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## **Addressing and preventing care needs through innovative community care centres (I-CCC)**

### **SUMMARY REPORT Community Needs Assessments in Austria**



## TABLE OF CONTENTS

### 1. Desk Research (Activity 1.1.)

The Austrian health and social system is highly fragmented, due to a wide range of different administrative authorities and responsibilities. Because of an increasing life expectancy and demographic developments an increase in the need for long-term care is expected. The number of long-term care allowance recipients and the need for care and support services increases every year. From 2014 to 2019 the number of people, who received care outside of their home, increased significantly more (+ 16%) than the number of people, who were cared for at home (+ 9%). The costs and rates of residential facilities, the costs of mobile care and the density of nursing home places differ depending on the federal state. In addition, there is an increasing shortage of nursing staff. By 2030 an additional 75.700 nursing staff will be needed in Austria.

Around 10% of the Austrian population care for a relative. In total, these 946.000 caring relatives are by far the largest “care service” in Austria. However, due to increasing life expectancy, decreasing number of children and spatial mobility, the willingness and possibility to take on care work will tend to decrease. Caregiving relatives show a lower subjective state of health compared to the general population. 48% of the caregiving relatives at home and 21% of the caring relatives in the residential facilities feel “very” or “heavily” stressed. Factors like dementia, bed confinement, caregiving relatives who are minors and a high care allowance increase the burden on relatives. Support options are rarely accepted. In 2019 only 9% of the caregiving relatives used a free home visit by qualified health and nursing staff (offered as part of quality assurance in home care), 2% used the so called “BürgerInnenservice” (translated “Citizens Service”; offers advice and guidance on questions from the social sector) and 1.032 people made use of the “Angehörigengespräch” (conversations with psychologists or social workers). Training programs and courses for caregivers are generally viewed positively, but the limited time resources of caregivers were recognized as a problematic factor.

Dementia is a key challenge in the Austrian long-term care system. The further development and expansion of the social and health care system should lead to an improved living situation for those affected and their relatives. They must be advised and looked after individually.

Another challenge facing the Austrian health care and social system is loneliness. During the Covid-19 crisis older people have been particularly at risk and have been advised to voluntarily isolate themselves at home. Social isolation and loneliness have a negative impact on health, wellbeing and behavior. Preventive home visits enable health care professionals to identify the problem at an early stage and help to maintain or re-establish social contacts and relationships. Specific information and advice can be offered to counteract loneliness.

From 2040 a third of the Austrian population will be over 60 years old. Due to increasing life expectancy and demographic developments, an adjustment of the health care system is necessary in order to maintain the health of the aging population. Health promotion and prevention play a major role in this. Particularly important for the implementation of health-promoting projects is the inclusion of the target group, the cooperation with the relevant institutions, sustainable financing and a free or inexpensive access for the target group.

Compared to other EU countries, the Austrian population has a low level of health literacy. Health promotion and the prevention of the need for long-term care are not yet significant in Austria's health and social services. In order to strengthen health literacy and to increase the healthy years of life of Austrians, targeted measures are required. Vulnerable groups of people, such as informal



caregivers and people with cognitive impairments or dementia, need special attention. There is a need for precise offers to prevent functional impairments and promote healthy aging.

## **2. Community Context**

### **1.1. Community Care Center in Hartberg**

The town of Hartberg is part of the Hartberg-Fürstenfeld district in Styria. 6,795 people live in the city of Hartberg (as of 2020), of which 53.5% are female and 46.5% are male. Of the total population of Hartberg 18.8% are under 20 years, 59% between the ages of 20 and 64 and 22.2% are 65 years or older. 36.8% of the households in Hartberg were 1-person households in 2011.

1,053 people in Styria were asked about health indicators in 2019. 71.7% were in (very) good subjective health. 39.5% suffered from a chronic illness and 32% had health restrictions in everyday life.

62.3% of the respondents were satisfied with the medical care.

The life expectancy in (very) good health for Styrian men was 65.2 years and for Styrian women 65 years in 2014. The average life expectancy in (very) good health in Austria was 65.0 years for men in 2014. This puts Styria, together with Vienna and Upper Austria, in the second to last position of the 9 federal states (Burgenland has the lowest value).

The European Health Literacy Survey (HLS-EU) also surveyed the healthy literacy in the Austrian federal states in 2011. 11.2% of the Austrian population showed excellent comprehensive health literacy in all sub-areas (disease management, prevention and health promotion). Austria was therefore below the average for all countries (16.5%). In a comparison of the Austrian federal states, Styria had the lowest health literacy rate.

Over a fifth of the population in Hartberg is 65 years or older (22.2%). In 2015, 6.5% of the Styrian population received care allowance (4.7% men, 8.3% women). The Institute for Economic Research examined care provision in Austrian municipalities (excluding Vienna). In Styria, mobile care services and 24-hour care are widespread, followed by inpatient facilities and assisted living. Partial inpatient care and other services (e.g. meals on wheels, counseling, senior coffees, ...) are only up to 10% widespread. 10% of the respondents only used informal care. In the period from 2011 to 2019, all areas recorded an increase in use (except short-term care; was not recorded). Especially case and care management were increasingly taken up, with an increase of + 428.8%.

### **1.2. Community Care Center in Vienna**

At the beginning of 2020 there were 91,680 people living in Vienna's third district, Landstraße. That is about 4.8% of Vienna's population. 51% of the residents were women and 48.5% men. The district Landstraße has grown by 8,619 people since 2010 (+ 10.4%) and has an average annual growth of + 1%. The average age in the district is 42 years (for comparison: the average age in Vienna is 41 years). 11,616 people aged 0-14, 64,985 people aged 15-64 and 15,079 people aged 65 or older lived in the 3rd district at the beginning of 2020. In 2018, 47.9% of residents lived in private households alone.

During the Austrian Health Survey in 2019, 1,571 people were asked about health indicators in Vienna. 74.3% were in (very) good subjective health. 38.2% suffered from a chronic illness and 29.3% had health restrictions in everyday life. 61.4% of the respondents were satisfied with the offered medical care.

The Vienna Health Report 2016 describes the health situation of the Viennese, important health determinants and selected aspects of the Vienna health system. In 2014, newborn children could expect a life expectancy of 82.6 years for girls and 77.7 years for boys. 66.4 years for women and 65.2 years for men were spent in good or very good health. Four out of five Viennese rated their state of health as very good or good. The Viennese rated their quality of life with an average of 73 out of 100



points. 37% of the Viennese population lived with chronic health problems in 2014. Around 11% of the Viennese suffered from a medically diagnosed depression.

In Vienna, all the above-mentioned service areas of care service statistics are offered (mobile, inpatient, partial inpatient, short-term care, alternative forms of living, case and care management, everyday support over several hours and relief services). In the period from 2011 to 2019, all areas (except for alternative forms of living) recorded an increase in use. The inpatient area in particular, with an increase of 61.8%, was used more frequently. Case and care management were also increasingly used in Vienna (increase of 44.4%).

### **3. Short overview of existing Services and Stakeholders (1-2 pages)**

In order to find out which services should be offered in these centers in Austria the GÖG carried out a needs assessment in Hartberg and Vienna. A first step was carrying out focus groups and interviews with people in need of care, caregiving relatives and people interested in the topic - i.e. with the target groups of the ICCC. In a second step, regional health care providers, providers of social services and other stakeholders were invited to a stakeholder meeting in order to discuss their expectations and the possibilities for cooperation.

The process of the stakeholder meetings took place according to a moderation concept coordinated with the results of the first round of the needs assessment. After an information block about the project and the idea of Community Care, the results of the Needs Assessment so far were presented, and the following questions were then discussed in three small groups:

#### Regional demand in the region

- In what context are you confronted with the wishes and needs of people relating to care and support?
- Where do you see bottlenecks or even gaps in advice and support in your district / in your work?

#### Collaboration and cooperation

- Where do you think you can be supported by an ICCC?
- What are your expectations of an ICCC?
- How do you imagine an optimal cooperation between you and the ICCC?
- How does an ICCC have to be designed so that it supports you in your work?
- Network meetings: how often should these take place? Which topics could be important for you?

#### Benefits of an ICCC

- What could the ICCC improve in your work?
- What are the most important arguments for you in favor of the Grätzel?
- In your opinion, how can a transition to sustainable finance work and be designed well?

The stakeholder meetings in Hartberg and Vienna took place in July 2021. The results of the interviews, focus groups and stakeholder meetings are the basis for the conceptual design of the regional ICCC.

### **3.1. Community Care Centre in Hartberg**

The participants in the stakeholder meeting were on the one hand representatives of care services (nursing homes, mobile services), but also representatives of the district administration and social welfare associations. A total of 14 people took part in the meeting. The meeting took place in person.



The participants see the need for targeted care advice for people with medium to high care needs met. According to all participants, the service has been well received. Networking with other health care providers is seen as important. There is widespread agreement that the ICCC should not create parallel offers and should close existing gaps. Such a gap is seen in the advice on supra-regional, especially financial claim and adult social work for older people.

All participants in the meeting stated that it is difficult to reach people early - also in order to be able to work preventively before the need for care increases. Therefore, it is important to develop special offers. These can be group offers in the ICCC, such as seated gymnastics, seated yoga or the organization of joint excursions. Also, it is pointed out that coordination with existing offers is necessary. At the same time, preventive home visits are seen as a useful addition in order to reach people at an early stage.

The planned tablet trainings for people with cognitive impairments are seen as a preventive offer to delay the cognitive impairments. Some existing providers give practical instructions for relatives. However, these providers are either limited in time or are not able to offer these instructions in the home environment. Therefore, the expansion of the range of training courses for relatives, through practical guidance in the living environment, is seen as a sensible and gap-closing offer. Also, the offer of visiting and accompanying services, as several hours breaks for relatives, is seen as great.

The ICCC should actively contribute to the existing network of advice centers and providers in the region, so that a knowledge platform with joint work and regular exchange can arise. This ensures that the offers are coordinated with one another and that no parallel structures arise. As part of a regional network, the ICCC could also have the task of pointing out gaps in supply.

### **3.2. Community Care Centre in Vienna**

The participants of the meeting came from different organizations or facilities: employees from retirement homes, nursing homes, day centers or mobile services, but also representatives of the professional groups of the medical-technical services or employees of hospitals. The stakeholder meeting was carried out virtually.

The large number of offers for people in need of care leads to confusion, there is no place where everything comes together. Earlier experiences, such as occasional round tables for relatives, show that small, isolated approaches often fail because nobody knows about them or because offers were not offered in a structured manner. Professionally designed, organized networking is needed and the various groups (such as shops, retailers, health service providers in the district) need to cooperate and work together. Many providers believe that it is very difficult to reach relatives or people in need of care. A way to reaching people is through positive approaches (with street festivals, with cafés, etc.), and not, as it is usually the case, by addressing problematic situations. An “open door policy” should make it possible for people “from the street” to simply come to the center because they are curious. The ICCC should, on the one hand, connect professional health care providers (general practitioners, mobile services, etc.) with regional clubs and churches. It is therefore considered important to actively address and include existing initiatives in the district.

Especially for the target group of the non-German speaking population there is a need for a low-threshold information offers, as it is difficult for this group to get information.

In the last two years, during the different phases of lockdown, it has been clear that not only younger but also older people are quite familiar with technology and social media. This should be used to disseminate offers and information via multiple media sources. Voluntary work should support



relatives. Regular network meetings are considered useful for cooperation with other carriers or providers.

Mobile services or employees from other support services often have too little time to offer advice beyond the direct care or can't offer psychosocial or social work advice. The ICCC is therefore considered as a useful addition to the existing services. The staff of the ICCC should have a basic understanding of the activities of the other professional groups in order to be able to connect and network. Therefore, a multi-professional team would make sense.

It is emphasized again and again that active networking must be carried. Some stakeholders would also like to be informed about different offers in their region through the ICCC.

#### **4. Results of the Community Needs Assessment (Activity 1.2.)**

For the ICCC project, a needs assessment was carried out in both pilot regions (Vienna and Hartberg-Fürstenfeld / Styria). Three different groups of people were interviewed:

- People in need of care
- Caregivers and
- Anyone interested in the topic

The aim was to sharpen the ICCC's offerings as much as possible by surveying the respective perspectives and needs and to create an offer tailored to the needs of the community. The discussions took place both in person and by telephone and virtual focus groups were organized as well.

##### **4.1. Community Care Centre in Hartberg**

For those interviewed in the Needs Assessment it was important that the Community Care Center is open at the end of the day and that it is easily accessible. The respondents said that the Community Care Center should be reached easily by phone and the staff should call back. The Community Care Center should be a place of networking for people in need of care and their relatives. It was described that the Community Care Center should be a link between different actors, like people in need, relatives, care services, specialists, etc. A cooperation between the municipality, mobile services, services, regional companies, etc. was wished for.

The desire for short-term and low-threshold advice was expressed. There is a need for support and advice especially in the initial phase of the need for care. Sensitive and targeted advice is important here so that the help offered can be well received. If the need for care increases, a central contact point is required that collects all relevant information and can refer you to the right places. Helping people to help themselves, preferably in their own living space, is particularly in demand. Tips on how to organize their own living environment so that they can cope better independently are needed. Advice in the personal environment, at home, is desired, as the problems can be better captured, and solutions can be developed individually and according to needs.

Family carers also expressed a desire for advice at home. The importance of the continuity of counseling through constant reference persons was also mentioned. The Community Care Center should have flexible opening times, provide all relevant information and be a place of exchange. Another important point for the caregiving relatives is the networking of the center with the general practitioners (e.g. prescription for incontinence care).

The following topics were mentioned in the Needs Assessment and will be focused in the implementation of the project activities:

- General information (care allowance, ...)
- Trainings (e.g. on care techniques, dealing with dementia, ...)



- Help for self-help
- Information and contact addresses for e.g. mobile services
- Organizational, financial, legal information. Help with disputes
- Psychological support (e.g. in a crisis, or in the case of intensive care)
- Procurement, financing and maintenance of resources
- Representation of interests (e.g. more disabled parking spaces, objection regarding care level, ...)
- To look after yourself despite care, to be able to perceive needs, to be able to set themselves apart (caring relatives)
- Time after the care (what to do with the gained free time? ...)
- Grief counseling
- Referral to other offers and providers
- Courses and lectures on health related topics

Regarding health promoting activities, following topics were mentioned: Affected people expressed the desire for gymnastics for the target group +80. The existing groups for over 60 years of age do not meet the needs of the very old. The fear of falling was also mentioned. Workshops and exercise courses for fall prevention are planned. Loneliness is also a big issue. Affected people want a space to meet and talk, to feel warmth. It was mentioned that the professional competence of the employees in communication and encounters with older people is important. Also, cooperation with existing offers and events is desired. Organized, regular meetings outside the Community Care Center are also in demand, such as alternating visits to nearby communities or visiting people at home.

Also, the benefits of peer counseling were observed in the needs assessment. Relatives with many years of care experience pass on their knowledge to less experienced people. Peer counseling groups can be organized in the Community Care Center and in round tables and help to network and support caring relatives.

#### **4.2. Community Care Centre in Vienna**

For those interviewed in the Needs Assessment in Vienna it was important that the Community Care Center should be a place where people in need of care and caring relatives can meet like-minded people and get information and advice. The center should be a place of networking, in order to establish relationships between those affected, relatives, friends, neighbors and professional providers. In the Needs Assessment an “open door day” with lectures, information stands and an exchange at eye level was cited as an example. Also, the center should be open and easily accessible at the end of the day. The employees should be well connected to other professional groups and should work across providers.

The desire for a contact person who knows about the individual situation is high. This requires a case-based advisory approach and the identification and documentation of the people seeking advice. The documentation will take place using internal documentation tools. Nevertheless, it will be possible to conduct a consultation anonymously, without any contact details or personal information.

The need for advice is very diverse. In the Community Care Center, different subject areas are offered, such as legal questions, but also special topics such as advice for people with disabilities, advice on aids, nutrition or exercise. The counseling topic is adapted to the individual situation.

Special focus is placed on the following topics, which were mentioned in the Needs Assessment:



- Professional accompaniment and support in the initial phase of a care situation with home visits
- Dealing with uncertainty, insecurity, ... in care
- Talking about stress and exchanging it with others
- Loneliness
- Recognize your own limits (caring relatives)
- Changes in the relationship with loved ones or relatives through care and support
- How to not hurt the person in need of care and their privacy

In Austria, a large number of health-promoting activities are offered as part of the project. The activities are based on the results of the needs assessment and the needs of the respondents. Special focus is placed on the following topics:

#### Loneliness

- Offers in the immediate vicinity to meet like-minded people
- Support with leisure activities
- Accompanying offers such as pick-up and delivery services to support mobility
- Varied offers to counteract loneliness
- Create opportunities to build friendships

#### Relief and emotional support for family carers

- Talk about stress
- Enable joint excursions
- Half-day and hourly relief
- Half-day excursions for people with reduced mobility
- Psychosocial relief and encouragement

The Community Care Centers offer regular mental and physical fitness activities. In addition, offers and events will take place to exchange experiences with different health services and to build up a network.

## **5. Recommendations for the Community Care Center in each Community (1-2 page)**

### **5.1. Recommendations for the Community Care Center in Hartberg**

The following focal points can be derived from the needs assessment in Hartberg-Fürstenfeld.

#### Structural / organizational expectations of the advice center

- The focus is on outreach advice, it is less about offers in the center itself
- Networking with existing - including voluntary - offers from associations is necessary, whereby the center can also support these associations with specialist knowledge (lectures, etc.).
- The questions are very broad and varied, competent information is expected, which also speaks for good networking with the offers of the region.
- Accessibility: is less of an issue as it is common to drive to the larger cities.
- Voluntary work is addressed in connection with relieving the burden on relatives, but primarily in the form of discussions and opportunities for exchange in one's own environment.

#### Content-related expectations of the advice center



- Advice and relief offer on the living environment and on offers in the region
- Help for self-help, also through health-promoting offers such as nutritional advice or gymnastics offers for older people
- Psychological support, e.g. outreach offers to relieve relatives in the sense of "visiting services for relatives" as a distraction from care in one's own environment

## 5.2. Recommendations for the Community Care Center in Vienna

The surveys of the Needs Assessment in Vienna can be divided into the following main topics.

### Structural / organizational expectations of the advice center

The following challenges arise in the context of contacts with advice centers:

- the opening times do not consider working people
- There are no permanent contact persons
- Lack of specialist specializations in the advice centers of the City of Vienna
- no ad hoc contact options

### Recommendations for the ICCC

- There is a vision of a center in which people work who have a good overview / good knowledge in the area of nursing and care and are willing to research complex questions. Ideally, there is one person who takes on the case management and coordinates the right people in the multi-professional team.
- Opening times: In addition to the usual opening times, also at the end of the day (early / evening) and on weekends
- Contact options: good / fast (20 minutes) public accessibility / centrally located
- Technical competence: A contact person would be good; Well-qualified specialists on various topics who are available to the main contact person if necessary.
- Bring the person in need of care, supervision during the consultation

### Content-related expectations of the advice center

- professional guidance and support in all phases of care and support for all target groups
- Advice on financial and legal matters
- Emotional support
- Mediation of support offers in order to have time out
- Specialists in selected topics
- good network to mediate

## 5.3 Recommendations from the stakeholder meetings

### Prevention through early offers

Information is brought to the right person more quickly at the right time. Health care providers have noticed that people often come too late with a great need for support and help, especially due to a lack of knowledge and information. By reacting correctly to needs in the right time, the need for long-term care can be prevented.

### Relief offers for relatives can protect them from burnout

Preventive home visits and practical guidance for relatives in the home environment are seen by the relatives, as well as by professional service providers as the most direct way of providing support to care at home.

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### Avoiding hospital stays and moving to a nursing home too early

Targeted support, preventive and health-promoting offers for the target group of older people and advice on these offers mean that people can live longer at home. Regular contact with the ICCC means that you can be referred to the right place at the right time and that life at home can be supported and guaranteed for longer. In many cases, it can also be expected that expensive hospital stays can be avoided if the health literacy of people in need of care and their relatives can be strengthened.

### Relief of the supporting organizations and health service providers leads to the optimization of the regional support, care and nursing offer

Regional networks of providers of health and care services can work in a coordinated manner and thus contribute to the optimization of the care system. Depending on regional needs, the ICCC can serve as a central center and contact point, with the main task of referral. The ICCC can also monitor, identify and, if possible, fill gaps that exist in the region.