



Supporting live-in carers in Austria: an ecosystem under political constraints

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Funded by
the European Union



1.

The context: live-in care in Austria



Live-in care in Austria: precarious regularisation



Informal work until
2007

- cross-border (CZ, SK, HU, RO)
- Arrangement by agencies in these countries

Hausbetreuungsgesetz
2007

- Trade with low skills prerequisites
- Default self-employment (employment possible), agency intermediation
- Public subsidies to households

Since ca. 2020

- Support and skill upgrading initiatives (IG24, Diakonie, union vida,)
- Policy: more quality control, some funding for support initiatives
- **Politically entrenched configuration, increasing labour shortages**



The rural aspect



- Not entirely a rural phenomenon, but in rural and peri-urban areas:
- Ageing populations with outmigration or long commutes of younger relatives who might provide family care
- Limited services and long distances to clinics/day centers/doctors
- Space: owner-occupied housing (sometimes „too large“ and requiring considerable housework)
- Risks: isolation, expansion of tasks (gardening), some underprovision of healthcare



Challenges and Solutions in Live-in Care

Challenge	Impact	Proposed Solution
Long Working Hours	Physical & emotional strain	Fair working hours, adequate breaks, proper compensation
Low Wages & Insecurity	Financial insecurity, dependency on clients	Extend comprehensive social security coverage
Social Isolation	Limited peer support & loneliness	Establish support systems for emotional & professional help
Lack of Representation	Limited voice due to language & self-employment and dominance of agencies in Chamber of the Economy	Create platforms for caregiver participation in policy decisions

Results based on Mairhuber et al. (2024): Das Unsichtbare sichtbar machen: Datenerhebung zu Personenbetreuer_innen in österreichischen Privathaushalten. FORBA. <https://www.forba.at/wp-content/uploads/2025/01/Kurzfassung-der-Projektergebnisse.pdf>)

The work situation

- mostly middle-aged women from SK, RO, HU, increasingly further afield
- Known as “24-Stunden-Betreuung” – though legally not 24/7
- large majority (ca. 95%) self-employed (57,634 registered self-employed live-in carers; 912 agencies)
- Work arranged via private and some non-profit agencies that often offer extra services to carers (also dominate interest representation)
- Some intransparency over employment status, services and fees
- rotational shifts every 2–4 weeks
- working time depends on clients’ needs

Self-employed status a bit dodgy!

2.

The support ecosystem



The ecosystem



IG24

- Bottom-up
- transformation
- Regularising employment (or “real” self-employment)
- Support and advice
- Ties with research

Curafair project

- Legal aid
- Carers’ cafés in rural areas
- training

“Ensuring that the system works well for all involved”

Trade union vida subsidiary

- Agency /platform with digital matching (!)
- Training project in rural region with online German classes

“inter-mediation on an equal footing”

Vorarlberg personal care pools

- High-quality and non-profit agency
- Regionally based
- Training
- Quality control
- Housing between jobs



The common ground



- Information, advice, peer support (essential in this line of work)
- In-person (rural areas with volunteer support) and digital language-based communities (Facebook, WhatsApp)
- Skill upgrading and more permeable careers in care



Collaboration and competition



- IG24: most “transformative”, collaboration of activists, social scientists, carers – much visibility but frustratingly few “real” impacts
- Collaboration and resource sharing (employment of advisors, handover to Curafair for legal aid)
- Controversy over role of “good” agencies



Transforming Live-In Care: possible directions



- Politically entrenched regime (in favour of care recipients and public finance)
- labour shortages across care sectors
 - 24-hour caregivers plugged into local networks
 - Skill upgrading and possible transition into more regular employment in long-term care
 - Empowered „real“ self-employment
 - cooperative models
 - Possibly regional „live near“ or extended mobile care solutions where housing space is available



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