

Family Hospice Sabbatical

Country: Austria

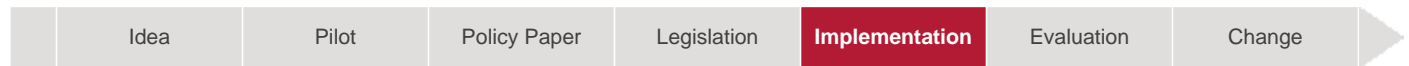
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Health Policy Issues: Funding / Pooling, Long term care, Political Context

Current Process Stages



Featured in half-yearly report: Health Policy Developments Issue 2

1. Abstract

In 2000 the idea of a Family Hospice Sabbatical was generated to further unburden the public health care sector facilitating family care for dying relatives or severely ill children at home. Austrian employees would have three options: uncompensated reduction of work time, change of work time or uncompensated sabbatical. The care giver can take care of spouses, partners, parents, grand parents, children, step children, foster kids, siblings and step parents.

2. Purpose of health policy or idea

To provide the opportunity to care for dying relatives or severely ill children at home; the employees have three options:

- Uncompensated reduction of work time
- Change of work time
- Uncompensated sabbatical

The care giver can take care of spouses, partners, parents, grand parents, children, step children, foster kids, siblings, step parents

The options are provided for a period of three months but may be extended to six months. During these periods the employee

- has protection against dismissal and
- is being provided with health and pension insurance

Main objectives

To provide the opportunity for all employees including civil servants to care for dying relatives and severely sick children at home for a period of three months.

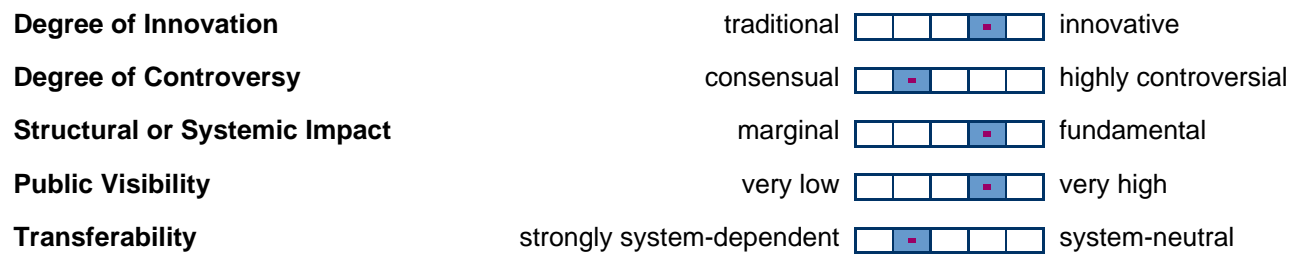
Type of incentives

No direct financial incentive but indirectly through the continuation of health and pension contributions on behalf of the employer and the federal government.

Groups affected

all employees including civil servants, all care takers who wish to be taken care of at home, employers

3. Characteristics of this policy



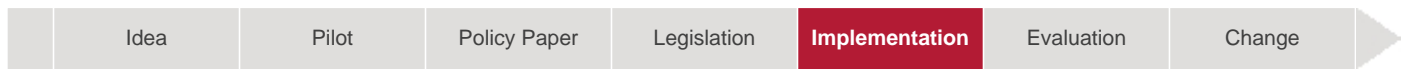
Even though this policy is consistent with respect to the further development of long term care services it remains questionable whether the take up of these opportunities for employees will achieve sufficient rates. In particular, as caring for dying people requires some skills care givers must be provided with additional support if they should manage those processes effectively.

In addition, the low or even non-existent sabbatical money further promotes the perseverance of both, a gender wage gap and the traditional split between paid employment (male) and uncompensated family work (female): In the Austrian labor market women still earn roughly 1/3 less than men, and in many families a sabbatical for uncompensated care is financial viable only for the partner with the lower pay cheque. Seen from this angle, this new benefit is in conflict with policies to reduce gender gaps, even though such policies are mandatory for EU member countries.

4. Political and economic background

Similar to the approach in providing long term care benefits the main idea is to allocate resources/opportunities to private households to particularly unburden public (acute) inpatient care.

5. Purpose and process analysis



Origins of health policy idea

The idea was generated in 2000; the main purpose was to further unburden the public health care sector; main actor were the Minister of Social Security and Generation and the Minister of Economics and Work .

The main tools are:

- Uncompensated reduction of work time
- Change of work time
- Uncompensated sabbatical

Financial support:

In case an uncompensated sabbatical is requested, the employee has two options for achieving financial support:

- The care giver applies for financial support at the Ministry of Social Security and Generation; cash benefits are granted provided the employees' weighted income per household member is not above Euro 500 per month; overall the funds for this measure are in the order of Euro 10 million per year and is called "Haerteausgleichsfonds"
- The care giver may receive long term care benefits if the care taker applies for that; in urgent matters advance payments are granted in the order of long term care category 3 which corresponds to Euro 413 per month and which corresponds to 120 hours of care per month. In case the care taker is already receiving long term care benefits in category 3, the advance payment is granted for category 4 which corresponds to Euro 620 per month or 160 hours of care.

Approach of idea

The approach of the idea is described as: new:

Stakeholder positions

The representatives of the Chamber of Commerce welcomed the initiative.

The opposition parties requested a financial minimum coverage for applicants to the program, but the coalition rejected that because of financial constraints. Furthermore, the Greens required that the possibility of utilization is also given to same-sex partnerships.

The government referred to the possibility of financial support for social cases of hardship ("Haerteausgleichsfonds"). Government representatives of the ÖVP also pointed out the inimitability of the programm in Europe.

Influences in policy making and legislation

Policy idea was mainly criticized on grounds of not providing adequate financial support for care givers.

Legislative outcome

Adoption and implementation

Legislation was implemented in July 2002

Monitoring and evaluation

The Minister of Social Security and Generation announced an evaluation of the program after two years.

Currently, there is some evidence that the utilization of the program is low. Since the introduction in July 2002, overall only 535 persons took up the options provided. The government expected that 15 000 people annually would pick up one of these options. The average FHS-length was quite low too; e.g. 55 days instead of the possible 6 months in Lower Austria.

According to representatives of the social insurance and of NGOs, the main reason for low take up rates was the lack of a legal claim for sabbatical-money. The "Haerterausgleichsfonds" supports persons who are not able to afford the staying at home; in 2003 the Ministry of Social Security and Generation paid € 116.000 to 91 recipients.

6. Expected outcome

Quality of Health Care Services

marginal  fundamental

7. References

Sources of Information

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www.parlinkom.gv.at: Stenographische Protokolle

www.bmf.gv.at: Budgetprogramm 2003 - 2006, Programm der Bundesregierung, Juni 2003

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