Older people in Austria:

spotlighting the demographic and economic situation, and care for the elderly

Project: Global Ageing Research Partnership

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As in most countries around the world, Austria is currently undergoing demographic change, expressed in the form of a rise in the number of older people while the percentage of those in younger generations falls. This development is having major effects on many fields of community life.

While older people frequently have a variety of resources and opportunities open to them (e.g. being able to choose how to spend their time) (Kruse, 2017), demographic change has been observed to significantly affect how they are provided with domestic services, nursing care and home care. For this reason, as in other countries, there is currently intensive discussion and research on this subject in Austria. Politicians are looking for possible ways to counter demographic change and ensure that people are cared for well in old age.

This report provides an overview of the current situation facing older people in Austria and the current state of research on this topic. It begins by setting out some key figures on the demographic situation of older people in Austria, before offering an insight into the Austrian welfare state system and the different fields related to older people's nursing care and home care. It concludes with a description of the current state of research in Austria in the field, along with selected research projects from the University of Applied Sciences Upper Austria.

1 Demographic situation of older people in Austria

As of 1 January 2019, approximately 8.9 million people lived in Austria, 18.8 of whom were aged 65 or older. In recent years, the percentage of children and young people has fallen in many regions. At the same time, the proportion of people aged 65 or above has gone up (Statistics Austria, 2019a). Equally, life expectancy has increased significantly over recent decades. In 2017, women could expect to live 4.6 years longer than men, to 83.9 years of age, while men's life expectancy was 79.3 years of age (Statistics Austria, 2019b).

The following graphic illustrates actual and forecast changes in the age structure of the Austrian population between 1951 and 2050.

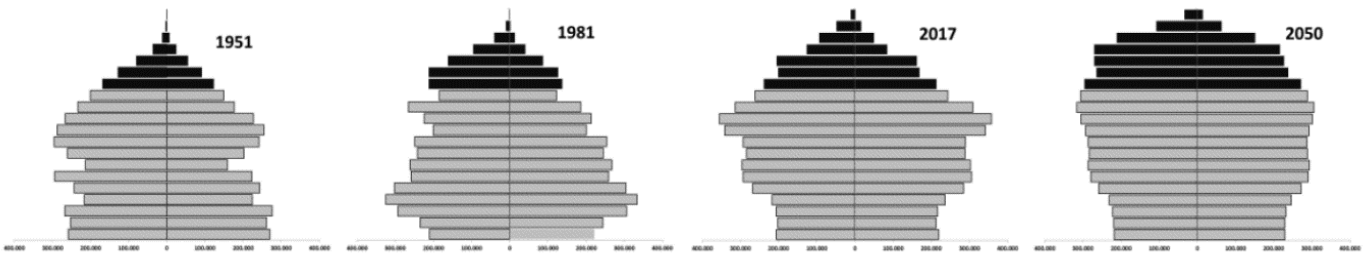

Figure 1: Population pyramids 1951/1981/2017/2050 – dark grey area: age 65 and above (Statistics Austria, AMS, 2018)

According to forecasts, the population in the over-65s age group will rise by more than 60% over the next three decades, from the current figure of approx. 1.6 million to 2.6 million. The number of people aged over 85 is expected to increase by an estimated 160% (AMS, 2018). Another factor which will play a key role in the future development of older people's care needs is their health. Austrian data on life expectancy indicate that not only people's life expectancy but also their "healthy" life expectancy has increased over the past 40 years. In other words, people also spend longer in good health in relation to their lifespan. Age-related illnesses are increasingly packed into the final years of their lives. In concrete terms, this means that on average, at the age of 65, men will spend around half of their remaining years of life and women 41% of their remaining life without any functional impairments (Famira-Mühlberger, 2017, pp. 16–18).

Pensions

In 2018, the average retirement age in Austria was 60.4 years of age, 0.8 years higher than in 2014. In 2018, on average, men entered retirement aged 61.5 and women aged 59.4 (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2019a, p. 19). By international comparison, in terms of the effective retirement age for both men and women, Austria was below the average for the OECD countries and just below the average for the EU-28 member states (OECD, 2019, p. 179).

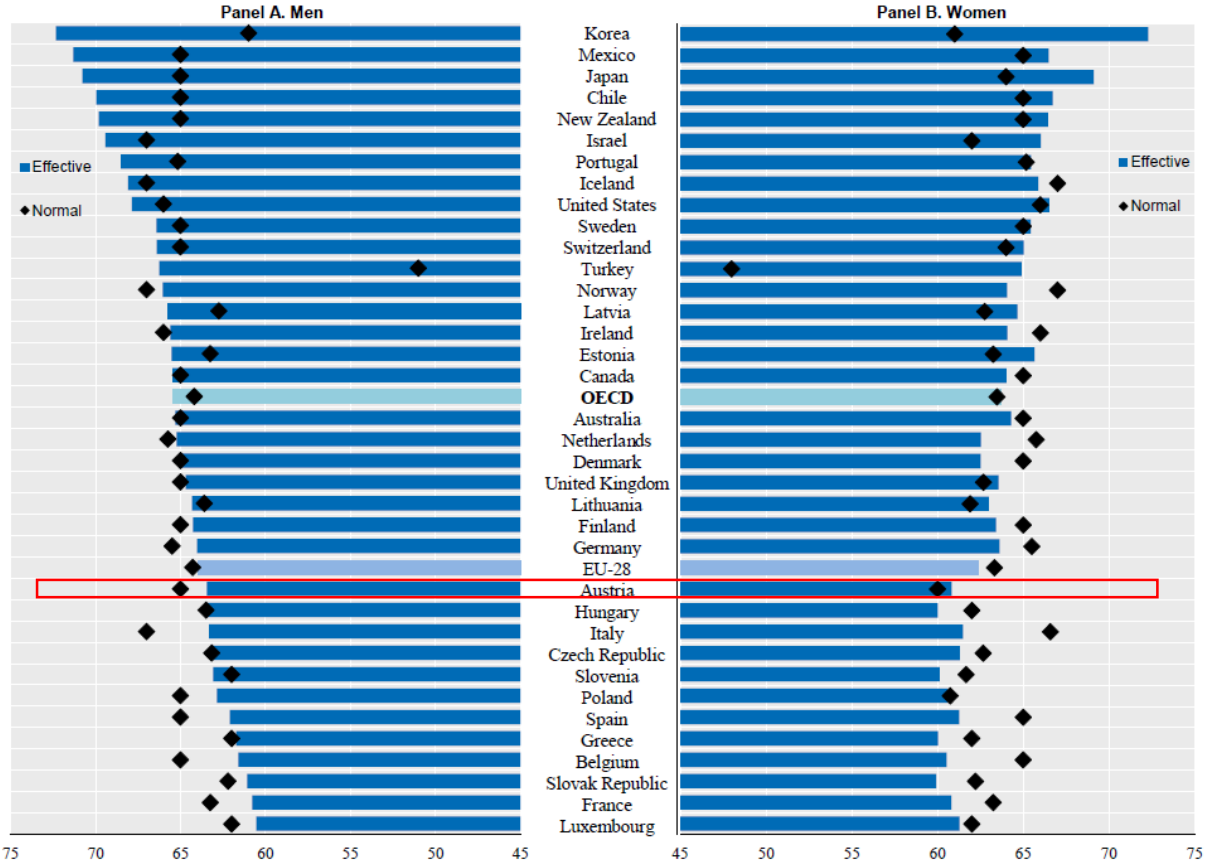

Figure 2: Average effective age of labour market exit (five-year period 2013–18) and normal retirement age (in 2018) (OECD, 2019, p. 179)

In Austria, between 13 and 14% of the GDP (Gross Domestic Product) is spent on public pensions. Over-65s are most reliant on these public transfers as they make up more than 80% of their incomes; a very high rate compared to other countries (e.g. Canada) (OECD, 2019, pp. 184–186).

In Austria, people aged 66 and above have a higher income on average than younger age groups. They have significant purchasing power, which is why, among other things, a research project by the Vienna University of Economics and Business is currently examining older people's economic decision-making behaviour (WU Wien, 2020). Nevertheless, older women are at greater risk of poverty than older men. Lower earnings-related pension income and the longer life expectancy are among the main drivers of higher poverty incidence among women (OECD, 2019, p. 186).

The next chapter will explain what the current situation is like regarding care for older people in Austria, starting with the welfare state system.

2 Nursing and home care for older people in Austria

The welfare state system in Austria is seen as conservative, corporate and centred on familialism. In this system, a person's job decides what social rights and duties they have. The Austrian social security model covers pensions, healthcare, accidents and unemployment as well as providing non-means-tested benefits. These include, for instance, the long-term care (LTC) benefits paid out when a person is in need of nursing and home care (Leiblfinger & Prieler, 2018, p. 25). This is examined in further detail in Section 2.2.

In recent decades, considerable changes have been observed in the social organisation of nursing and home care for older people. With regard to long-term care, for example, socio-political measures have only been taken in Austria since 1993, when this field of care was introduced and new residential, semi-residential and home care schemes were actively promoted. Prior to that, the options available to those in need of care were very rudimentary, meaning that most nursing and home care was provided within families, generally by women. The same tendency can still be found to this day, however. (ibid., pp. 25–34)

The Austrian system currently rests on four pillars (ibid., pp. 26–27):

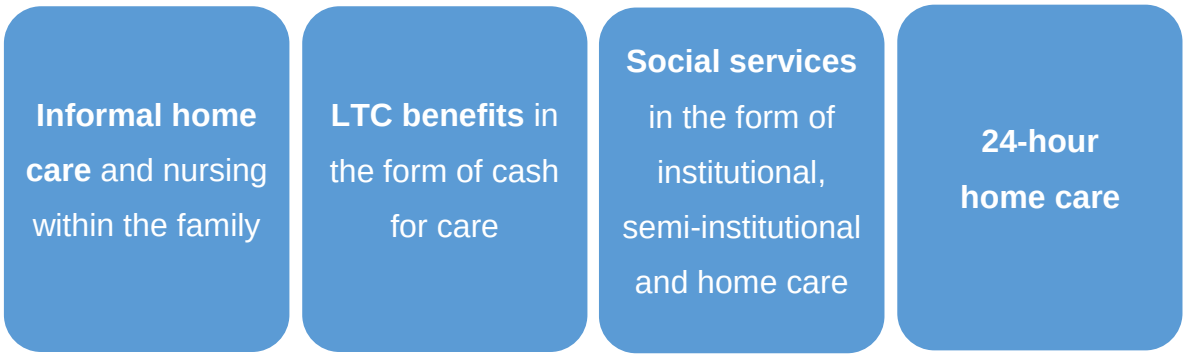

Figure 3: Four pillars of the Austrian care system for people in need of care (author's own illustration)

The focus is on the family providing nursing and home care, with the state assisting them by means of various benefits and regulations, e.g. on leave (part-time or full-time leave of absence to provide care) or by transferring payments. There is still only a modest range of schemes for institutional nursing and home care. Austria spends 1.2% of its gross domestic product on long-term care, just below the OECD average of 1.4%, whereas public spending in this field in countries such as the Netherlands, Finland and Sweden exceeds 3% (ibid., p. 27).

Before the four pillars shown above are explained in more detail, there follows a brief description of the situation regarding dementia; a syndrome which is of central significance when it comes to providing older people with domestic services, nursing and home care.

Dementia

Estimates by the Austrian Alzheimer Association suggest that about 100,000 people living in Austria currently suffer from some form of dementia. According to projections, by 2050 that number will have increased to 230,000 people with dementia (Austrian Alzheimer Association, 2019). On one hand, this development means that it is becoming increasingly expensive to care for dementia sufferers; on the other, these prospects pose a major challenge in terms of nursing and home care. The impairments associated with dementia, such as confusion, personality changes or a persistent decline in abilities, mean that sufferers require a great deal of nursing and home care. In addition to support related to their physical health, people with dementia need a lot of help in everyday life, for example with organising their daily routine or carrying out activities and tasks in line with their needs. Accordingly, as their dementia increases, sufferers rely increasingly on help and support in all fields of life. However, in nursing and home care, the behaviours frequently associated with dementia, such as aggressiveness, depression, fear or a tendency to wander, pose a serious challenge for those caring for them, whether they are relatives or professional caregivers (Höfler et al., 2015, p. 76). These aspects all need to be taken into account when setting up structures to provide dementia sufferers with nursing and home care.

2.1 Informal home care and nursing care within the family

In Austria, relatives are traditionally tasked with older people's nursing and home care. In more than three quarters of all cases, family members provide all or most of sufferers' nursing and home care (Leiblfinger & Prieler, 2018, pp. 21–28). A study by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection revealed that roughly 950,000 adults in Austria are informally involved in nursing someone and providing them with home care (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2019b).

In 2014, according to a study by the Austrian Institute of Economic Research (WIFO), the following people provided private nursing and home care for recipients of LTC benefits (Famira-Mühlberger, 2017, p. 10):

Primary caregiver	**Amount of private nursing and home care in %**
Spouse/partner	31.7
Daughter	26.2
Son	13.0
Daughter in law	8.3
Mother	5.8
Sister	2.3

Other	12.8

More than 70% of these primary caregivers are women, with an average age of 58 (Leiblfinger & Prieler, 2018, p. 28). However, the support provided by the family and trusted friends is not restricted to nursing care, but involves support in every field of life. This is largely unpaid, as LTC benefits only go towards part of the additional expense of providing the care. Family carers' situation leads to multifactorial stressors; for example, they fall ill more frequently and are more prone to stress-related illnesses. However, despite these difficulties, only a relatively small percentage make use of professional assistance, such as home care services. For many relatives, it can be hard to accept support and relief from the social services, as they want to protect their privacy and avoid high costs or the awkwardness of being with a stranger (Höfler et al., 2015. pp. 57–58).

Measures/schemes for family carers

Over the last two decades, numerous measures and schemes have been set up to support family carers (Leiblfinger & Prieler, 2018, p. 29; Höfler et al., 2015, p. 58). As of 2009, for example, when caregiving relatives look after a close family member and this takes up the time in which they would otherwise be able to work, they can opt in to a pension and health insurance. These pension insurance contributions are paid in full by the federal government (Miklautz & Habersberger, 2014, p. 3). Furthermore, part- and full-time care leave and part- and full-time family hospice leave were introduced in 2014. Taking leave in either way requires an agreement with their employer and is paid in the form of a care leave allowance. This model actively supports and enforces the family's involvement in caring and offers an opportunity to provide at least some family care without giving up work. However, it does not alter the framework conditions, e.g. the lack of professional home care services, and is not aimed at freedom of choice or providing informal care (Sardadvar & Mairhuber, 2018).

Quality in home care and current developments

Since 2001, qualified staff have carried out home visits to recipients of LTC benefits to check the quality of family care. These qualified nurses for the sick and elderly work as volunteers, using a standardised tool to check the current care situation in people's home environment. If anything is wrong, they are given corresponding information and tips on how to improve the quality of care. In 2013, an analysis of these home visits showed that such nursing and home care is mostly of very high quality; deficits were only found in the care provided to those in need in a very small percentage of cases (Höfler et al., 2015, pp. 67–68).

However, informal nursing and home care within the family faces current developments such as increasing female employment rates, a decrease in the number of children per family and the generations living increasingly far apart. All this means that fewer relatives tend to be

available nearby who can or want to take on older people's care and support. At the same time, however, the need for care continues to increase due to demographic change (Leiblfinger & Prieler, 2018, p. 29).

2.2 Long-term care benefits

In 1993, Austria set a precedent by introducing Europe's first cash-for-care scheme. These flat-rate long-term care (LTC) benefits (*Pflegegeld*) are designed to make up for the expenses resulting from a person requiring care. The amount of LTC benefits granted depends on how much care is required, rather than the actual cost of the care. The cared-for person's savings, income and age are also not taken into account. As soon as a doctor or nurse determines that someone is likely to require care for more than six months, there is a legal right to this cash benefit (Leiblfinger & Prieler, 2018, p. 30).

Recipients are granted benefits on one of seven levels depending on the extent of the care required. At Care Level 1, when more than 65 hours of care are required a month, the monthly benefits are €160.10. At Care Level 7, which people receive when they require more than 180 hours of care a month and are no longer able to move their arms or legs, €1719.30 of benefits are paid (as of 1 January 2020). The additional care required in the case of severe mental or physical disabilities, especially dementia, is taken into account in the form of an additional 25 hours a month (Pensionsversicherungsanstalt, 2020). This is mainly of importance when calculating the nurse:patient ratio in homes for the elderly and care homes.

Recipients and use

In 2019, as an annual average, roughly 460,000 people in Austria received LTC benefits: 5.2% of the total population. Of those, 63% were female (Statistics Austria, 2020).

As an overview, the following graph sets out the percentages of LTC benefit recipients, sorted by age and care level. It can be seen that Care Level 1 has the highest number of recipients, with the figures decreasing as the care level rises. The largest group of people receiving LTC benefits is the over-80s. 18% of recipients are aged 60 or less, a third fall into the group of 61–80-year-olds and about half of the LTC benefit recipients are over 80 (Statistics Austria, 2020).

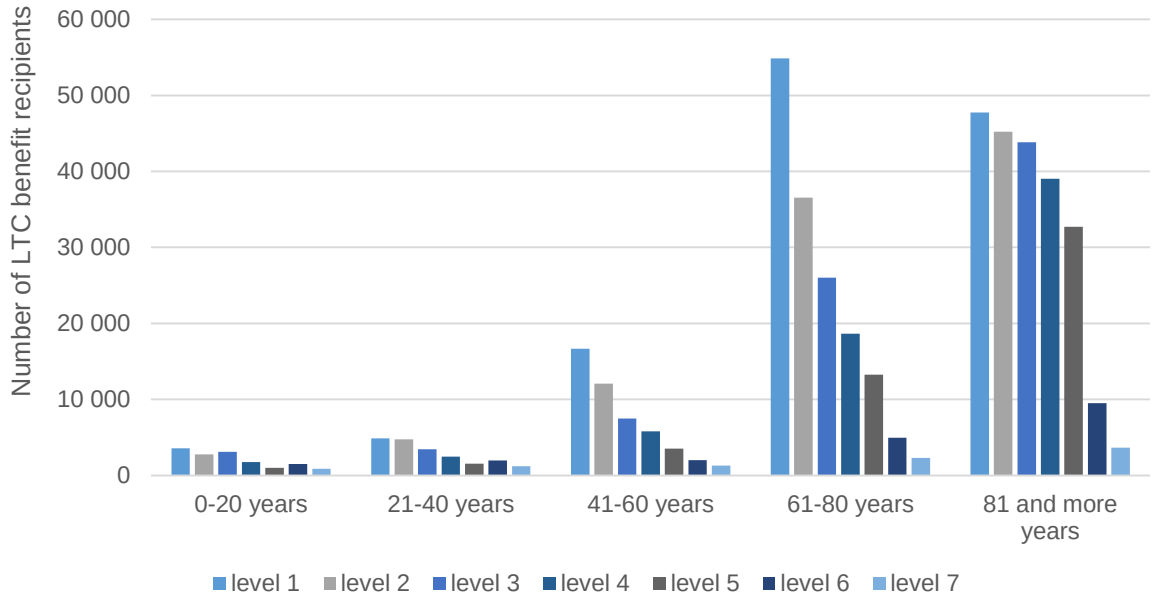

Figure 4: Number of LTC benefit recipients by age and care level (author's own graph based on data from Statistics Austria, 2020)

The LTC benefits were introduced with the aim of enabling those in need of care to live in their own homes for longer. As this cash benefit does not have to be spent in any specific way, recipients can use it either to pay for nursing and home care services or to recompense their own family members. This freedom of choice is intended to give cared-for people greater autonomy and strengthen their role as consumers. In reality, however, this independence only applies to people whose pension is correspondingly high: the LTC benefits themselves in fact only cover roughly a quarter of the actual costs of home care services, for example. However, most benefit recipients have a low income and thus remain reliant on their family. This is due to the higher proportion of female recipients (two thirds), who have lower pension entitlements than men on average. Many cared-for people's financial situation has also suffered from the fact that LTC benefits have not been sufficiently adjusted in line with inflation, meaning that their value has fallen by about 25% from the year 1993 to 2014 (Leiblfinger & Prieler, 2018, pp. 30–32).

2.3 Social services: residential, semi-residential and home care

In 1993, when LTC benefits were introduced, an agreement was reached between the central government and provinces to set up a decentralised, blanket system of residential,

semi-residential and home care. Since then, there has been noticeable growth in the numbers of cared-for people, carers employed, hours of nursing and home care provided and tasks carried out. Over the years, however, a lack of uniform guidelines and sanctions for non-compliance has meant that varying degrees of effort have been put into setting the system up in different regions (Leiblfinger & Prieler, 2018, pp. 34-35). For that reason, the Long-Term Care Fund (*Pflegefond*) was established in 2011. Ever since, the federal government has helped the provinces and municipalities cover the growing cost of nursing and home care services, set up and expand reliable care services and harmonise the range of options available in the different regions (Krautberger, 2017).

Residential and semi-residential institutions

Roughly half of care homes are run by municipalities, another quarter by non-profit organisations and the final quarter by private for-profit organisations. In the first instance, those in need of care are required to pay for this residential care themselves. If their private funds, such as pensions and long-term care benefits, are insufficient, social assistance can be drawn upon. Between 2000 and 2013, the number of places in care homes rose by about 25%. Despite this rise, however, gaps can still be found in the network, mainly in rural regions. In particular, alternative residential arrangements such as elective assisted living, and semi-residential arrangements such as day care centres or temporary places in care homes, are not yet available across the board (Leiblfinger & Prieler, 2019, pp. 35–36).

Home care services

Home care and home help services such as domiciliary nursing care, meals on wheels or advice and visits, are largely offered by independent charitable organisations such as *Caritas*, *Diakonie, Hilfswerk, Volkshilfe* and the *Red Cross*. Unlike residential care, home care is funded in the form of co-financing from private and public sources. The sum paid by private means is based on the amount of LTC benefits people receive, and their income, and is restricted to a minimum and maximum range. However, the number of hours of subsidised nursing and home care provided by home care services is limited and thus often does not cover their actual needs. Moreover, home care services in rural regions frequently do not offer their services overnight or at weekends, leading those in need of care to rely on informal nursing and home care from their family (Leiblfinger & Prieler, 2018, pp. 36–37).

Skilled workers in care

As well as these gaps in the services, there is increasingly also a lack of skilled workers trained to provide older people with residential, semi-residential and home care. According to forecasts, roughly 15% more workers will need to be employed in this field by the year 2022 (AMS, 2018, p. 4). This is because on one hand, the percentage of older people is growing,

and on the other, many workers in this field are due to retire in the next few years and need to be replaced. Some of the difficulties in finding or replacing care workers relate to the challenging working conditions – staff suffer from a lack of time and irregular hours (Schalek, 2018) – but the situation is also due to the lack of appreciation given to this occupational group, and the low pay. To give care a better image, some of the demands by the Austrian Chamber of Labour include higher pay, needs-based staff-to-client ratios and better training programmes (AK Wien, 2019). The types of training currently available range from a one-year course in school to university degrees (AMS, 2018, p. 6). Due to the ongoing reformation of existing professions, the number of occupational groups involved in care continues to grow. Among others, they include nurses, nursing aides, home helpers, social care attendants specialised in care for older people, care home managers, case managers, physiotherapists, occupational therapists and a small number of social workers (Schulmann et al., 2016, p. 2).

Difficulties of working with dementia sufferers

The problem is further exacerbated by the aforementioned increase in the number of cared-for people with dementia. The high number of dementia sufferers living in homes creates huge challenges in terms of the everyday nursing and care provided in residential institutions. Staffing levels are calculated based on the average number of residents per care level (Upper Austrian Care Home Ordinance, Oö. HVO 1996), with an additional 25 hours a month factored in to cover the extended care requirements of people with dementia (Pensionsversicherungsanstalt, 2019). However, this does not sufficiently take into account the actual amount of additional work required to provide people suffering from dementia with nursing and care (Höfler et al., 2015). Residential facilities thus face a lack of human resources, leaving care workers with high workloads. New care concepts are therefore needed which take into consideration both the needs of residents suffering from dementia and the nursing and care staff and the burden placed on them.

In this context, a research project by Wetzelhütter et al. (2020) examined a concept for measuring the work-based stressors subjectively perceived by people working in residential nursing and care for dementia sufferers. The following figure (Figure 6) shows the theoretical model developed as part of this project. It presents both the different influences which affect the subjectively perceived work-based stressors and the effects they can have on caregivers' health and careers.

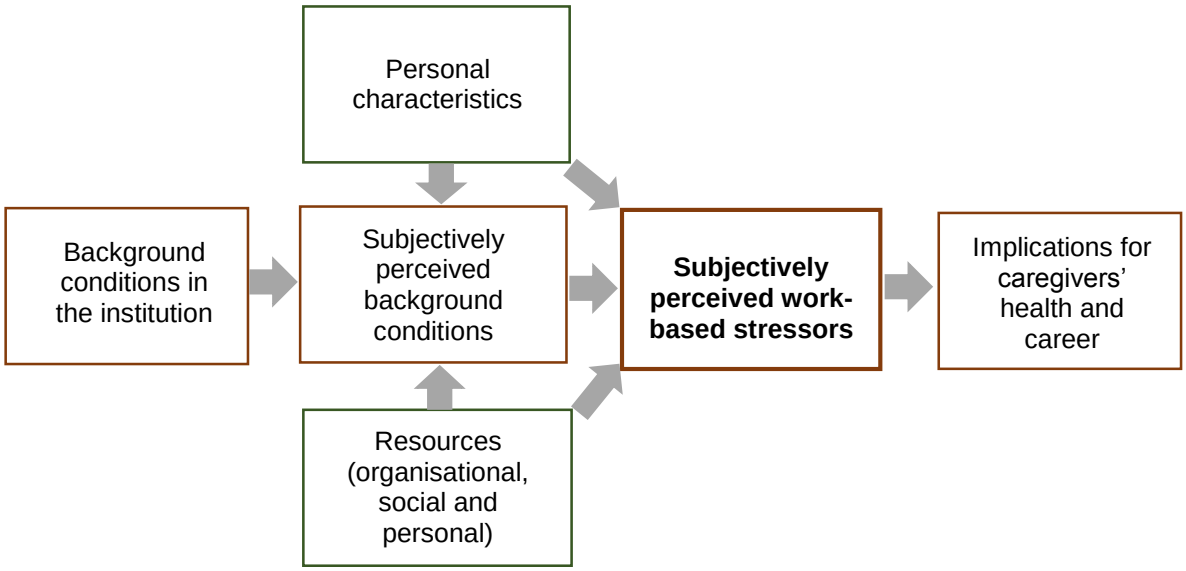

Figure 5: Theoretical model of subjectively perceived work-based stressors (Wetzelhütter et al., 2020)

Quality of long-term care

The work-based stressors affecting caregivers as described above in turn influence the quality of care. Therefore, a move is needed away from narrow definitions of care that consider patients to be well cared for as long as they are warm, well-fed and clean. A more holistic approach has to be established that takes into account the user's social and emotional needs and preferences. The perspective of those working in the field also has to be considered, along with the point mentioned above that working conditions have direct and indirect consequences for the quality of care provided (Schulmann et al., 2016, pp. 4–5). In the study by Schulmann et al. (2016), the following conditions and influences on the perception of outcome quality in long-term care were defined through interviews and focus groups:

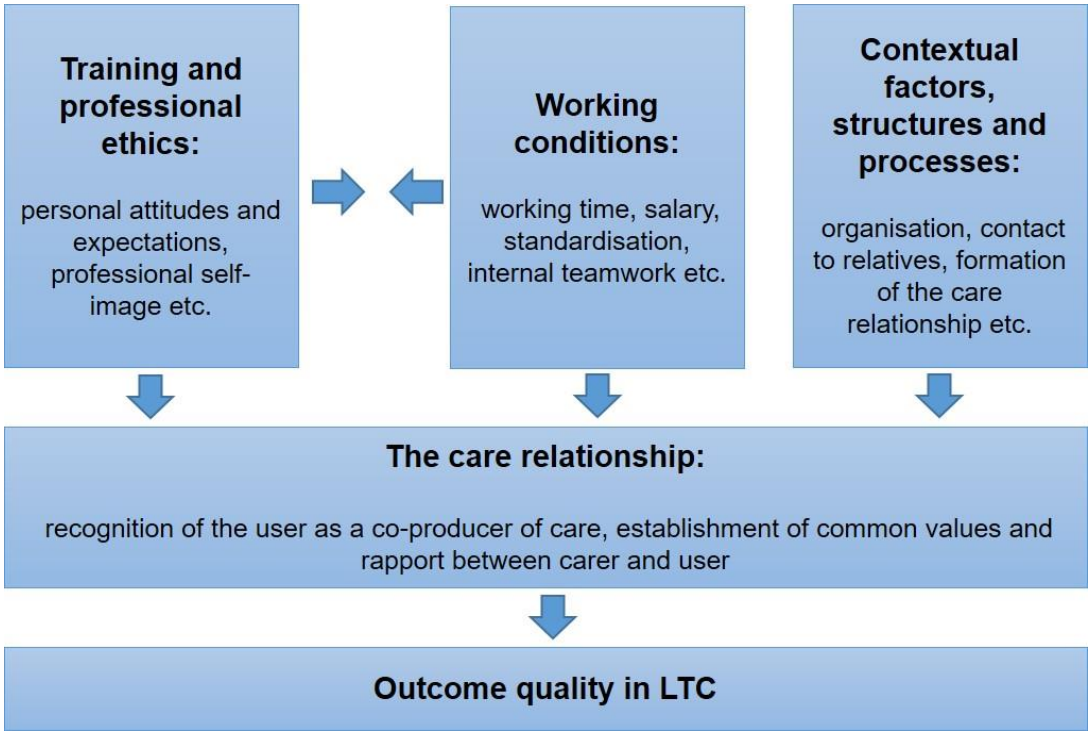

Figure 6: Conditions and influences on the perception of outcome quality in long-term care (Schulmann et al., 2016, p. 5)

One very important aspect involved in raising the quality of care is improving the culture of quality management within organisations. This includes their acceptance of documentation systems and systems for quality assurance as an integrated part of their work. However, quality assurance and management is not only an internal mechanism; external authorities should also control it (Schulmann et al., 2016, p. 12).

2.4 24-hour home care

One important pillar of nursing care for older people in Austria is 24-hour, live-in care. Most of the people working in this field are female immigrants from Central and Eastern Europe, who work as live-in caregivers, looking after those in need of care in their homes, and usually also living with them, around the clock.

This 24-hour home care model has developed for various reasons and due to a range of developments. Firstly, it was encouraged by the free availability of LTC benefits, as described above, and the insufficient care service infrastructure (Leiblfinger & Prieler, 2018, p. 37). Home care arrangements such as domiciliary nursing care or meals on wheels often cannot cover all a person's needs in terms of care and support. Secondly, family carers face increasing challenges. Women, who previously took on the lion's share of nursing and home care within the family, are today increasingly in employment. Added to this is the drop in the

number of children who can look after those in need of care, and the tougher conditions in the field of nursing and care, e.g. due to dementia and multiple morbidities. Despite all this, many cared-for people want to stay in their own homes. The 24-hour home care model has thus developed as an alternative to care homes (Austrian Social Insurance, 2016, p. 16).

In 2007, Austria was the first country to formalise this kind of 24-hour care arrangement through the Personal Carers Act, enabling 24-hour carers to register officially as self-employed live-in caregivers (*Personenbetreuer*) and to contribute to and receive social insurance benefits. Some consider the 24-hour care model a viable solution to the shortage of caregivers and institutions, but it is only sustainable because of low wages and subsidies to employers (Schulmann et al., 2016, p. 2). Important aspects such as the difficult working conditions and the lack of any quality assurance are usually ignored (Austrian Social Insurance, 2016, p. 15).

Organisation, qualifications and processes

In this market, immigrants from Central and Eastern Europe – almost 95% of whom are women – are typically placed in private households as self-employed live-in caregivers. These caregivers usually travel between their country of origin and Austria every two to four weeks. The main countries of origin of the caregivers working in Austria are Romania and Slovakia (Leiblfinger & Prieler, 2018, pp. 8–13).

For the most part, two immigrants take turns looking after one cared-for person. These caregivers live in their employer's home while carrying out the work. Their tasks include caregiving, nursing, helping people to lead their daily lives and doing household chores. The job is known as 24-hour home care (*24-Stunden-Betreuung*) as they have to be present and on duty around the clock (ibid., pp. 8–9).

Since the 1990s, there have been increasing efforts in Austria to professionalise and harmonise the qualifications and job profiles of occupations in nursing and care. In the field of 24-hour home care, these requirements in terms of qualifications only apply to a very limited extent if the cared-for person receives financial support. In 2015, for example, only half of live-in caregivers were able to demonstrate that they had undergone theoretical training. The other half fulfilled only the minimum requirement of having six months' experience in looking after people in need of care. Regular quality checks are not required. Home visits are only carried out to check whether untrained caregivers are experienced, before benefits can be granted (ibid., pp. 38–40).

Agencies play a central role in placing live-in caregivers, by organising their recruitment and finding a placement, often by registering them with the trade office or the social security authorities, and by arranging their travel from their home countries. The agencies frequently also set their fees, collect payments and pay out the self-employed caregivers, minus a fee (ibid., p. 9).

Costs and challenging background circumstances

At present, 24-hour home care costs between €1,800 and €3,300 a month. A one-off sum of €480 on average is also paid as an agency fee, although these costs can fluctuate greatly depending on the agency and the services provided. Altogether, even taking into account the LTC benefits paid to the cared-for person and the state subsidy of up to €550 a month, this home care model only tends to be affordable for the middle and upper classes. The fact also needs to be taken into account that additional living space must be available for the caregiver (ibid., p. 10).

While some 5,800 cared-for people in Austria made use of 24-hour home care and received a subsidy for that purpose in 2009, by 2016 the figure had risen to 23,800 recipients. On average, they are 82 years old, and almost three quarters (71%) are female. Just under two thirds of those in need of home care (61%) live alone apart from the caregiver. The others live with relatives, usually their partner, children or children in law. In 42% of cases, dementia has been diagnosed (ibid., pp. 18–20).

The wages of the 24-hour caregivers are competitive with incomes in their home countries, but are decidedly low by Austrian standards. The caregivers know about this wage gap, which contributes to their poor self-image and feeling of being exploited (Schulmann et al., 2019, p. 11). Nonetheless, over recent years, the number of 24-hour live-in caregivers has risen continuously. While roughly 19,000 people were employed in the field in 2009, in 2017 approximately 62,500 people were recorded as working as live-in caregivers. Although the caregivers can be privately employed by the person in need of care, or by a non-profit service provider, roughly 99% are self-employed, due to the lower costs and greater flexibility for the care service recipient. However, being self-employed has several disadvantages for the live-in caregivers – for example, there is no minimum wage set out in a collective agreement, no entitlement to paid holiday leave and no regulation on working hours; neither do they enjoy full social security protection. On top of this, the cared-for people's own homes are rarely checked, meaning that difficult working conditions and precarious circumstances can easily worsen (Leiblfinger & Prieler, 2018, pp. 11–22).

Quality in care

The interviews conducted with 24-hour caregivers in the study by Schulmann et al. (2016) reveal a different understanding of quality of care compared with other professional groups in the care sector. For example, respondents did not perceive the assessment of care quality to be within their domain or scope of tasks. The consensus was that this is the responsibility of representatives of the provider organisation or agency. Indeed, 24-hour caregivers are not included in the quality assessment process. According to the caregivers interviewed, the 24-hour care arrangement itself – 24 hours a day for 14 days, sometimes up to a month – is one

of the main structural factors making this type of care work challenging. Other factors which are crucial to the quality of care are interaction and communication with family members, or the physical environment, e.g. whether or not the older person's home is appropriately outfitted to accommodate their care needs (Schulmann et al. 2016, pp. 10–11). As mentioned before, caring for people with dementia is also a huge challenge for untrained caregivers. Therefore, the Austrian dementia strategy *Living well with dementia* lists as one important objective the improvement of caregivers' knowledge, skills and expertise. It states that all care staff and informal caregivers should acquire the necessary skills to give the best possible care to people with dementia by receiving appropriate training and support to continue learning about dementia (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2015, pp. 22–24). However, there is insufficient availability and accessibility of training for 24-hour caregivers to help them acquire these skills to cope with older people's needs, including but not limited to dementia (Schulmann et al. 2016, pp. 10–11).

2.5 Research in the field of nursing care, home care and domestic services

As in other countries, in Austria research on old age/ageing and on nursing, home care and domestic services for older people is carried out by various disciplines. This is reflected in the history of Austrian research on the topic. It was not until the 1990s that research institutes carried out any notable research into nursing, home care and domestic services for older people, and that research mainly focused on economic issues such as costs and financing for the healthcare system. The trigger for this was the political and social discourse already taking place at that time on demographic change. Though the research did already include the quality of care, it was not explicitly defined as a subject of research. In the 2000s, the situation changed, with some milestones being reached in socio-scientific research into care. Examples include the establishment of the national research and planning institute *Gesundheit Österreich GmbH*, the introduction of chairs and degree programmes in nursing science, and the foundation of the Research Institute for Economics of Aging at the Vienna University of Economics and Business. To this day, the latter studies economic issues related to demographic change (Ruppe et al., 2019, p. 37).

The latest gerontological research topics and fields are summed up in a report on "Research on Ageing and Demographic Change in Austria" (*Forschung zu Altern und demografischem Wandel in Österreich*), brought out by the Austrian Interdisciplinary Platform on Ageing (ÖPIA) in collaboration with the national Network on Ageing and the Federal Ministry of Education, Science and Research. For this study, the views of Austrian research institutions were surveyed using online questionnaires, and the perspectives of representatives from science, politics and practice were explored through workshops, focus groups and expert interviews (ibid., pp. 7–8).

In other words, there is a broad range of research into old age and ageing in Austria, focusing not only on topics such as technologies for old age, economic aspects, or nursing, home care and structures for domestic services, but also on issues around images of old age, cultures of old age, or social participation, ethics and law in old age.

In Austria, one important facet of gerontological research is the provision of nursing, home care and domestic services for older people. This field of research is clearly still only in its early days in Austria; the researchers surveyed for the study believe that there is considerable need to catch up. By contrast, for example, the USA looks back on a tradition of research into nursing science going back more than 100 years. In Europe, a pioneering role in this research area is played by the UK, Scandinavia and the Netherlands (ibid., p. 38).

Actors and background situation

Altogether, when this report on the state of the research was compiled, 28 institutions were identified which carry out research into nursing and home care for older people from various disciplinary perspectives. These include universities, non-university institutions and universities of applied sciences. To enable the findings from research projects to be applied in practice and evaluated, it is also necessary to work with institutions providing nursing care, home care and healthcare, such as care homes, hospitals and home care services.

The researchers interviewed largely consider these cooperation and networking activities with other research institutions and organisations working in the field to be appropriate, but the prevailing opinion is that, in their experience, there is little cooperation in Austria on the whole. In particular, the researchers described the necessary transfer of scientific findings into politics and practice as inadequate and in need of improvement. For new insights to be put into practice and implemented, further scientific support would be required to evaluate the measures taken and adapt them if necessary (ibid., pp. 39–44).

Research projects on the topic of nursing, home care and domestic services are largely externally funded, for example via European and national funding programmes, the provincial or municipal authorities, or social security institutions. However, the researchers interviewed make it very clear that there is a lack of funding options and advocate an increase in the number of calls for proposals and funding programmes on this topic (ibid., p. 45).

During the survey, the research community expressed the wish for a national research strategy to be developed not only by politicians but also involving researchers and practitioners, the aim being to use the available financial resources more efficiently and deal better with the most pressing concerns. Researchers are also calling for the creation of specialised gerontological research centres focusing on issues around nursing, home care and domestic services for older people. Research activities in that field would additionally benefit from simpler, more open access to data (including registry data), especially that gathered by insurance companies. At present such access is restricted or expensive (ibid., p. 48).

Main topics

As mentioned above, the different disciplines each view the topics relevant to nursing, home care and domestic services for older people from a different perspective. In terms of content, the main topics cover a broad range, from individual experiences in the care setting to the organisational design of care or issues around the development of a system of long-term care. These topics can be sorted into three different levels (ibid., pp. 41–42):

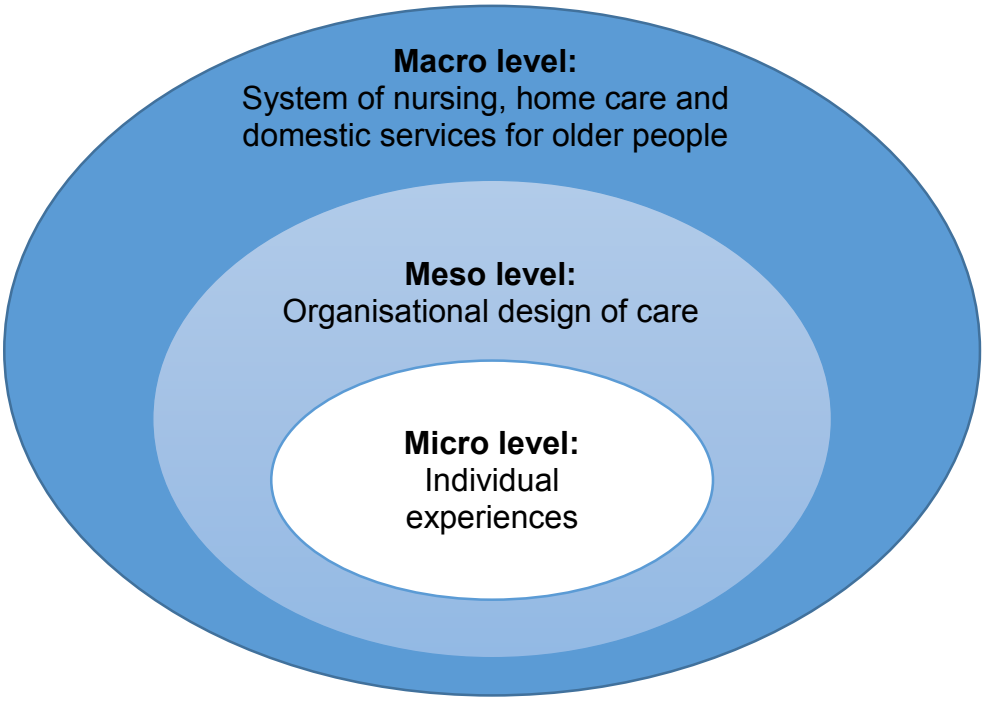

Figure 7: Main research topics in the field of nursing, home care and domestic services for older people, on three levels (author's own illustration)

The University of Applied Sciences Upper Austria carries out numerous research projects with a focus on old age in the field of nursing, home care and domestic services for older people. These revolve around the development of new concepts for non-residential, semi-residential and residential services, as well as research on care processes and management. They also develop and evaluate innovative technological solutions in the field of assistive systems, technology for independent living, non-invasive mobile diagnostics systems, telemonitoring and preventive technologies (Research & Development, FH OÖ Forschungs und Entwicklungs GmbH, 2020).[1]

For the research project *SOCIALCARE – A Social Care Network for Citizen Empowerment and Care Support in Local Communities* (2015–2017, *FFG benefit* funding programme), academics at University of Applied Sciences Upper Austria carried out research on the macro level. This was dedicated to promoting processes of social innovation involving civic participation in social services and care services, giving people in need of care access to more extensive support. The researchers developed a series of social and technological

[1] All projects relating to the research focus on old age are listed in University of Applied Sciences Upper Austria's archive of knowledge at https://research.fh-ooe.at indicating the content and goals of each project. Visitors can read the details or, if required, contact the project managers for additional information and findings.

solutions making it possible for a sustainable social network of citizens to support older people in their community and neighbourhood.

The *Kompass kommunale Seniorenarbeit* ("municipal compass for work with the elderly") project (2015, contract research) focused on the local perspective of work with seniors. It developed ideas for forward-looking work with the elderly, taking into account both the conditions of different social spaces and local people's needs.

On the project *EWAB – An Evaluation of Caregivers' Perceived Workload with Residents Suffering from Dementia in Nursing Homes for the Elderly* (2017–2019, contract research for the social affairs office of the State of Upper Austria), researchers at University of Applied Sciences Upper Austria worked on the meso level. They gathered data on the perceived workload in nursing and care for dementia sufferers, seen from the point of view of caregivers employed at selected care homes in Upper Austria. As described previously (see Section 2.3 Social services: residential, semi-residential and home care), the influences and consequences of perceived work-based stressors were set out using a theoretical model, and factors were identified which reduce or increase them.

On the micro level, the Safefloor+ project (2016/17, contract research), for example, evaluated a newly developed type of flooring intended to help reduce falls and the degree of injury they cause. The flooring was installed in a care home and compared with conventional flooring types to identify possible effects on the frequency of falls and the severity of the injuries.

On the *Evaluation VR4Therapy* research project (2017/18, contract research), researchers at University of Applied Sciences Upper Austria devoted themselves to biographical work on nursing and care for dementia sufferers. Using new technologies such as VR (Virtual Reality) glasses, the recognised concept of biographical work was combined with an innovative approach, tested and evaluated.

How is it possible to assess the complexity of old age and ageing in research? Which methods are the most suitable for studying different aspects of old age and ageing? The international network Global Ageing Research Partnership is enquiring into these questions (2019–2021). The network is a joint project by the Pontifical University of John Paul II in Kraków (Poland) in cooperation with the University of Applied Sciences Upper Austria (Austria), the Jean Monnet University (France), the University of Ottawa LIFE Research Institute (Canada) and the Sau Po Center on Ageing, Hong Kong University (Hong Kong). The outcomes of the Global Aging Research Partnership project, funded by the Polish National Agency for Academic Exchange (NAWA), include this report and several articles (Kollewe 2020; Wetzelhütter et al. 2020, Kränzl-Nagl & Wetzelhütter 2020) in the project's anthology (Maria 2020).

Future research topics

The researchers interviewed for the report *Research on Ageing and Demographic Change in Austria* see the future development of care requirements as a huge challenge, as multiple factors come into play, such as demographic change, social developments regarding family care, and widely varying regional structures. Over the coming years, other aspects which researchers will focus upon more closely will be quality assurance in care, examining and evaluating different concepts and models for nursing and care, and making improvements in the nursing and care profession (Ruppe et al., 2019, pp. 42–43).

One key research area which has recently come into being and which will continue to play a major role in future research is digitisation, robotics and the introduction of assistive technologies into nursing and home care settings. Their effects on both the system and individuals are of great interest, and there will be a social discourse on how we imagine ageing in our future society from the point of view of ethical and legal issues (ibid., pp. 42–43).

Austrian universities of applied sciences in particular are already conducting extensive research on this topic and will doubtless expand the subject even further in future.

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