifically provides guidance how to ensure access to palliative care for people who will – as a result of lack capacity – not receive the intensive care they would have normally received. The statement includes principles of ethical care and guidance for clinical symptom management. OPG also provides a number of guidelines and resources for family carers and care workers, who provide care for someone who reaches the end-of-life during the outbreak. This includes clinical guidelines as well as guidance and advice on how to facilitate social support for people reaching the end-of-life when they cannot be visited, and on bereavement. The Austrian Society for Geriatrics and Gerontology also published a statement calling – among other things - for tele-rehabilitation services¹⁸.

3.3.4. Managing staff availability and wellbeing

The government has loosened staffing regulations to allow individuals with limited or no qualifications to provide basic care. For the duration of the COVID-19 pandemic, mandatory registration of nurses has been suspended (transition after the pandemic is still to be defined). This measure was introduced to increase workforce capacity from retired care professionals and those with formal training but who work in another sector. Also, persons without formal training as care professionals may be asked to carry out supporting activities defined in the second COVID-19 Act¹⁹.

Concerns have been raised to manage the physical and mental wellbeing in particular of personal carers, including those who are not formally registered with the national Chambers of Commerce and are therefore not protected by employment law. At the moment, even if they are registered, they are not financially compensated if they are unable to continue working – for example because they become infected or because they cannot cross borders. National and regional governments have organised additional payments to personal carers who decide to continue caring in this situation. In addition, the Chamber of Commerce has started to offer

¹⁶ <https://www.cambridge.org/core/blog/2020/04/12/austrias-response-to-the-coronavirus-pandemic-a-second-perspective/>

¹⁷ <https://www.palliativ.at/nachrichten/news-detailseite/positionspapier-der-opg-zu-covid-19/>

¹⁸ https://www.ots.at/presseaussendung/OTS_20200407_OTS0064/professioneller-umgang-mit-alten-und-hochbetagten-menschen-waehrend-der-covid-19-pandemie

¹⁹

<https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=2.2%20Workforce&Type=Section>

counselling services for migrant care workers. There are also online support networks that have been created in response to COVID-19²⁰.

3.4. Community-based care

Measures which are considered include mobile home care and extended hours of home care (usually rationed) and day care provision, including through virtual communication.

3.4.1. Measures to prevent spread of COVID19 infection

Measures included strict lockdown of hotspot areas and national curfew as well as face masks in supermarkets and public transports²¹. Other measures to prevent the spread include testing, guidance on hand hygiene, quarantine, and physical distancing. Walks or doing sports in the open air are allowed under the condition to keep a minimum distance from other people of at least one metre (even though recommendations by the WHO are two meters). The government has implemented various channels to record and communicate health information and has plans to enhance monitoring and surveillance, including through the use of Apps ('Stopp Corona')²². The general recommendation, to stay at home as much as possible, has been followed widely.

3.4.2. Measures to ensure continuity of care and staff wellbeing

Care workers in the long-term care sector include those working in residential care (about 44,000), in home or community care (about 22,000), and personal carers (mainly from Romania, Slovak Republic, Czech Republic and Hungary) working in private households. The latter comprise about 65,000 carers working in about 33,000 households in a regime that usually foresees bi-weekly shifts, and therefore requires the employment of two personal carers per private household.

While in the formal care sector it was difficult during the first weeks to provide sufficient amounts of masks and other protective gear, the sector of the so-called '24-hour care' faced specific challenges due to the closure of borders and travel restrictions – one part of migrant carers was stuck in their home countries, while the other part was asked to remain for additional shifts in Austria, with related consequences for emotional, mental and physical strain for the latter – and lack of income for the former.

²⁰ <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>
<https://ltccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/>

<https://ltccovid.org/2020/04/01/report-the-importance-of-migrant-caregivers-in-the-austrian-long-term-care-system-highlighted-by-the-covid-19-outbreak/>

²¹ <https://www.cambridge.org/core/blog/2020/04/10/austrias-response-to-the-coronavirus-pandemic/>
<https://www.cambridge.org/core/blog/2020/04/12/austrias-response-to-the-coronavirus-pandemic-a-second-perspective/>

²²

<https://www.covid19healthsystem.org/countries/austria/livinghit.aspx?Section=1.4%20Monitoring%20and%20surveillance&Type=Section>

The national Chamber of Commerce has set up a telephone line that family carers and (migrant) care workers can call for psychological support. However, it has been challenging to ensure access for all migrant care workers, some of whom do not speak German. There have been difficulties to recruit counsellors who can offer their support in the mother tongue of migrant care workers such as Bulgarian, Slovak, Polish and Hungarian.

Some movements have been self-organised by migrant care workers using primarily social media to raise awareness about the current situation and their working conditions, and to seek support from individuals and organisations (including through petitions)²³. One initiative that popped up as a Facebook group ('We're helping because it's ethically correct') during March now has over 1,800 followers and supporters including from personal carers themselves, advocacy and interest organisations (e.g. Federation of Nurses, Union, carers organisation), and 24-hour care brokering agencies.

To address expected shortages in care provided to people in their own home, either by migrant care workers or by family carers, the Austrian Government has allocated an additional 100 million euros to the social care sector. Apart from additional budgets for home care and the search for alternative ways of residential care, this was also used for a one-off payment of 500 euros for migrant care workers who decided to stay in Austria in order to continue caring²⁴. In addition, regional governments have taken action to secure the provision of care from migrant care workers. For example, the regional government of Lower Austria chartered a flight to bring 250 migrant care workers from Bulgaria and Romania to provide care in its region.

3.5. Impact on unpaid (family/informal) carers and measures to support them

Measures for family (also called informal or unpaid) carers include telephone hotlines, which provide psychological counselling, self-help through online support networks, and various guidance and resources. The Austrian Red Cross offers an online course for unpaid carers²⁵. A full list of links to websites of non-profit organisations offering support for family/informal carers can be found on the websites of the national dementia strategy²⁶ and of the Austrian carers association²⁷.

3.6. Impact on people with intellectual disabilities and measures to support them

The national organisation, which represents the interests of people with disabilities (Österreichischer Behindertenrat) – including intellectual disabilities – has called for

²³ <https://mosaik-blog.at/wie-sich-24-stunden-betreuerinnen-in-der-corona-krise-organisieren/>

²⁴ <https://ltccovid.org/2020/03/26/report-planning-for-expected-shortages-in-migrant-and-family-care-in-austria/>
<https://ltccovid.org/2020/04/08/the-situation-of-24-hour-care-from-the-perspective-of-migrant-caregivers-in-austria/>
<https://ltccovid.org/2020/04/01/report-the-importance-of-migrant-caregivers-in-the-austrian-long-term-care-system-highlighted-by-the-covid-19-outbreak/>

²⁵ https://kurse.erstehilfe.at/pluginfile.php/12660/mod_resource/content/6/content/index.html#/

²⁶ <https://www.demenzstrategie.at/>

²⁷ <https://www.ig-pflege.at>

entitlements for leave from work for family carers in light of closures of institutions and services that usually support people with disabilities during the day. They also call for strict use of protective equipment for family carers of people with disabilities and for people with disabilities themselves.

3.7. Impact on people living with dementia and measures to support them

There have been concerns that it may become necessary for some people with dementia, who currently live at home, to move into residential care units if this should become necessary because the person caring for them is no longer able to continue doing so. Similar concerns have been raised for people who would need to be moved once the infection enters a facility. Therefore, alternative solutions are being discussed that would move people with dementia from one place to another. Alternative measures might include allowing personal carers to cross borders, and extending home care provision through mobile services. A number of third sector organisations offer support for people with dementia (and their carers). For example, the organisation Promenz offers three types of services for people with dementia in early stages: (i) telephone counselling, (ii) group calls, (iii) video encounters. A full list of support services can be found at <https://www.demenzstrategie.at/>.

4. Lessons learnt so far

4.1. Short-term calls for action

Although a number of measures have been taken to mitigate the potential shortfall of privately paid personal carers (mainly migrant carer workers) during the COVID-19 crisis, the pandemic has brought to light a number of shortcomings of the Austrian long-term care system. In particular, the model of '24-hour care' and the situation of the personal carers themselves need special attention. Whilst most personal carers have agreed to stay with the person they care for, this might cause new challenges to ensure the workers remain physically and mentally well while away from their family and home. In addition, allowing personal carers to travel from their home country to their place of work has become a challenge.

As government measures are currently being loosened (e.g. 80% of shops are being allowed to reopen) and the system moves to a more normal life, measures to protect vulnerable populations become important. The government has responded with testing strategies for care homes. However, more measures might be needed to ensure protection and continuity of care for those with long-term care needs.

4.2. Longer term implications

The COVID-19 crisis has exposed weaknesses of Austria's long-term care system, including the strong reliance on the provision of long-term care by personal carers from abroad, which acts as a low-cost alternative to other forms of publicly funded home care by profiting from low wages and unemployment in neighbouring East European countries.

Although the Austrian 24-hour care model (to a large extent provided by live-in personal carers) offers at least some basic legal protection, unlike most other systems in Europe where migrant care workers operate, the pandemic has left people with questions about its sustainability or appropriateness. In addition, it is likely that the pandemic has changed attitudes towards the importance of long-term care, and responsibility of government and society as a whole to look after their most vulnerable populations.

Although the pandemic might increase the awareness of lacking health and social care workers, it is likely that remedies such as ‘image campaigns’, slightly higher wages and reduced working time will not be sufficient to overcome a number of organisational and structural shortcomings in the long-term care system. The Austrian health care system has traditionally been very much centred on hospitals, rather than on primary care and alternative care pathways. During the COVID-19 crisis, this alleged shortcoming turned out to be a strength as the reduction of hospital capacity had not followed the general international trend²⁸. However, in a mid-term perspective the hospital-centred health care system might need to be complemented by a much stronger development of primary care as well as by more and better integration with all areas of long-term care.

Another aspect that will need to be followed-up is the collection of and access to data in the long-term care sector. With some exceptions (such as for 24-hour care, which covers care needs of about 6% of all people in need of social care care), high-quality and up-to-date data on important indicators of quality of care are scarce. This would include data on numbers of care home residents, users of home care, staffing levels, length of stay, the health status of people using services, and access to specialist health care. This is partly due to the decentralised nature of the long-term care system, in which responsibilities lie with the regional governments. While some centralisation of long-term care has already taken place over the past decades, a new balance between central and regional or local responsibilities will need to be found in the future.

²⁸ <https://www.euro.centre.org/webitem/3721>
<https://www.sozialministerium.at/Informationen-zum-Coronavirus/Coronavirus---Fachinformationen.html>
<https://www.cambridge.org/core/blog/2020/04/10/austrias-response-to-the-coronavirus-pandemic/>
<https://www.cambridge.org/core/blog/2020/04/12/austrias-response-to-the-coronavirus-pandemic-a-second-perspective/>