



# Interreg

## Austria-Hungary

European Union – European Regional Development Fund

### Co-AGE



## SUCCESS FACTORS FOR ESTABLISHING ACTIVE COMMUNITIES FOR THE ELDERLY

### STUDY

Austria - Hungary INTERREG Programme ATHU123

Co-AGE Project: “Institutional cooperation to promote the establishment of age-friendly and caring communities”



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## Aims and objectives

This study has been carried out as part of the professional strategy of the Co-AGE project “Institutional cooperation to promote the establishment of age-friendly and caring communities” and it is intended to be part of the guide given to a network of innovative, self-supporting communities and regions. This project has developed a solution to reduce everyday problems of older people. The solution is based on volunteering and cooperation across borders. The aim of the study is to introduce a general idea of volunteering, to present the challenges of the ageing society and to pave the way to establishing age-friendly communities by interpreting best practices. All these contribute to the successful implementation of the project. The study consists of four main parts.

The first part introduces the project itself, focussing mainly on the needs of older communities.

The second part briefly introduces the demographic trends in Hungary and Austria and the sociopolitical challenges and possibilities generated by these trends. This part also summarises the long-term goals of the care for older people:

- promoting increasing life expectancy,
- promoting healthy ageing,
- maintaining active lifestyle during old age,
- ensuring income security of older persons,
- fostering their integration into society and coordinating services (health, social, educational, cultural) responsive to older people,
- supporting digital competencies of older people and encouraging their lifelong learning by providing access to digital learning materials,
- providing conditions to active life: physical activities, remaining in the labour market and participation in social, cultural and public events,
- sharing information on coping with ageing among people at a younger age,
- changing the attitude of society towards ageing and its economic and social role.

The elderly care systems of Hungary and Austria are introduced in this part of the study with an insight into social services provided for the elderly, including both basic and specialized forms of services.

The third part of the study deals with the concept of active ageing, putting the possibilities of active ageing into focus and introducing best practices and innovative solutions. The concept of active ageing is a relatively new phenomenon in Europe. It started with the WHO report

approximately five years ago, but actually it dates back to the 1960s. Successful ageing can be implemented if people accept reaching an advanced age, cherish their habits and relations from their younger age or replace them with new ones, in that way remain being actively engaged in life and have satisfaction. The new concept was born in the 1990s with the support of the WHO, so it is not surprising that it emphasizes the interrelation between active life and health. In 1998 OECD defined active ageing as enabling older people to actively contribute to the ongoing processes of society and economy. The principles of active ageing are the following:

- Rights and obligations;
- Prevention and integration;
- Life-course approach;
- Eliminating institutional constraints;
- Cultural changes;
- Intergenerational and multigenerational solidarity.

Active ageing and intergenerational solidarity were highlighted during the European campaign in 2012. Besides, it also aimed at formulating new questions related to demographic ageing and providing innovative answers and solutions to them. Consequently, this part of the study incorporates active ageing and intergenerational solidarity by highlighting the complex strategy of active ageing and current political initiatives in this field.

The fourth part of the study focusses on the role of volunteering in the care for older people. It also provides solutions how to involve and recruit volunteers and emphasizes the importance of cooperation between civil society and professional organisations. Furthermore, this part of the study gives guidance to the challenges of pandemic and crisis situations.

# Introduction

## The Co-Age Project

The two main objectives of the project are to improve the quality of life of elder people and their relations living in the border region of Austria and Hungary; and to strengthen cooperation between the institutions concerned. There are two main issues in the small settlements of this border region: ageing population and moving from rural to urban areas. The moving of the young generation into cities and the ageing of the population lead to the worsening of the quality of elderly people's life. Empty nesters often feel lonely and socially excluded, so they are in need of company and assistance in their everyday issues. The active employment of the younger generation excludes the possibility to stay at home and take care of the elderly, as it was done earlier within traditional families, generations living together. This family-model now is on the decline. Meanwhile, an increasing number of people face the everyday challenges of caring for older people due to increasing life expectancy. In order to prevent the dramatic decline in the quality of life of the elderly living in this region, the reconsideration of the social care system is needed and comprehensive innovations are to be introduced.

Building caring communities based on voluntary engagement and organising them into a cross-border network can be a solution to the above problem. In order to achieve this objective the strategy and the methodology of building these communities are being developed, taking local needs and capacities into consideration. Active local/regional social and health care organisations, partners from diverse areas of the community and NGOs need professionally specialized staff to coordinate the caring communities. The bilateral model defines the organisational framework conditions of cross-border volunteering.

Building the network requires local people to participate and engage. The participation of the elderly living in the cross-border region requires the social media; professional activities and proper communication.

## The methodology of the study

The study provides guidance to The Co-Age Project “Institutional cooperation to promote the establishment of age-friendly and caring communities”. It presents a comprehensive overview of the challenges of ageing societies, the framework conditions of voluntary engagement and the possible forms of age-friendly community initiatives.

The primary objective of the study is to present core findings, best practices and to provide professional solutions and guidance in five key areas:

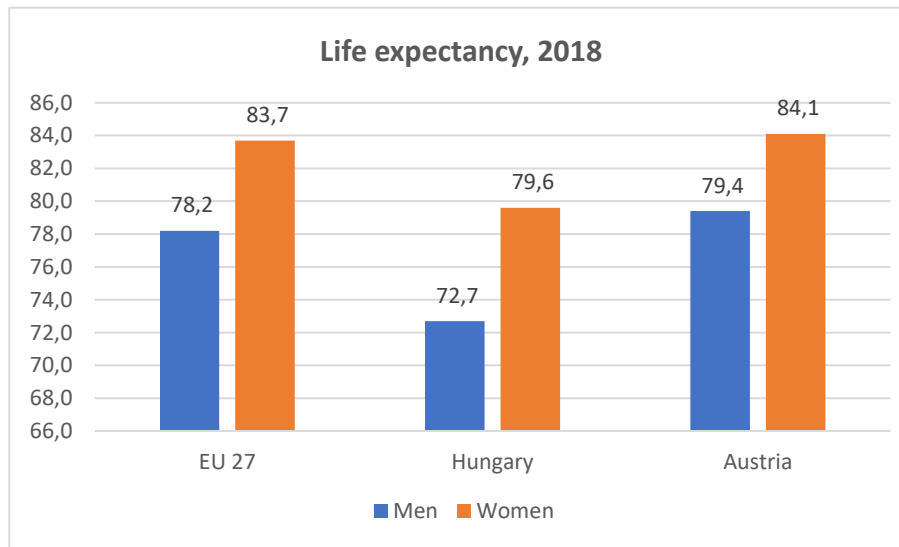
- labour shortage in care for the elderly;
- ensuring a broader involvement: volunteer recruitment;
- challenges during pandemic and crisis situations (e.g. COVID-19)
- lack of available information among population; and lack of resources;
- cooperation between civil society and professional organisations.

Secondly, data-based documents are introduced on the quality of life and family life of the elderly; the multigenerational family-model and the cooperation between generations. The findings are conclusive and descriptive, based on document analysis using specified criteria. Data collection was carried out by panel research in households, Time Use Survey and also taken from Eurostat. Collected data was used to confirm the findings. Trends in Hungary, Austria and the European Union are also analysed, using data taken from the Hungarian Central Statistical Office (KSH), Institute for Empirical Social Studies (Institut für empirische Sozialforschung IFES) and the European Statistical Office (Eurostat). The analysis is also part of the study.

## Care for the elderly in Hungary and Austria - Overview

Both Austria and Hungary have an ageing population. The reason for that lies in the growing number and ratio of ageing people, which is caused by the decline in births and the increase in life expectancy. Current demographic trends are adverse in Hungary. In spite of that the ageing of the society is significant neither in Hungary, nor in Austria.

Figure 1.



Source: Eurostat

Nowadays Europe experiences a dramatic increase in life expectancy. For example, In France the increase in life expectancy is three months every year, it is now higher than 80 years. Such longevity has far-reaching implications both on the individuals and the society, providing opportunities for cultural, mental and spiritual development. In large families four or even five generations can live together. At the same time societies and care service systems are facing the consequences of long life expectancy, which increases the importance of social responsibility as well. In this historic era it is of outstanding importance to plan and implement effective health and social services so that they are accessible for people of very old age living in dependency. The number of advanced old-age people is increasing and the average lifespan is higher, contributing to the growth in the proportion of older persons in the society.<sup>1</sup>

Different regions in Austria experience different pace of ageing. Some regions are ageing much faster than others. The ageing process is accelerated by regional migration: the moving of the young generation from rural to urban areas for labour or educational purposes leads to faster ageing of the local population. Consequently, the concentration of working

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<sup>1</sup> Idősellátási sztemderdek - Területi Szakértői Csoport, Bentlakásos Idősellátás – Nemzeti Család és Szociálpolitikai Intézet TÁMOP 5.4.1



facilities in urban areas has an effect on the pace of the ageing process in remote areas. These processes need quick actions. Some regions in Austria experience international migration, which can temporarily slow the ageing process. Vienna and its region has experienced large international immigration flows in the past few years, contributing to changing population age structures, since migrants tend to be in the young working ages and intend to set up a family. This trend is predicted to be continuing in the future. Although it has a positive impact on the population structure, but trends do not always last long. There are some settlements in Vienna region, that experienced young families moving in some years ago, but after young children growing up and leaving their home, the ageing process restarts. Only continuous growth in the number of younger persons in the population can lead to positive changes in demographic ageing.

Although demographic ageing is viewed with concern when its collective effects are considered, we must not forget about the fact that people are living ever long after retirement, which benefits us all. Furthermore, there must be a shift in how we think, feel and act towards age and ageing: the population in Austria - despite its ageing - will be more active than ever before. Old age was associated only with poor health and poverty, but that is not the case any more: this stage of life provides autonomy and often financial independence. So it must be regarded as an opportunity despite its challenges.<sup>2</sup>

In the forthcoming years European countries will increasingly face the impacts and dilemmas generated by ageing societies. In general, European people live longer, have fewer children and retire earlier than they did a decade ago. Most experts agree on the fact, that these processes are leading to generational imbalances. This phenomenon started in the 2010s with the retirement of the baby-boomers and is called imbalanced age pyramid. These imbalances bring dramatic changes in the labour market, social and care services, health care and in the processes of social integration. As a result, the European Social Model - which is based on the Bismarckian welfare state - will no longer be sustainable, consequently, radical changes, innovations and a paradigm shift is inevitable in this field.

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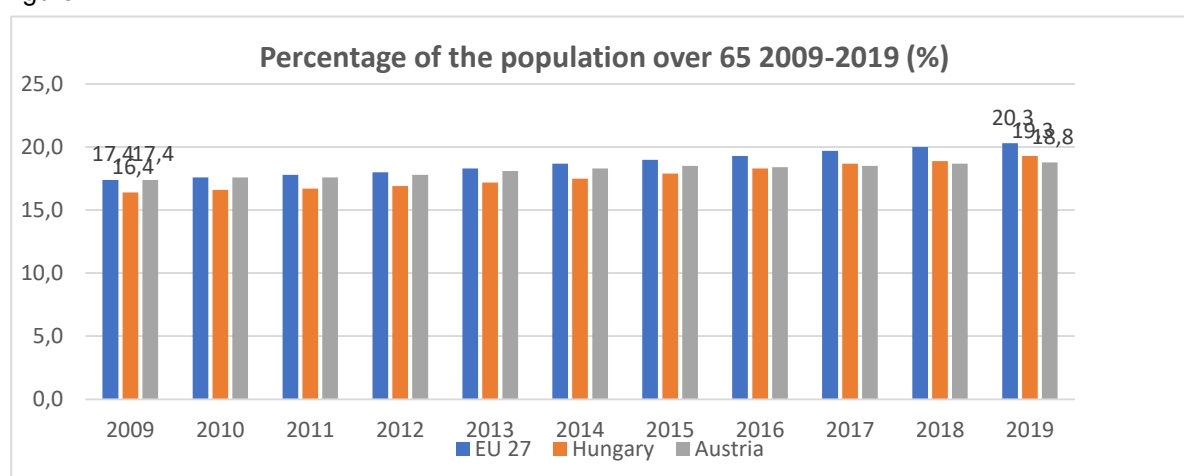
<sup>2</sup>Gruber, Elisabeth- Gruber, Kathrin: The impact of demographic changes in Austria: best practice of Schneebergland - study  
<http://www.industrieviertel.at/wp-content/uploads/2015/12/19-EB-aa-140205-Bevoelkerungsstudie-SBL-hu.pdf>

## Demographic trends in Hungary, the European Union and Austria

On 1st January 2019 the population of the EU 27 was estimated 446.8 million. The ratio of 65+ age group was 20.3%, showing a 0.3% increase compared to the previous year and a 2.9% increase to 2009. The ratio of 80+ year-olds was 5.8% in 2019.

In the same year among EU-27 the share of the 65+ age group in the total population was the highest in Italy (22.8%), Greece (22%), Portugal and Finland (21.8%), while in Ireland (14.1%) and Luxembourg (14.4%) the lowest. In Hungary 19.3% of the total population was older than 65 in 2019. The ratio of this age group increased 2.9% between 2009 and 2019.

Figure 2



Source: Eurostat

Between 2009 and 2019 the median age of the population in EU 27 increased 2.7 years (0.3 years/year) from 41.0 to 43.7 years. All EU 27 member states experienced an increase: the average age of the population is at least four years higher in Spain, Portugal, Lithuania, Greece, Ireland and Slovakia, whereas the median age in Sweden went down from 40.7 to 40.5 years between 2009 and 2019. The average age of Albania's population was 31.1 years in 2009, compared to 36.7 in 2019, which means the highest increase (5.6 years) of the past ten years. In Hungary between 2009 and 2019 the median age went up from 39.6 to 43 years.

The old-age dependency ratio compares the share of the 65+ age group with the population of working age (20-64). These ratios in EU 27 were 34.1% on 1st January 2019, which means being only fewer than three 20-64 year-olds to one 65+ year-old. In 2019 among EU 27 Luxembourg (22.4%) and Ireland (24%) had the lowest dependency ratio, there was one 65+ year-old to more than four working age persons, while in Italy (38.6%), Finland (38.4%)

and Greece (37.6%) it was fewer than three. In Hungary the dependency ratio was 31.6%, so there was one 65+ year-old to three people of working age.<sup>3</sup>

### Projections and important issues

By the year 2070 it is projected that the present ratio of 65+ year-olds (20%) will have a dramatic increase to 30.3%, additionally, 13.2% of the population will be over 80 years of age. At the same time the ratio of working age people (20-64 years) will fall from 59% to 51%. It is also expected that the number of young people (0-19 years) will have decreased by 12.6 million by the end of the period.

In 2019 in EU member states the employment rate of 55-64 year-olds was 59.1%, as opposed to 44.1% in 2009. Consequently, we need a real policy that requires a focus on seniors staying active and productive to remain a resource on the labour market, living in better health and their capacities to be acknowledged and maintained.

An ageing Europe will meet a declining labour force, which will probably put European households under pressure. Before the crisis the costs of ageing for 2070 were estimated 26.6% of the GDP.

All these lead to a change in intergenerational solidarity, as in 2019 on average there were 2.9 working age people to one 65+ year-old. By the year of 2070 this number will have decreased to 1.7. Pension systems in most member states have been altered, so pension costs will increase at a slower pace than the GDP. It is clearly foreseen, that these policies face uncertainties, as estimating public expenditures needs careful planning, where demographic changes, the impact of technological development, the progress in healthcare and the growing need for public health and care services all have to be taken into consideration.

As demographic changes advance, poverty in old age is becoming an alarming issue. At present, the pension people older than 65 receive allows to maintain their living standard, but in 2018 15.5% of this age group was exposed to the risk of poverty. Women are deeply affected by the issue of poverty in old age. While women have higher life expectancy than men, they receive one-third less pension than elderly males. The causes are female workers' lower salaries, temporary job contracts and career breaks because of child bearing.

However, elderly population also brings opportunities for societies as a whole. In 2015 customers aged 50+ spent 3.7 trillion Euros and this sum will probably have increased to 5.7 trillion by 2025.

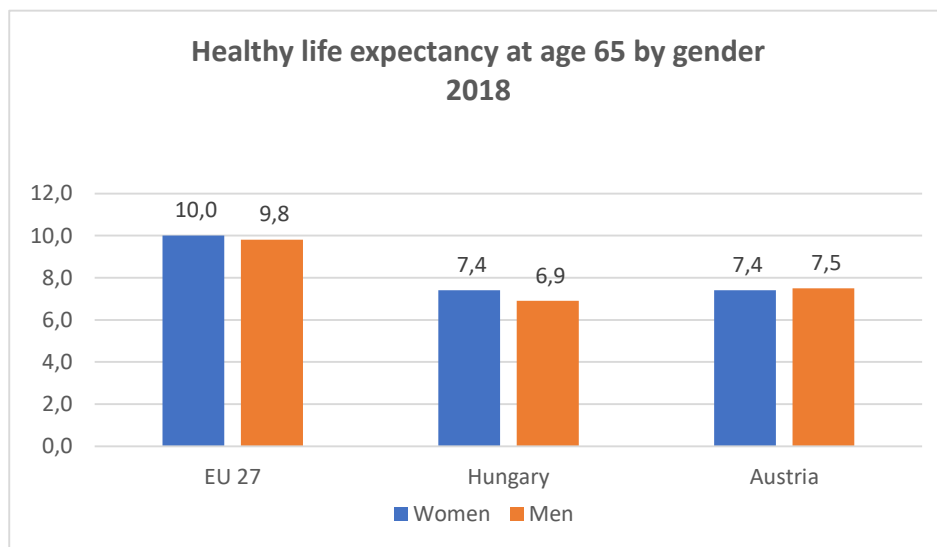
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<sup>3</sup> Data: Eurostat (demo\_pjanind)

The demography and the structure of the population in Europe have been changing for years. For example, in Austria the comparison of all the federal states shows that Burgenland has the highest ratio of 60+ year-olds (29.3%). Demographic changes and the accelerated digital world require that they make strategic plans for facing the challenges of the ageing society. The Advisory Board of elderly people of Burgenland introduced their pilot programme, the 'Older Generation 2030'. This pilot programme includes several innovations, like Taxi 60plus, which improved the living conditions of the elderly enabling their mobility and facilitating their care.

The 'Live well, be safe' programme deals with issues, such as adapting working conditions to age, pension, customer care and safety. The population is not only ageing, but they are more active, healthier and more qualified than the previous generations. Leisure time, culture, sports and lifelong learning play an important role in the society. Mobility, life in old age and health care are central issues. There have been several campaigns ('The best stage of life'; 'Let's learn from each other') organised by the younger generation and supporting organisations, focussing on the care for the older people, or the development of digital competencies of the elderly.<sup>4</sup>

Figure 3.



Source: Eurostat

<sup>4</sup> <https://www.burgenland.at/news-detail/news/leitbild-fuer-die-aeltere-generation-2030-wird-erarbeitet/>

## Forms of residential care institutions in Hungary and Austria

Elderly people require assistance with day-to-day living if they live alone due to a variety of reasons: family members are unable to split the duties or live far away or the elderly person needs special care. Residential care institutions provide the comfort and security these old people need.

In Hungary basic and specialized forms of social services are provided for the elderly. The basic social services include social catering, in-home care, on-call in-home care and daytime-care service. Specialized senior care is given to the senior citizens in residential care homes (nursing and care institutions) and short-stay care homes (institutions providing temporary accommodation) for the elderly.

### Basic social services

Social catering: This kind of service has existed since the 1970s. Local governments are obliged to provide food for the people in need apart from the size of the population of the settlement. Seniors with poor health, disability, people living with addiction, the homeless are entitled to this service. Needy people can consume the meal in a canteen or take it home. There is home delivery for the disabled. The costs of this service are specified in a regulation issued by the local administration.

In-Home care: In-home care has been provided to the needy since the 1970s. This basic service is a mandatory duty of the local government in each settlement. It is provided mainly to those old or disabled people who struggle with their daily life activities (bathing, shopping, cleaning, office procedures, cooking, washing, heating). The assistance provided by in-home care is defined in the Social Law and help seniors live independently at home, support with personal hygiene and household chores, moreover, it helps prevent emergencies. This service is primarily provided to old-age people. In-home care is customized to meet the needs of the elderly, but it is limited to four hours a day. The charges of in-home care are means-tested and calculated in a manner and by a method specified in the Social Law.

On-call in-home care: This service provides security elderly people and socially deprived people need: 24-hour access to a dispatch centre, that can be contacted in case the elderly person needs urgent care, medical treatment, ambulance or the police. The on-call in-home care is not a mandatory service to provide, so it is available only in some settlements. Means-tested charges apply to this type of service and they are calculated in a manner and by a method specified in the Social Law.

Daytime-care for the elderly: This service provides the active elderly – besides managing their own household duties - a space for socializing and spending their free time during the day. Daytime-care provides assistance with the organisation of outings, social events, transportation to medical appointments, managing errands, life-coaching and in this way extending a senior's independence. Families or individuals who are in need of daytime-care services should contact the local social service provider institution or notary to be informed about the conditions of basic care services.

#### Specialized senior care

Residential care homes and short-stay care homes for the elderly Residential care homes (nursing and care institutions) and short-stay care homes (institutions providing temporary accommodation) are the two types of institutions that provide residential care for older people.

Short-stay care homes for the elderly This type of senior care was first introduced by the Social Law, providing temporary care for seniors coping with specific medical conditions (maximum 1 year, but it can be extended on medical statement). Application for the service should be submitted to the care home leader. The charges of short-stay care homes are means-tested and calculated in a manner and by a method specified in the Social Law.

Residential care homes These nursing and care institutions provide care for those people whose needs exceed in-home care, as they have health issues or socially disadvantaged. The Social Law originally intended to provide this service for people 65+, whose health conditions does not require regular medical treatment. The nursing and care homes offer three meals a day, clothing, mental and a defined level of medical care. Complex service is provided round-the-clock. A separate unit cares for the elderly people living with dementia or impairment in cognitive function. Application for the service should be submitted to the care home leader. The charges of residential home care are means-tested, and calculated in a manner and by a method specified in the Social Law.<sup>5</sup>

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<sup>5</sup> Dögei Ilona – Kostyál L. Árpád – Udvari Andrea: Idősellátás és gondozási szükségletvizsgálat néhány európai országban I. In: Kapocs X. évf. 1. szám (48)

## Long-term care for the elderly in Austria

A comprehensive system of care<sup>6</sup> - including mainly the care for the elderly - was introduced on 1st July 1993<sup>7</sup> in Austria. This system introduced the private care benefit (Pflegegeld)<sup>8</sup> and the categories of needed care, based on which the benefit is calculated. The legal regulation of private care benefit (Bundespflegegeldgesetz) has brought fundamental changes by introducing a comprehensive system of social benefits on federal level. The nursing and care system in Austria is not insurance-based, all citizens in need of care are entitled to benefits. Individuals are entitled to this benefit regardless of their income and financial situation. The cash benefit is based on the level of the need of care services and it is granted irrespective of the age of the person concerned. The long-term care allowance is an earmarked benefit to reduce additional expenditure due to care needs and lower the burden of individuals with lower income. In Austria most people in need of nursing and care are given informal care provided mainly by family members. Further objective of the benefit is to prioritize informal - provided by the family - care, to care in social care institutions. Besides supporting informal care, the nursing and care system in Austria states clear priority of home based care, mobile services and daytime-care over formal institutional care. The benefit enables those in need of care to choose freely between the services offered so that they could lead a self-determined life. It is also a priority that the care allowance covers the costs of care, avoiding financial dependence and risks of poverty.

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<sup>6</sup> BGBl. Nr. 110/1993.

[http://www.bmask.gv.at/cms/site/attachments/4/5/5/CH0107/CMS1232705650368/03\\_pflegevorsorge.pdf](http://www.bmask.gv.at/cms/site/attachments/4/5/5/CH0107/CMS1232705650368/03_pflegevorsorge.pdf)

<sup>7</sup> Before 1990 the social care system provided benefits based on categories of the different levels of need and the social welfare scheme covered the difference of costs in case the recipient's income did not suffice the service given. In 1993 there was a fundamental change in this field: the new system breaking with traditional social insurance and benefits, made citizens in need of care entitled to care allowance. Approximately 5% of the population - of whom 80% is aged 60+ - receive the care benefit. (Nyilas 2010). <http://84.206.8.166/dokumentum/1294313200Nyilas%20ih%C3%A1ly%20%20-%20Ausztia%20szoci%C3%A1lis%20v%C3%A9delmi%20rendszer.pdf>

<sup>8</sup>The Austrian Federal Care Allowance Act (Bundespflegegeldgesetz) regulates a standardized nursing allowance and defines seven levels of long-term care. Each care allowance level has eligibility criteria and has a defined care allowance per month (Pflegegeld). The German word "Pflege" covers both nursing and care. In Hungary "nursing" covers medical services and continuous caring, while in Austria it has a different meaning. "What 'nursing' really means, often becomes clear afterwards. However, it comprises all kinds of assistance given by nurses, caregivers and care institutions. (...) Nursing and caring include all the services provided to people who are no longer capable of self-care and autonomy to maintain the optimum level of their well-being."

## Cooperation between the parties

The Republic of Austria is a Federal State composed of nine autonomous federal provinces<sup>9</sup>(Bundesland). The Austrian Parliament - the Federal Assembly (Bundesversammlung) - is the representative of the legislative power.<sup>10</sup> Provinces have their own government (Landesregierung) and they are elected by the local legislative bodies, the Provincial Parliament. The federal principle provides for the sharing of tasks - legislative, executive and financial - between the provinces and the federal government. Social legislation includes elements of federal and provincial legislation with respect to the principle of subsidiarity. The Federal Ministry of Social Affairs is responsible for the sectoral structure of social services and provides general guidelines. However, the system of social care is not regulated on federal level, while laws on financial affairs and health care are passed centrally. Specific provisions regarding social services are laid down by the Provincial Parliaments with regard to the principles of subsidiarity and self-help. (Sozialhilfe) The main basis for the management and organisation of social services are nine corresponding provincial Social Welfare Acts, however, there are considerable differences in interpretation. Styria passed law on nursing and care institutions, whereas in Carinthia and Burgenland in-home care and residential homes are regulated by law. (Szrimácz é. n.). Besides regulations the provinces and cities with a legal status hold the responsibility for providing and maintaining social services (soziale Dienste)<sup>11</sup>, especially those provided for the elderly. They also coordinate and issue the operating licence of these services and their providers. Like in Hungary, social care provider institutions in Austria are maintained by the state, NGOs or religious organisations. While residential care institutions are mainly maintained by provinces and municipalities, the majority of social service providers is non-profit and civil society organisations, family businesses, associations and companies. (Volkshilfe, Rotes Kreuz, Lebenshilfe). Provinces have the responsibility for the provision of social services. If the provinces do not provide these services themselves, they manage and organise them by delegating the services to social funds, social organisations - independent providers. (Freie Träger),<sup>12</sup> They must ensure that the services are provided in appropriate quality, according to relevant provincial regulations and quality insurance. All social service providers receive funding based on the same principle according to relevant regulation. The provinces are responsible for adequate professional quality assurance and control of social services,

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<sup>9</sup> Burgenland, Carinthia, Lower Austria, Upper Austria, Salzburg, Styria, Tyrol, Vorarlberg and Vienna.

<sup>10</sup> BGBl. Nr. 1013/1994.

<sup>11</sup> Social care and their providers include labour market organisations, childcare, residential and nursing homes for the elderly, daytime-care, outpatient services, counselling and nursing institutions.

<sup>12</sup>“Independent providers” are traditionally non-profit organisations, but there is an increasing number of forprofit service providers, so boundaries are disappearing. Some independent, non-profit providers - Diakonie, Caritas and SOS Children's villages - are present all over Austria. (Szrimácz é. n.).



defined for the providers in the minimum standards. Service providers are controlled by provincial authorities. Besides the variety of social institutions, there are differences in the processes of issuing licences and contracting with providers and in the controlling mechanism as well. This is due to the differently fragmented system of social services<sup>13</sup> (Sozialhilfe) in each province. Provinces pursue different strategies. While in Upper Austria the planning and the coordination of social service providers is done centrally, in Carinthia, Tyrol and Vorarlberg this falls into the responsibility of “social districts” (Sozialsprengel). The coordination of care involves assessment of needs, ensuring full geographical coverage, assessing the costs and effectiveness of different providers and defining the upper limit for service costs. Institutional care services - residential and nursing homes - are obliged to meet strict quality criteria issued by the provinces. Provinces define guidelines for the care institutions. Some assure the uniform interpretation of detailed legislation, other provinces apply a number of concepts and regulations. Also, provinces regulate aspects of financing care institutions differently: based on normative financing, daily subsistence expenses or cost evaluation criteria.

### Services provided for the elderly

In Austria in senior care basic and specialized services are not distinguished. The services fall into four categories: outpatient, mobile, day-time and residential care. The type and level of the social care of the recipient is based on individual requirements and assessed needs. (Pflegestufe) Persons in need of care should be able to choose freely between the services offered. Fees and costs of care received are means-tested and partly covered by the recipient or a due family member. As a general rule, the financial stability of service providers is obtained by costs and fees that fully cover the expenses. The costs and fees of outpatient and mobile services and the recipients' contributions show extensive difference between the provinces. Defining the costs of institutional care and the fees for their services fall under special regulation. The individuals finance the costs and fees arising from their institutional care using the care allowance and 80% of their pension. They use and spend the 20% freely, which is guaranteed by law. If the care allowance and the 80% of their pension are not sufficient to cover the overall costs, private income or assets are used to finance the care received. In case of low income and high needs of care after means-testing the provincial social authorities step in and cover the difference.

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<sup>13</sup> Apart from minor differences between the provinces the main fields of social services are: in-home care; meal home-delivery; recreation for seniors and families; residential care homes for the elderly and handicapped; nursing homes for the needy; assistance in maintaining social connections and visiting cultural events; preventive health care.

In-home services provided for the elderly

[Daytime in-home care \(häusliche Pflegehilfe\)](#)

Daytime-care is a general form of service in Austria. In most cases the elderly receive informal care - in their home - mainly by female family members, in case the care can be implemented without specialist care.

[In-Home care \(Heimhilfe\)](#)

This service includes help to the general well-being of the recipient, supporting and improving their social life and connections.

[Care for the old-aged \(Altenhilfe/Pflegehilfe\)](#)

Care for the old-aged is a comprehensive service that includes assistance in everyday activities, maintaining their mental and physical well-being and independence. Besides household assistance old-aged people are provided care in personal hygiene, clothing and preparing meals. In addition, medication and dietary needs of the old-aged are continuously monitored and administrative assistance is also provided. Both health and social specialists take part in the service provided.

[Meal home-delivery \(Essen auf Rädern\)](#)

Hot meals are delivered to the old-aged occasionally or on a regular basis, if they are unable to provide for themselves. There is a choice of menus for different dietary needs.

[Home-visit service \(Besuchsdienst\)](#)

Volunteers visit the advanced aged people on a regular basis. They carry out the visits with a professional guidance provided by the municipal social authority and aim to contribute to the social life of the elderly and to avoid the feeling of loneliness of advanced-age people.

[On-call in-home care \(Rufhilfe\)](#)

A special technology (wristbands) is used to enable the elderly to call for help in case of falls or emergencies 24-hours a day.

[Neighbourhood care programme \(Organisierte Nachbarschaftshilfe\)](#)

Committed neighbours monitor and provide assistance to the elderly under legal regulations and in cooperation with specialist caregivers. Mobile physiotherapy services (Mobile Therapeutische Dienste)

[Mobile rehabilitation physiotherapy and speech therapy](#)

These services are provided in-home to maintain the independence and the good quality of life of the recipients.

#### *Counselling family members and relatives (Angehörigenberatung)*

Caregiving family members and relatives receive information, education and advice on care for the elderly.

#### *Borrowing home medical equipment seniors need (Verleih von Pflegebehelfen)*

Home medical equipment can be borrowed in each municipality.

#### *Laundry (Wäschepflegedienst)*

Laundry service is offered to the disabled elderly, which includes collecting, washing, ironing and mending clothes.

#### *Cleaning service (Reinigungsdienst)*

Cleaning service is also offered to the disabled elderly: cleaning windows, doors, furniture and mopping the floor.

#### *Repairing service (Reparaturdienst)*

This service covers fixing things in old people's homes or around the house.

#### *Transportation service (Fahrendienste)*

Provinces offer discounts and reduced prices on transportation for the needy.

#### *End-of-life care (Sterbebegleitung und Mobile Hospizbetreuung)*

This service is provided to vulnerable, dying people and its objective is to foster social and mental support for these people and their caring relatives during dying and grief. End-of-life care is provided in-home and in residential care institutions.

Care practices raise awareness of the possibly hidden care needs and personal preferences of the people concerned. Home-based care is prioritized so as to dying persons should be able to reside at home for as long as possible. In most cases care is provided by female family members. The system focusses on providing the care in the private environment of the recipient and reducing the burden of the caregiver family member. The on-call and personal counselling services, such as psycho-social (Psychosozialer Dienst) and short-stay care homes provide stress relief and lessen the grief. In case the family relative or the caregiver neighbour is no longer able to provide the level of care needed, the dying person is provided all the care with no limitation in time. It is the recipient who decides on the type and frequency of the service to be provided. Besides in-home care and mobile care services, residential care can also be an option.

Institutional care services provided for the elderly

#### Day-time care for the elderly (Teilstationäre Pflege)

Day-care centres provide temporary assistance. All types of day-time care services are provided in these centres. In Austria residential care homes are also available for short-stay care in the following cases:

- rehabilitation after hospital stay,
- caregiver family member needs time to relieve stress;
- if the recipient because of illness or for some other reason is temporarily unable to take care of themselves.

The recipients are only provided short-term stay in these institutions to reduce the burden of caregiver family members.

Residential care institutions

#### Multigenerational homes (Mehr-GenerationenWohnen)

It is a form of institutional care, where more generations - toddlers and old-aged persons - live under one roof. The main objective is to take advantage of the potential benefits of generations living together, where the elderly can look after the children, the young can take care of their family members with dementia.

#### Long-term care (Langzeitpflege)<sup>14</sup>

The objective of long-term care institutions to provide nursing and care for the needy outside their home. In Austria residential care homes are mainly designed for those elderly who are not capable of looking after themselves due to serious mental or physical health issues.

Residential care homes have the following types:

#### Retirement care homes (Betreutes Wohnen)

Separate homes are offered to those who are able to live independently, but they have access to the assistance they need, moreover, to mobile social and health care, in case they require.

#### Old people's home (Seniorenwohngemeinschaften)

Old people's homes offer single or double rooms, even apartments - with shared living room, kitchen and bathroom - for the residents. Besides outpatient service, basic care and nursing is provided with the proper conditions and equipment.

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<sup>14</sup>The costs of the care are financed either by the recipient, or by the local social authorities. In these institutions it is not mandatory to provide health care. Health care is financed by the social insurance.

#### Old people's home where pets are allowed (Wohnen mit Haustieren)

It is a traditional old people's home with the advantage of the permission of keeping pets.

#### Retirement homes (Seniorenresidenzen)

It is a residential institution with extra comfort, high-quality service and higher fees.

#### Gerontopsychiatric homes (Gerontopsychiatrische Heime)

Patients suffering from severe mental disorders are provided the care they need.

#### Residential nursing homes and homes for the elderly providing health care

Residential nursing homes are mainly designed for those elderly who are not capable of looking after themselves due to serious mental or physical issues. Gerontopsychiatric homes also belong to these kind of institutions. Services and care is provided to the elderly who need a higher level of care, that cannot be provided in Homes for the elderly. In gerontopsychiatric centres the elderly receive 24-hour of nursing and health care. Accommodation is in one, - or two-bedded rooms.

In Austria among residential care homes the ones with multi-level service and care are prioritized, such as homes with a nursing department. Besides the above listed types of care, counselling service for the caregiver family members also available. They can receive help and information via telephone call-services (Pflegetelefon) or from supporting self-help groups and are also given legal advice if needed. Relatives and family members of the elderly can also ask for personal assistance and help from social counsellors.

An important part of care for the elderly is the system of Care centres (Pflegestützpunkte), which mainly deal with counselling (Pflegegutachten), spreading information and managing special cases. Each district of 20,000 inhabitants has a centre, where advice and information on care for the elderly can be obtained directly: special care and in-home care services; meal delivery; social caregivers. The care centres are maintained by service providers, local governments or social authorities. Outpatient services, in-home care services and residential care institutions are maintained by local governments, NGOs or the church. More than half of the nursing care homes and in-home care providers are managed and organised by charitable religious organisations. Private care providers also hold a large share, a lot more than the state or the local governments. Religious organisations and NGOs often cooperate, delegating the provision of certain services to other organisations. Similarly, the local government often delegates services to foundations or NGOs.<sup>15</sup>

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<sup>15</sup> Dögei Ilona – Kostyál L. Árpád – Udvari Andrea (2011): Idősellátás és gondozási szükségletvizsgálat néhány európai országban II., Kapocs (50) X. évf. 3. szám

## **I. Labour shortage in care for the elderly: Hungary and Austria**

In Hungary social care obviously evolved from health care. This can be easily traced within the education and training - including the changes in their form - of social workers. Between 1950 and 1960 only people with health care qualifications worked in the social sector. Beginning in 1960, social care became more diverse, so a greater number of nursing and social care courses were introduced with a higher specification and level of education, such as the qualifications of a “nursing home caregiver” and “day-time caregiver for the elderly”. Even a higher level of qualification could be obtained by doing a ten-month long course, specializing in social care, based on health care studies. These courses provided only theoretical knowledge without any practical experience in the specialized field. These forms of education existed until the end of the 1980s and from 1990 more and more courses and educational opportunities were introduced in the field of social care. In Austria mainly social caregivers provide in-home care and day-time care, while nurses work in residential care institutions. Social services assistants support others’ work in the field of care.

In Hungary 93% of personal caregivers - including child care, care for the disabled and care for the elderly - is female. 80% of them left formal education after - or even before - secondary education. Those with the lowest level of education are employed in the care for the disabled. In January 2001 all working in social care welcomed a new system of their education and training courses. Professional training courses are mandatory for the employees, it is required to obtain 60 credits in the period of five years. The training courses vary from personality development, consultations with other professionals to job shadowing mobilities. The training period of five years was reduced to four years in January 2018. The courses are financed by the institutions and eligible for all employees working in the sector.

Professional workforce in the social sector agree on the fact that the prestige of their profession is very low in Hungary. Their ethical and financial appreciation is an urgent necessity to increase the level of care provided. Moreover, the flow of reliable and appropriate information should be ensured between the social sector and the society. The attitude of society towards work in social care should be altered. Promotion of public awareness could be fostered by providing appropriate information and by making social environments more age-friendly. Amongst the general public work in social care is still associated with domestic/household service, which is the main reason for the low acknowledgement of this profession. In a broad sense personal care encompasses all the services provided for the elderly to remain active, to enhance their autonomy, to preserve their capacities and to strengthen their family ties. The vast majority of caregivers is female and this profession carries a social stigma. It is rooted in the way how the society thinks and feels towards older persons and regards them as no value to society, in addition, it is thought

that the care they are given is of no use. Moreover, there is still a strong belief that providing care is the task of women by nature, originating from their caring role within the family. Professionals in the field appreciate work done in social care, on the other hand, there is a dissatisfaction concerning payment, working conditions and appreciation of their job. Consequently, there is a high risk of burnout and quitting the profession. As the attractions of a career in social work are rather slight, it is a great challenge to recruit workforce to the care for the elderly. Fostering staff loyalty is of outstanding importance. Other ways of recruitment are employing housewives grown into professionals or workforce entering care for the elderly from other areas of care. Employing men, minorities and the younger generation is the main priority of the future. A low number of young people choose caring for the old persons as their career. To balance the presence of different age-groups within the profession, a recruitment strategy is needed. The question is what motivational factors could convince the younger generation to choose care for the elderly as their career. To provide high-standard care a good quality of infrastructure is needed. This includes paying attention to team work; professional supervision; continuous professional training and development; providing adequate working conditions; eliminating stress-factors, mainly arising from the feeling of shortage of time during work. In the care for the older persons there has been a shift towards the individuals and their families taking more responsibility, while services provided by the state are intended to be given to the most needy and deprived.<sup>16</sup>

The case is similar in Austria, with the exception of the fact, that the number of caregivers recruited from abroad - mainly from Eastern and Central European countries - is significant. The care system would not be able to provide all the services needed without their presence in the workforce. According to data by the Federal Ministry of Labour, Social Affairs and Consumer Protection the number of registered small enterprises for care provision has doubled since 2010, jumping from 32,000 to more than 88,000 during the period. These enterprises employ 71,000 caregivers from Romania and Slovakia; 5,700 from Hungary; 3,400 from Croatia and 2,000 from Bulgaria. These high numbers show, that workforce from abroad is indispensable for the social system to be able to provide 24-hour care for the needy. Only less than 2% - 1,580 persons - of the workforce is Austrian.<sup>17</sup> Such a large proportion of the workforce coming from abroad raises an important question, whether they have the proper qualification for the job, recognised by the host country, otherwise their presence in the Austrian labour market will increase the number of low-skilled and low-paid workers. There is a tendency that employees in the social sphere leave Hungary and take a job in Austria either as a resident, or as a commuter to get higher wages. Many of the homes

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<sup>16</sup> Rácz Andrea: Az idősellátásban dolgozók jellemzői Svédországban, az Egyesült Királyságban, Spanyolországban és Magyarországon (Nemzeti Család- és Szociálpolitikai Intézet)

<sup>17</sup> <https://orf.at/stories/3073921/>

for the elderly owned by private enterprises and function in a competitive way, consequently wages are higher there than in Hungary. Although an increasing number of homes for the elderly is owned by private enterprises in Hungary as well, the wages remain relative low. Moreover, Hungarian institutions lag behind the infrastructure and equipment in Austrian homes.

In spite of all the facts listed above, lack of labour force is still a problem in Austria. According to a case study carried out by Wifo, the country will face a labour shortage of 24,000 persons in care and nursing by 2030 and it might grow to 80,000 by 2050. Currently 63,000 people are employed in care and nursing, which should be doubled in the forthcoming years. This calls our attention to the fact that not only persons who need care grow older, but their caregiver family members as well, which might make them unable to provide further care. This is why the access to services and a network of specialist caregivers in mobile care service and 24-hour care is of great importance. Improving working conditions in care and nursing, making this profession more attractive and motivating can be a solution. Besides a rise in pay and enhancing the prestige of the profession, preserving the mental well-being of the caregivers is an important issue, as providing care is both physically and mentally demanding. Health care benefits given to them could contribute to prevention. Many of the employees work under poor working conditions and a fixed-term contract, which leads to low motivation and quitting the profession, increasing the shortage of workforce.

The social reforms of 2016 introduced a third level in the education and training of social workers in Austria. 1. level: nursing assistant (Pflegeassistentz) after completing a one-year course. This used to be called nursing helper (Pflegehilfe) in the old system. 2. level: certified nursing assistant (Pflegefachassistentz) after completing 2-3 years; 3. level: higher education qualification of healthcare and nursing ("Gesundheits- und Krankenpflege im gehobenen Dienst"). The old system of higher education (Gesundheit und Krankenpflege) will be replaced by the new one by 2024, where the qualification equips the certified persons with competencies in diagnosis, outpatient service and therapy and medication. These innovative steps in education alone are not enough, it should somehow be made attractive and motivating for the younger generation. The fact that secondary school graduates have to decide on whether to go on with their studies in general or vocational education, can cause uncertainties in their career choice. Those who decide to study nursing and care, have no opportunity to take part in practice or apprenticeship and receive only theoretical education, this leading to the loss of motivation and the choice of another career. As a best practice, a new concept was piloted in Upper Austria in 2018 - Pflegelehre Konzept in Vorarlberg - providing the opportunity to begin studying nursing at the age of 15 or 16. The time of the course is extended to four years instead of the 2-3 in general practice. Besides, another innovative project was piloted in some vocational secondary schools of agriculture



(landwirtschaftliche Berufs- und Fachschule) in provinces Carinthia, Upper Austria, Lower Austria, Styria and Tyrol. After completing three years of education, graduates receive a qualification for home assistance. A lot more innovations should be introduced to keep the young generation motivated and engaged in the nursing and care profession, which would promote the increasing number of workforce in the profession.<sup>18</sup>

The Federal Working group of Non-statutory Welfare (Bundesarbeitsgemeinschaft Freie Wohlfahrt BAG) has been working on socio-political concerns and proposals for political decision-makers since 1995. BAG is the umbrella for six organisations: Caritas, Diakonie, Hilfswerk, Rotes Kreuz and Volkshilfe. They have a common voice for providing the best conditions in nursing and care for the needy and improving the framework of working conditions for the employees working in the field. Concerning long-term care (Langzeitpflege), every third employee works for BAG.

In autumn 2020 a meeting was held for the specialists and experts of the social sphere, discussing a reform to the system. The success of the reform is highly dependent on the future recruitment of workforce in nursing and care. Moreover, it should be defined what measures should be taken to retain the current employees, even, to raise their number. However, in 2017 126,900 people worked in the social sector, out of which 59,700 in long-term care. The number is decreasing with no replacement. Those who have quitted their profession are on the labour market, as they feel redundant and not being able to fight the challenges of the digital world. In addition, the COVID-19 pandemic worsens the situation. Erich Fenninger, the chairman of Volkshilfe, proposed that swapping jobs between the fields of social services should be facilitated, involving job centres and retraining.

Michael Opriesnig, the general secretary of Red Cross, stated that not only higher wages to be provided to the employees, but trainings, courses should be offered to people working in social services in support of their professional development. Surveys carried out to measure the job loyalty of 25-year-olds shows that this generation cannot imagine their working in social services until retirement. Employees 55+ proved to be much loyal and not likely to quit the profession. Another opportunity for the replacement of workforce is recommending and managing care and nursing services. The smaller a care institution is, the less stress and pressure caregivers face, which is advantageous both for the employees and for the recipients. In this way caregivers can make decisions, have autonomy and competences, which enables to focus on the recipients as individuals and their special needs. This is often not the case in bigger institutions.

As Maria Katharina Moser, the general manager of Diakonie said, „Was gut ist für, die Menschen, die Pflege brauchen, ist auch gut für die Pflegekräfte und ihre Motivation, im

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<sup>18</sup> <https://www.seniorenbund.at/wissenswertes/archiv-die-themen-frueherer-wochen/oesterreich-braucht-dringend-pflegenachwuchs/>

Beruf zu bleiben". "Things that are good for the person who needs care are also good for the caregiver, as it serves as a great motivation to be established in the field of care and nursing."<sup>19</sup>

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<sup>19</sup><https://pflege-professionell.at/at-caritas-diakonie-hilfswerk-rotes-kreuz-und-volkshilfe-ohne-erfolgreiche-personaloffensive-keine-pflegerereform>

## Active ageing

### The principles of active ageing

The concept of active ageing was launched in the USA, where the Bismarckian Welfare State - in the European sense - has not been established. The rationale behind the policy of active ageing is to define it as a process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. The World Health Organisation (WHO) adopted this programme to express the process for achieving this vision.<sup>20</sup> The WHO in the Active Ageing Programme defines three pillars: participation in community and social life<sup>21</sup>, security<sup>22</sup> and health.<sup>23</sup> The programme encompasses physical, mental and social well-being, self-care and remaining active. The policy of Active ageing is primarily supported by the EU, and by other international organisations, such as WHO, International Labour Organisation (ILO) and the Organisation for Economic Co-operation and Development (OECD). The concept of active ageing comprises diverse policies - other from traditional social policies - to define new objectives. Labour market policies aim to provide conditions for the elderly to continue to participate in the labour force (part-time jobs), to eliminate ageism in the field of labour and creating age-friendly working environments. These objectives are closely related to the issue companies pursue in their recruitment by prioritizing age-management over HR management. Concerning educational policies, lifelong learning opportunities, participation in adult courses and gaining new competencies are fostered. The Active Ageing Programme addresses prevention and health promotion, enabling the elderly

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<sup>20</sup> World Health Organization: Active Ageing – Policy Framework (2002)

<http://www.who.int/ageing/publications/active/en/index.html>

<sup>21</sup> Opportunities for education and lifelong learning in all stages of life should be provided. Promotion of the contribution of the ageing generation to the economic development, their participation in formal and informal work and voluntary activities - based on personal skills and needs - is an issue of outstanding importance. It should be fostered that people of all ages can fully participate in family and community life. All the objectives can be achieved only by accessible and affordable public transportation services, positive attitude towards the old and the equal rights for women and men. Also, special support should be given to organisations managed by the elderly.

<sup>22</sup> Policies and programmes address the social, financial and physical security needs and rights of people as they age, so that older people are ensured of protection and dignity. The success of active ageing requires action in the lowering of the inequalities between different groups of the elderly, especially by supporting the needs and rights of ageing women. The principle of active ageing is to provide accessible, pleasant and affordable opportunities. It is to be emphasized, that the objectives and the accomplishment of active ageing apply both to the individuals and the different generations.

<sup>23</sup> Age-friendly and safe environment should be established to lower the burdens of disabilities in older age and to prevent chronic conditions and premature death. Health prevention and reducing health risks can be promoted by campaigning against smoking; promoting healthy diet and frequent medical and dental check-ups; and monitored medication. Age-friendly, affordable and accessible health and care services should be provided on high standards with a special attention to the training and the professional development of the people working in nursing and care service.

to remain independent and physically and mentally active. Permanent care - outside care service institutions - should be organised and provided for the elderly in the third and fourth stages of life. (Gyarmati, 2009)

All people go through changes that accompany ageing. These changes are not only biological processes, but affect people's social life. Beliefs about ageing are strongly influenced by psycho-social factors and greatly affect life at older age:

- loss of job, retirement;
- loss of family members or friends;
- changes in their familiar surroundings;
- loss of independence.

These losses may lead to experiencing a variety of feelings, what is more, the meaning of life is questioned. Ageing a lot depends on how the person can absorb the shock. Ageing is regarded as a process, rather than a state. The complexity of the process encompasses biological, mental and social aspects.<sup>24</sup> Positive mental health enables people to control, cope with and make personal decisions about how one lives. Mental well-being depends on to what level people's basic needs are met, in terms of psychological and social needs. Basic needs include proper diet, safety, protection and social support. In addition, the importance of relationship and support among family members and generations, respect, self-fulfillment, dignity, independence and self-efficacy is vital.<sup>25</sup> As people get older the period, - biologically, psycho-socially, financially and in terms of health different from active stages of life - is extended. Consequently, mental health in old age differs from that experienced during other stages of life. Basic needs are met, but needs above that level are likely to suffer harm. Personal and external protective factors decrease with retirement, decline in physical health, developed chronic illnesses and with living alone. At the same time, factors and feelings damaging health are on the increase: frustration, feeling marginalized and stigmatized. Mental state in old age is healthy or ill, depending on how the elderly person reacts to and copes with challenges. Autonomy and capacities allow the elderly to cope with the difficulties of everyday life. When their autonomy and capacities are lost, the society must take responsibility for providing care and assistance for them so as to maintain their quality of life.<sup>26</sup>

Planning and preparing for older age have no traditions in Hungary. Consequently, having more free time after retirement often results in mental health conditions, mostly depression. To adapt to transitions and crises of ageing provision of educational programmes and assistance to learning coping skills are necessary. Establishing supporting groups could be a

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<sup>24</sup> Iván, L., Aktivitás és geromentálhigiéné, Egészségnevelés, 1991, 32: 276-280.

<sup>25</sup> Iván, L., Az idősödés testi-lelki egészségének kérdései, Honvéddorvos, 1998. (50) 2, 75-91.

<sup>26</sup> [www.geronto.hu](http://www.geronto.hu)

solution to this, as they reduce the risks for loneliness, social isolation and sinking self-worth. Non-governmental, charitable organisations and religious institutions could play a vital role in the establishment of those supporting groups. Programmes designed for enabling an active life for the elderly can promote a change of mindset within intergenerational contact and activities:

- frequent discussions about issues concerning older people;
- meeting the younger generation and encouraging social interaction;
- organising programmes for the elderly to enhance the sense of community;
- providing culturally appropriate community activities: visits to the theatre, hiking;
- operating hobby clubs for seniors: engaging in arts and crafts and activities that promote social interactions;
- provision of mental hygiene care and crisis centres.

Old age is associated with inactivity and this is fuelled by widespread stereotypical beliefs. In fact, the elderly are active. Obviously, the intensity of activities decreases with ageing. Moreover, a minority of 80+ people is completely excluded from society and isolated. Active lifestyle remains important with ageing, as it maintains the feeling of remaining the contributors to society. It needs attentive and special health counselling for the elderly to find activities that are self-fulfilling and develop self-worth, moreover, enable the elderly to pass on their experience gained through their life. Nowadays older people living with difficulties in their life gain more publicity than others, which nourishes unfavourable attitudes of the society towards the old generation. An important objective to reach in both Hungary and Austria is to promote the participation of the elderly in political, social processes and to generate value to society. <sup>27</sup>

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<sup>27</sup> Udvari Andrea (2013 tavasz): Tevékeny élet időskorban is – 2012 a tevékeny időskor és a nemzedékek közötti szolidaritás éve I. rész, Kapocs (56) XII. évf. 1. szám

## Defining the quality of life

The quality of life was first defined in the mid-20th century and has been used since then. The reason is, that in developed countries people feel less and less happy, although their financial well-being and living conditions are improving. It has become obvious, that the aim of development cannot only be restricted to satisfying financial needs (objective indicator), but particular attention should be paid to enhancing people's personal well-being, general health and life situation.<sup>28</sup>(subjective indicators)

The quality of life should be examined from both objective and subjective points of view. According to some research, the quality of life can only be precisely defined by objective indicators. Objective indicators focus on financial resources and suggest that the well-being of the society strongly depends on the quantity and quality of these financial resources and assets. Such individual resources are income, material assets, social and labour market status, level of education and social relations. Well-being – by subjective indicators - is defined by how people are feeling well, to what extent they are satisfied with their own life. According to the third, but most often used theory the general overview of people's well-being should be defined by taking into consideration and analysing both objective and subjective indicators.<sup>29</sup>

As people advance in their age the quality of their life decreases and becomes more difficult to maintain. This is due to multiple health problems and chronic diseases that influence people's well-being. Due to increasing physical and/or mental health issues the elderly become more vulnerable. Their balance and quality of life can only be maintained by providing care and assistance. Ageing and decline in health often lead to the loss of their independence and autonomy, no longer being able to perform daily activities without help and assistance.<sup>30</sup>

The main objective is to enable and empower individuals to remain as autonomous and independent as possible for as long as possible, outside institutional care. Community activities and groups are a great opportunity to reach this goal, as keeping the older persons active reduces the burden of the state in care for the elderly. Unfortunately, the ratio of institutional care is quite high both in Hungary and in Austria. Also, there is a tendency among active elderly to move into care institutions voluntarily in exchange for their homes. Consequently, the gap between the quality of life of active and dependent elderly people living in care institutions is widening. Active people live independent and autonomous life in care institutions. The reasons to opt for their living in a care home vary: they are widowed,

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<sup>28</sup> Lampek – Rétsági (2015) – Egészséges idősödés - Az egészségfejlesztés lehetőségei idős korban

<sup>29</sup> Utasi (2006) - A szubjektív életminőség forrásai: biztonság és kapcsolatok

<sup>30</sup> Dr Majercsik Eszter PhD - Életminőség és közérzet az élet alkonyán

lost their family members and relatives or they have moved abroad. Life in care homes eliminates their feeling of loneliness and social isolation. They make new relations, sometimes find partners for the rest of their lives, in addition, they are provided health services. Besides, they are provided cultural, educational and entertainment programmes, such as evenings of book-readings and literature, board games, scrabble, playing cards, theatre performances, movies, music-and-dance evenings, arts and crafts and other creative activities. What is more, there are excursions and visits to museums organised for the active elderly. All these recreational activities and programmes help to build community and also play an important role in the prevention of dementia, preserving their mental health and activity.

The other part of the active elderly insist on their place of living that are accustomed to and unwilling to move to care homes. In-home care is the solution to provide them the assistance they need. Caregivers visit them on regular basis and help them with everyday routines, such as cleaning, shopping, medication and administrative procedures. These older people live their lives according to their routine and preferences, but they also need to be provided a variety of programmes, as other elderly living in care homes do. This service is provided in daytime-care homes, where they are part of a community, make new relations and help each other. Daytime care homes provide the same recreational, cultural programmes as care institutions. The elderly visiting daytime care homes manage their own time, it is not mandatory for them to participate, moreover, programmes are organised to their wish and with their active participation. Hot meals are also provided in the home or on delivery. Daytime care homes are profitable for seniors living alone and have no close relations, as loneliness and isolation are replaced by community activities. Seniors can visit these programmes when they want and remain responsible for managing their own life. Caregivers provide them assistance in counselling, everyday routines, administrative procedures and shopping, in case they are in need.

Active ageing and intergenerational solidarity were highlighted during the European campaign in 2012. Besides, it also aimed at formulating new questions related to demographic ageing and providing innovative answers and solutions to them. In the forthcoming years European countries will increasingly face the impacts and dilemmas generated by ageing societies. There are three areas where promoting active ageing is of outstanding importance: participation in the labour force, contribution to social issues and remaining independent and active. During this period quite a high number of innovations and best practices in the field of active ageing were introduced and carried out both in Hungary and in Austria.

## Best practices in Hungary

### [“Ten Thousand Steps” Programme](#)

Programmes dealing with healthy lifestyle and health consciousness provided the framework for the “Ten Thousand Steps” Programme. The participating organisations and associations organise twenty walking-hiking programmes for the members every year, inspiring them doing physical activities on a regular basis. Counselling healthy lifestyle practices for seniors is also a part of the programme, with the support of the national Health Improvement Institution. The programmes for the elderly are organised regularly in small communities.

### [Walk with a Stick in Hungary Programme](#)

The Ministry of Sport first launched the Walk with a Stick in Hungary Programme in 2008, then in 2009 it was organised with the assistance of the Hungarian Leisure Sport Association and the Hungarian Association of Nature Lovers. Tens of thousands of Hungarians could experience Nordic walking within the programme. More than 70% of the participants were aged 50+.

### [Mental Health National Programme \(LEGOP\)](#)

This programme is a framework for a complex system in the fields of care for the elderly and rehabilitation. It aims to satisfy the needs arising from functional decline and disability within a cost-effective and equally accessible rehabilitation network. The programme also aims to provide solutions to changing lifestyles and special age-related needs within care for the elderly. This is an ongoing programme.

### [Health Day and Public Health Screening tests](#)

Occasional screening tests, public health screenings and medical check-ups at the General Practitioner contribute to primary and secondary health prevention: monitoring blood pressure, glucose and cholesterol level; vaccination for flu; mammogram; cervical and colon screening. In the short and medium term that can be the most effective strategy in the fight against cancer, as the leading cause of death.

### [Age-friendly Day of Educational Institutions](#)

The target groups of this programme are both the younger and the older generations. Educational institutions organise and lead groups for lovers of art and for the preservation of traditions. Participation in these groups enables a large number of people to learn about the ways of self-expression and methods to increase it, moreover, members take an active part in activities related to culture and arts, using their creative side. Creative activities carried out in a group do not only aim at creating pieces of art, but they also help to explore and fulfill the personality. During the process, cooperation can contribute to the persons' increased



tolerance, conflict-management, attention to others and empathy. In addition, creating pieces of art as a member of a group strengthens the supportive social network and promotes the transfer of knowledge between generations.

The primary target group of museums and libraries are the elderly. Services in libraries are free for the seniors and there is no entry fee for 70+ people. Museums and their temporary and permanent exhibitions cost half price for people 62+ and people older than 70 have free admission. The rounds of events called “Múzeumok Majálisa” and “Múzeumok Éjszakája” both include special programmes for grandparents and the older generation.

#### [Click on, Granny! Programme](#)

Opportunities for education for the elderly is a priority. In today's modern society digital competencies are a necessity. This programme is designed for the elderly to be able to use the internet and smart phones.

#### [E-Hungary Programme](#)

To integrate the older generation into today's information society the e-Hungary programme is of outstanding importance. It aims to provide internet access all over Hungary, mainly focussing on disadvantaged remote settlements. Those who do not have internet access at their homes - either for the lack of motivation, or for financial reasons - should be provided community access - with the assistance of e-Counsellors, so as to reach the overall objective: the widespread use of public e-services.

#### [Generations at School Programme](#)

The original idea of the programme is to provide opportunity for the seniors to visit lectures at universities. The programme's intention is to call the young persons' attention to intergenerational solidarity and to highlight the importance of learning from each other and the values of the elderly. The programme aims to eliminate disrespectful attitudes towards the older people and to recognize their value.

Intergenerational relations and mutual support are essential to active ageing. Through realising the importance of remaining active in older age, the middle-aged and the younger generations become more aware of their opportunities when they grow older. Besides other important factors, the role of the supportive family needs to be emphasized. This strengthens family ties and even contributes to positive demographic changes, moreover, enables managing raising children and career; harnesses the skills and experiences of the elderly and encourages providing care for the older members within the family. Supportive families are the primary opportunities for generations living together, as elderly members can be actively involved in family affairs, such as taking or picking up children from crèche, kindergarten or school, leaving time for the mother to spend additional time with her other

children. Sharing tasks is an excellent way for the elderly to continue making a productive contribution to the family.

These innovative ideas and best practices call our attention to recognizing and strengthening our universal values. Furthermore, intergenerational cooperation should be fostered both in Hungary and in the European Union as well. The main objective is that older people continue to make their contribution to every field of life: in education; self-training, to remain in the labour market; care and volunteering. Ageing in health and dignity should be valued by the younger generations and all people should be respected both by their families and the society as well.

„Auf gesunde Nachbarschaft!“ “Healthy neighbourhood”

This innovative programme was piloted by the Fonds Gesundes Österreich und des Bundesministeriums für Arbeit, Soziales, Gesundheit und Konsumentenschutz (FGÖ) in the year of Active Ageing in 2012. The programme is currently in its third phase. The first period was between 2012 and 2014, when two pilot projects were launched, one in a town and the other in a small settlement in the countryside. Both projects received a low funding (Mikroförderung) and aimed at organising activities in their neighbourhood to keep inhabitants motivated. The project team coordinated and provided assistance with the innovative activities.

The events proved to be highly successful, so they gained funding for the second period, starting in 2018, when - besides the elderly - the new target groups were pregnant women and families with small children. Within the two new target groups socially disadvantaged were prioritized. Eleven main projects were funded during the second period, out of which five projects were directly intended for the older generation.<sup>31</sup>(Giedenbacher et al. 2018)

The third period lasts from 2019 to 2021, including 7 projects altogether, carried out in 5 provinces. (Bundesländer) This part of the project focusses on health prevention, 7 teams working together. Via effective communication between the participating institutions and project teams the aim is to exchange the concepts of their positive experiences and best practices, including courses, workshops, brochures and flyers. This is an ongoing project.

“Gesund älter werden in Wien” “Healthy Ageing in Vienna”

This project was completed in 9 districts of Vienna between 2017 and 2020 by Wiener Gesundheitsförderung. The project reached out the elderly aged 60-75 with a low income, or living with disability and socially marginalized. There was a close cooperation between the leading provider of social services in Vienna (Wiener Sozialdienste, das Wiener Hilfswerk), the Institution of Cultural and Social Research (Kultur- und Sozialforschung) and the Faculty of Social Sciences of the University of Vienna (Postgraduate Center und Institut für Soziologie).

They studied the districts of Vienna by applying the ‘mobile method’, namely, discovering and researching the inhabitants by walking around the districts, conducting interviews with pedestrians and the focus group. Elderly citizens were the target group, but institutions and meeting points (Sozialraum) were also involved, as they serve as a main location for them to meet and socialize. The ‘mobile method’ proved to be beneficial not only in collecting data,

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<sup>31</sup> The results were summarised and published in „Aus Erfahrungen lernen“.

but also in evaluating how often and why these institutions are visited by the elderly. Based on the collected data and information the level of activity of the older population was defined as follows:

1. Expandable activity (erweiterbare Aktivität): describes a level of activity, where the elderly are engaged in a wide range of activities and interests, make use of the provided opportunities and regularly visit programmes, but neither are the members of any associations, nor do volunteering. People with expandable activity regard family and close relations as primary.

2. Full activity (Vollaktivität): People with full activity are at a very high level in their engagements. They often do volunteer work for associations, such as Diakonie, or religious and other non-governmental organisations. They are active to their full potential.

3. Activity despite handicap (Aktivität trotz Belastung): Older people belonging to this group generally live alone and lack social relations and due to poor health have increased mobility problems. These elderly still have the desire to remain active, but due to health issues their activity is restricted.

4. Loss of activity (Verlust der Aktivität): Elderly people who have lost their activity are often socially isolated. Family relations are in the focus of their social life, they lack the motivation to be engaged in activities in the community. In most cases they also lack mobility and tend to do only everyday activities, such as shopping and picking up their medication.

#### "Grätzel-Cafés" "Gratzel Cafés"

These best practice was introduced in Vienna to offer consumption-free space and meeting point for Viennese seniors. There are 224 cafés providing this opportunity for groups of 7 elderly in general. The great variety of events and programmes could be financially supported by individuals (3000 Euros) and the institutions participating in the programme could also apply for support. Promoting health is the main objective of the Gratzel Cafés programme. This innovative programme was welcomed by the elderly, as they were enabled to take an active part in improving their quality of life, having the opportunity to contribute to the organisation and the execution of the programmes.

#### "Gemeinsam gehen" "Going together"

This best practice is from Styria. The province of Styria has a high number of elderly inhabitants who live with a loss of activity. This project targeted to alter the attitude of the seniors towards mobility and activity. The project was carried out in five settlements, Arnfels, Bruck an der Mur, Kapfenberg, Lieboch and Schladming, providing low-threshold activities for the older people, including walking around the settlement (Niederschwellige Gehrunde) as a

motivational tool for mobility and active life of 65+ residents. This project was carried out in 2012-2013 with the cooperation of several organisations.

In Kittsee, Burgenland, the local care home for the elderly organised school reunions for its residents. Common programmes and events were provided for the old people in cooperation of some care homes, with the assistance of the 'informal taxi-service'. In the care home of Weppersdorf a mobile grocery vendor offers products for the old people and the neighbourhood, promoting the exchange of goods and cooperation.

### „Repair Café”

In a café run by an association provides space for the old-aged to repair and fix electrical devices, meanwhile having coffee and cakes and spending time with the younger generation. These best practices highlight the fact, that not only do elderly people need help and assistance, but also require opportunities to participate in activities provided by associations - enabling them to remain independent and autonomous as long as possible.

As most shopping malls are located in the outskirts of settlements, they are hardly accessible for the seniors, so the active participation of the elderly in social affairs can only be sustained by enhancing their mobility. Developing city centres and increasing neighbourhood assistance are advantageous not only to the older generation, but to the inhabitants as well. The increase in the quality of life of the elderly, the innovative participation of volunteers and neighbours are profitable not only economically, but they are contributors to the psychosocial well-being of the seniors.<sup>32</sup>

All these innovative events and best practices enable and promote active ageing in a community and are regarded as success factors of elderly communities. These best practices taken from a number of countries and provinces have a number of things in common: building a network of participating institutions; involving the same target group; and carrying out macro, middle-sized or micro projects, depending on the structure or possibilities.<sup>33</sup>

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<sup>32</sup> <https://www.fh-burgenland.at/news-presse/news-presse/presse-detail/article/soziale-teilhabe-aelterer-menschen-staerken/>

<sup>33</sup> Good-Practice-Beispiele der Gesundheitsförderung mit Fokus auf Förderung sozialer Teilhabe im Alter (Im Auftrag des Fonds Gesundes Österreich und des Bundesministeriums für Arbeit, Soziales, Gesundheit und Konsumentenschutz) Wien, im Oktober 2019  
[https://jasmin.goeg.at/1134/1/Bericht%20Gesundes%20und%20aktives%20Altern\\_2020.pdf](https://jasmin.goeg.at/1134/1/Bericht%20Gesundes%20und%20aktives%20Altern_2020.pdf)

## Volunteerism in the care for the elderly

Following the guidelines and work of the European Year of Voluntary Activities Promoting Active Citizenship in 2011, the National Volunteer Strategy was launched in Hungary. The strategy involved collecting data - including data concerning the elderly -, which can be used as a basis for examining the status of volunteering in Hungary and also promote the planning of motivational activities and removing possible obstacles. The older generation has a great experience in this field, moreover, they search for opportunities of free-time activities, consequently, the elderly could play an important role in volunteering.

### Definition of volunteerism

Volunteering is an activity carried out by people from their free will, by their own choice and motivation, with no intention of gaining financial profit. The activity is carried out for the benefit of another person or persons, or a community. Volunteering involves its own particular set of values, distinguishing it from paid work. Volunteering is a good and valuable set of activities and it enables the members of the society to take an active role in their close interest groups, or even in a broader geographic area. Simultaneously, it is beneficial to the people receiving support and to the ones who do volunteer work. Volunteerism is a tool for equal opportunities, contributes to the reduction of poverty and exclusion and to the increase in employment, however, it cannot be a replacement for paid work. In its traditional sense volunteerism is a fundamental value and means of the development of humanity, involving social solidarity and community care. Doing volunteer work is a way of expressing civic commitment and responsibility for the 'rehabilitation' of those who are affected by the provision of assistance. It follows, volunteer work is a human resource, which, on the one hand contributes to the moral, social and cultural development of the society, on the other hand to the strengthening of the economy, which can also be measured by GDP.<sup>34</sup> Volunteering can be done individually or in communities; frequently or occasionally - in cases of emergency; in Hungary or abroad; and it can be formal or informal. Formal volunteering is connected to non-profit NGOs, public organisations and state institutions. Informal volunteering involves carrying out personal and private activities, such as regular assistance with shopping for the neighbour in need. Formal and informal volunteering are often carried out together.<sup>35</sup>

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<sup>34</sup> Nemzeti Önkéntes Stratégia 2011-2020 [National Volunteer Strategy 2011-2020]

<sup>35</sup> Bericht zum freiwilligen Engagement in Österreich (2009) Erstellt vom Institut für interdisziplinäre Nonprofit Forschung an der Wirtschaftsuniversität Wien (NPO-Institut) [1. Volunteerism in Austria

In 2015 in the EU-28 the rate of informal volunteer work was slightly higher (22.2%) than formal volunteering (19.3%). In most countries the numbers show a higher involvement in informal volunteer work, with the exception of Germany, Malta and Cyprus.<sup>36</sup>

According to data of Hungarian Central Statistical Office, in 2019 89% of volunteers aged 14-74 did informal volunteer work, which is an extremely high rate.<sup>37</sup>

In Austria three out of ten people do formal volunteering and almost the same number of people participate in informal activities. Approximately 15% of the citizens volunteers formally and informally, which means that half of all the volunteers is involved in both formal and informal activities.<sup>38</sup>

### The role of volunteers in society

Before the change of the political system the concepts of volunteerism and social work were not as sharply distinct as they are today. For the majority of society the concept of volunteering was firmly linked to the free labour introduced by the old regime. The modern volunteer movement started with the change of the system. In the following years the number of NGOs and volunteers connected to them increased continuously. This was accompanied by a kind of isolation of volunteers and those making community initiatives, consequently, by the mid-1990s volunteering was unsystematic and disorganised. In the middle of the decade, aiming at the recognition of the non-profit sector, the Act CLVI of 1997 was passed, along with the so-called "1% Law" (Act CXXVI of 1996), which entitled organisations engaged in public interest activities to receive 1% of the tax paid by taxpayers. The most important outcome in the period following the International Year of Volunteers, was the passing of Act LXXXVIII of 2005 on volunteer activities carried out in the public interest. It institutionalized volunteerism and had the objective of regulating and institutionalizing volunteer activities within the Hungarian legal system.<sup>39</sup> After Hungary joined the EU, there was a massive increase in the number of volunteering and charity activities and citizens taking part in them. However, the contribution volunteering makes to GDP is still close to the average of the EU, with the contribution of 1%, compared to 3-5% in Finland, Denmark and Austria.<sup>40</sup> A significant difference can be observed in the distribution of volunteers among different age groups. In Hungary mainly adults (aged 30-50) participate in volunteer activities,<sup>41</sup> - with the young and the elderly making up a smaller proportion; while in Western European countries there is a more even distribution among age groups. Consequently, we

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<sup>36</sup>[https://ec.europa.eu/eurostat/statisticsexplained/index.php/Social\\_participation\\_and\\_integration\\_statistics#Formal\\_and\\_informal\\_voluntary\\_activities](https://ec.europa.eu/eurostat/statisticsexplained/index.php/Social_participation_and_integration_statistics#Formal_and_informal_voluntary_activities)

<sup>37</sup> [https://www.ksh.hu/stadat\\_evkozi\\_9\\_13](https://www.ksh.hu/stadat_evkozi_9_13)

<sup>38</sup> [http://www.freiwilligenweb.at/sites/default/files/Bericht%20Freiwilligenengagement%202016\\_0.pdf](http://www.freiwilligenweb.at/sites/default/files/Bericht%20Freiwilligenengagement%202016_0.pdf)

<sup>39</sup> Nemzeti Önkéntes Stratégia 2011-2020 [National Volunteer Strategy 2011-2020]

<sup>40</sup> Forrás: az Európai Bizottság sajtóanyaga alapján, <http://europa.eu/volunteering/>

<sup>41</sup> Source: KSH 2006 – Nonprofit szervezetek Magyarországon

may assume, that in those countries there is a kind of balance and life-long participation in volunteerism.

Basically, in Hungary people doing volunteer work fall into three age groups: the young generation, adults and the older generation. Special groups, whose involvement in volunteering is important - mothers with young children returning to labour market - should be provided special programmes, taking their age and social status into consideration. With regard to the decreasing number of births since the 1980s, in the last years of the action plan of this strategy there will probably be an increased number of elderly people in Hungarian population. These elderly, who have been discharged from hospital; live alone; lost their spouse or relative; socially marginalized; live on low income or disabled - become vulnerable. In this difficult life situation they should be provided assistance and care by their family, neighbourhood or friends to prevent the decrease of the quality of their life. Nowadays it is a growing problem, that the above mentioned people have no opportunity to be there and provide care for the elderly in need. That is where volunteer work and assistance are important so as to prevent the decrease of the quality of life of these elderly people.<sup>42</sup>

This sets another objective in volunteerism, namely, including special voluntary activities compatible with the change in age groups. It is necessary to involve retired people into volunteer work, as they have poor health and live in isolation, so they would benefit from more frequent contact with other people. Volunteer activity can foster the formation of new acquaintances and friendships; acquiring new workplaces; the development of broader relationship capital; encourages self-awareness and it is a means for new challenges, knowledge and represents a long-term connection to the world of work. Volunteering enriches a person's human relations, contributes to the reinforcement of social cohesion, moreover, it opens up minds and develops accepting others.<sup>43</sup>

Integrating institutions into volunteerism is particularly important, as the social and health institutions are not flexible enough and lack the preparedness for receiving, directing and coordinating volunteers. Measures must be taken to ensure that employees and the recipient state organisations have opportunities to connect to volunteer programmes. Since integrating volunteers into social institutions enables them to provide a wider range of services to satisfy the needs of their local population, it is of outstanding importance that these institutions expand their range of services by involving volunteers. When planning the system of volunteering it is necessary to extend this coordinated system to the local level. This can guarantee that parallel local government provisions, which can be wasteful, are filtered out and the activities are tuned with local needs.

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<sup>42</sup> Nemzeti Önkéntes Stratégia 2011-2020 [National Volunteer Strategy 2011-2020]

<sup>43</sup> Nemzeti Önkéntes Stratégia 2011-2020 [National Volunteer Strategy 2011-2020]



NGOs and national church organisations have been developing the culture of volunteering for decades, so it is important to involve them as receiving organisations and in the dissemination of volunteerism, which can contribute to strengthening ties between civil society and other areas. In order to achieve this goal, the role in the management of volunteerism of NGOs, businesses, state and church organisations must be strengthened, in addition, they should be enabled to coordinate the delegation of volunteers. This could be carried out most effectively if the cooperation is planned for the long-run, which is a great contribution to strengthening common values.<sup>44</sup>

Volunteerism in Austria is better-organised and structured than in Hungary. It has a legal framework and it provides benefits for volunteering, by being provided a card, „Freiwilliges Soziales Jahr“. The younger people who need professional orientation can volunteer for ten or eleven months. Care for the elderly would need more volunteers to be involved, but due to COVID-19, most communities managed to organise volunteering in this field.

Those, who do volunteer work in civil protection and disaster management, or in free distribution of meals, should be motivated to volunteer in the care for the elderly. The system would need to involve a greater number of volunteers, so it is important that communities and organisations recruit them more effectively. In most areas there are prepared programmes for volunteers, such as crisis hotline operators and end-of-life care. The active elderly are searching for opportunities and support and care organisations offer them volunteer work. Volunteers should take a larger share in in-home care (shopping, housework, picking up medicine), which would largely reduce the burden of caregivers.<sup>45</sup> This could also be a solution to the situation due to COVID-19, being the most hazardous for the older generation, and emerging the needs for their assistance and care. Volunteers are indispensable in this situation, as they could provide counselling, companion and light assistance with everyday activities. Coordination and cooperation are the most essential to this, so a volunteer office should be established to provide the best service in coordination, operating as a call centre. This would enable to focus on the specific issues to be carried out. Obviously, it could not serve as a replacement for specialist caregivers, nor it is a solution to labour shortage, but it could serve as an assistant and coordination unit and it could act as a catalyst. Corona Nachbarschaftshilfe - an organised neighbourhood assistance during the pandemic - is an initiation to provide security and care for the elderly. Based on the experience gained during the pandemic these initiatives should be developed and improved. Religious organisations, Diakonie, Caritas and Red Cross are large social organisations in Austria in supporting people in difficult life situations.

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<sup>44</sup> Nemzeti Önkéntes Stratégia 2011-2020 [National Volunteer Strategy 2011-2020]

<sup>45</sup> [https://www.oesterreich.gv.at/themen/soziales/hilfe\\_leisten/3/Seite.2980026.html](https://www.oesterreich.gv.at/themen/soziales/hilfe_leisten/3/Seite.2980026.html)

A best practice was launched in Styria within the framework of neighbourhood assistance, („Nachbarschaftshilfe für Ältere“) named "Schau auf dich schau auf mich". The programme was initiated due to the increased needs of the elderly during COVID-19 pandemic, aiming at eliminating the risks of the pandemic on the older people. As a solution, this form of care for the elderly could be reserved and maintained in the future and it could be extended into a network, using the already existing contacts and relationships with the elderly. <sup>46</sup>

## **II. Volunteer recruitment**

Recruiting volunteers is a process and requires continuous effort to receive those who apply. Recruitment can be continuous or occasional, happening at certain times of the year. In many cases, recruitment is in early autumn or the beginning of the new year, with regard to the holidays in summer and winter. Searching for volunteers has several methods and tools and these can be divided into direct and indirect sources of information. By combining these resources the recruitment process becomes more effective, making the provision of information more successful.

Indirect sources of information: The provision of information is through the media (the press, newspapers, magazines, TV, radio); on websites of social institutions and settlements; official websites offering volunteer work opportunities; in social media (Facebook); on posters, flyers and other promotional materials.

Direct sources of information: contacting the potential volunteer - via their family or friends - and providing them information about volunteer work and opportunities. Employees and active volunteers of social institutions can be an excellent source for contacting a great number of people.

Some ideas how the recruitment process of volunteers can be made more effective:

- Distribution of flyers and brochures about social institutions that receive volunteers, providing more information about the institution and displaying their contacts. This provides detailed information for those who would like to volunteer. These flyers, brochures and posters should be displayed in local government offices, student hostels, churches, lecture halls, clubs, job centres or local volunteering centres.
- Advertisements, articles and photos in local, regional newspapers or brochures can also be an effective way to reach a wider scale of possible volunteers.
- Moreover, the internet is an efficacious space to spread information about the receiving social institutions and volunteerism itself, as this platform is widely used not

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<sup>46</sup> <https://www.antenne.at/steiermark/nachbarschaftshilfe>

only among the younger generation, but among the elderly as well. On websites and profiles of social network sites (Facebook, Instagram) a great number of people can be reached out, in addition, friends and acquaintances are immediately and directly informed about volunteering opportunities. In addition, the database - integrating all volunteering opportunities of local, regional and national volunteer centres - can also serve as an effective source for recruiting new applicants.

- Promotion of volunteerism is also effective on websites of social institutions, but it is important to do it under a separate heading. Reports including photos of volunteer works that have already been carried out should be a successful method, including detailed information about the advantages, regulations of volunteering and the contacts of the coordinator. Similarly, in a separate column of a website "Become our volunteer!" detailed information can be provided to people about the conditions and process of getting involved into volunteer programmes
- Sending out group e-mails - An invitation to the recruitment of volunteers can be sent to friends, relatives, the staff and the recipients of services of the institution and they can also be asked to forward the invitation to their acquaintances. We should make use of the 'Snowball' communication method used successfully in business.
- Recruitment definitely needs a continuous promotion! It should be present and advertised all year around by publishing articles and interviews. All the above listed promotion methods require a high level of skills and a system, that can receive and integrate new volunteers within a short period of time, ensuring they do not lose interest in volunteering.
- Social institutions should be involved in national or community activities and volunteering campaigns, such as the Day of Volunteers, Community Days, Week of Volunteerism. Anyone has the opportunity to organise their own programme, where the values and the necessity of volunteer work could be emphasized. (Open Doors Day; activities on bank holidays and during holidays; International Volunteer Day, Volunteers' Gala). Promoting work done in social institutions should be carried out in other organisations and institutions, such as schools, clubs, community centres. Launching promotion campaigns with the initiative of the active members of the community and delivering workshops can bring even more volunteers. Once institutions open their doors to the public, all the events organised by them – even if only on a yearly basis - will be a success.<sup>47</sup>

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<sup>47</sup> Önkéntes Központ Alapítvány: Útmutató - Önkéntes Programok kialakítása Szociális Intézményekben (Budapest, 2019)

## Proposals for the recruitment of volunteers in Austria

- Activities and programmes that raise people's interest and with lofty goals can be extremely efficacious. Avoiding bureaucracy during the recruitment process is also an objective, as it can distract them from volunteering. "Lesepaten" has been a successful volunteer activity in Austria and Germany. This programme involves elderly people who read out books in schools and libraries and strengthens the ties between generations.
- By developing and extending local communities, Neighbourhood assistance "Nachbarschaftshilfe" should be adequately organised to provide care for the elderly in need.
- Besides daytime care provided for the elderly, a public space should be established, where the older people could spend more time together, have a meal there. e.g. Quartiersbüro.
- Party games and cards club can be launched for those interested and for the accompanying persons. The framework could be provided by institutions, "Quartiersmanager", with the assistance of already involved institutions, such as Caritas, Diakonie or religious organisations.
- Telefonkette has effectively been working since the COVID-19 pandemic began. This is a call centre, providing the contacts of volunteers to those older people who live alone and feel lonely and need encouraging communication with someone. Via telephone conversations volunteers provide counselling for these elderly. This initiative could well be used in the assessment of needs and be integrated into the signalling system.

### **III. Cooperation between NGOs and professional organisations**

Social institutions play an important role in society, as they provide care for the needy in the community. Although they have been providing social services for decades, these institutions and their staff is still overburdened. In spite of the expertise of the staff and working under great strain, these institutions are still underfinanced and continuously face the challenges of bureaucracy and hierarchy. State-run institutions operate with a shortage of labour, where the rate of recipients is definitely high for the number of caregivers, resulting in the

dissatisfaction of the service recipients. Providing service that satisfies the needs arising from feeling lonely, socially marginalized and rejected often exceed the limits of the institutions. However, there is a great number of people who intend to take an active role in the community. These people are driven by personal motivation and needs, such as acquiring new skills, competencies and experiences gained from supporting special organisations and institutions. They offer their expertise, experience in the field, even their commitment. These people are a great source for those receiving assistance, for the organisations and institutions and for the whole society. Their motivation and initiative must be supported. Volunteering programmes of social institutions provide opportunities to meet the needs of the recipients, furthermore, this is where the helping intentions of volunteers can be expressed. Some institutions have already gained experience in working with volunteers, on the other hand, there are a lot of them that still need assistance and guidance in the organisation of high-quality volunteer programmes. During the organisation of activities not only should the needs of the recipients be taken into consideration, but the interests of the volunteers as well. Continuous cooperation between the participating parties is essential to providing profitable programmes both for the recipients and for the institutions. To reach this objective the employees, the recipients and the volunteers should be prepared adequately. It is extremely important for the volunteers to receive the proper degree of preparation in the first period of their work. By providing the sufficient preparation, the institutions set the framework of effective volunteer work carried out there. Beforehand, the potential volunteers must be contacted. Based on previous experiences, it can be stated, that the proper preparation of the staff working for the institution is also inevitable. Volunteers are fully supported only if their efforts are appreciated by the employees of the institution, moreover, specialist caregivers should also understand the differences between their work and that of the volunteers and also have a knowledge of the regulations related to volunteering. In this way employees can be a great asset to the establishment of the volunteer network, provided, they are willing to contribute to the activities and have an overview of assisting and supporting volunteers in their everyday work. Considering all the above listed conditions, it is essential that the receiving institutions have a coherent vision of their cooperation with the volunteers. This vision will provide the firm foundation for carrying out volunteering programmes. Effective programmes of social institutions not only do support the institutions, but also the local communities, in addition, have an overall impact on the society.

#### **IV. Challenges during pandemic and crisis situations (e.g. COVID-19) among the elderly**

The effects of COVID-19 pandemic are far-reaching, consequently, final conclusions cannot be written about the situation. This part introduces a short summary of changes in the social relation network in Hungary. Social distancing restricted social life to people living in the same household, mainly family members. This is a major issue for the elderly, most of whom live in a one-person household and their everyday personal contacts have been lost and cannot be substituted. Deprived from being together with their grandchildren and close family members, the elderly could have a feeling of depression, but in most cases telephone calls and keeping contact on online platforms could ease the difficulties. However, the contact with the people they know from everyday activities, such as the shop assistant, the hairdresser has been completely lost. Although, these cannot be defined as basic relations, they mean a lot to the elderly people's life, as a kind of human relation. As for the younger generation, it may also be questioned that this restricted way of keeping contact has been sufficient for them.<sup>48</sup>

Besides social and health employees social workers also provide assistance in hospitals and help with keeping contact with the family members and satisfying the mental and physical needs of the elderly. Social workers are also there in care homes for the elderly, where the lack of resources and equipment is typical. These people carry out their task - not under the protection of home-office - strenuously, providing assistance to the lonely, desperate elderly. During the pandemic emergency, which included restrictions in several fields of life (rehabilitation, health care, trade), there is only one reliable link left to the outside world for the elder generation: people working in care and nursing. These people must overcome their fear, tiredness during their work, carried out in uncertain conditions and with a shortage of equipment.

In the past weeks it has often been stated, that one of the positive side effects of COVID-19 crisis is the increasing solidarity between the members of society. During the lockdown we speak more with the neighbours, help strangers with the shopping, donate more for the people who got into difficult financial situation.<sup>49</sup>

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<sup>48</sup> Albert Fruzsina: A koronavírus-járvány hatása a magyar társadalomra és társadalomkutatásra, socio.hu 2020/2 Társadalomtudományi Kutatóközpont Szociológiai Intézet és Semmelweis Egyetem, Egészségügyi Közszolgálati Kar

<sup>49</sup> Csoba Judit: Szolidaritás deficitekkel socio.hu 2020/2

Social distancing has destroyed our social capital, embracing family relations and friendships, because it impeded meeting, visiting, celebrating and caring about each other. Bonding social capital includes the grandparents' active participation in looking after and educating the grandchildren (grandparenting), which is advantageous for all three generations. This bonding social capital is being shifted onto online platforms during the pandemic. Even for those, who used telephone calls or the internet to keep in touch with their grandchildren before the pandemic, in the current situation it has developed into a daily routine to use these modern devices. As COVID-19 proves to be the most threatening for the older generation, personal contacts have had to be avoided, resulting in fundamental changes in keeping contact between grandparents and grandchildren. Online platforms and telephone conversations are not supplementary ways of contacting any more, but they have developed into the only way of communication, bringing about the loss of physical contact. The lack of this basic human need often generated feelings of deprivation in the elderly. (Berger 2020)

Social distancing has also affected social solidarity, the other form of bonding social capital: doing volunteer work can be carried out in the long run only by personal presence. Online volunteering services are trying to provide solutions to these evolving global issues by offering contactless volunteering services to the elderly, people locked in quarantine and to health care workers. Furthermore, social distancing affects disadvantaged social classes the most. In case the contact between mainstream society and these socially disadvantaged groups of people decreases to the minimum, it can bring about the strengthening of their social isolation and turning their places of living into ghettos. Care and nursing service providers and long-term volunteers had to face considerable difficulties in contacting the most needy during the pandemic, so formal forms of providing care was supplemented by innovative informal ways of care.<sup>50</sup>

#### Possible solutions to COVID-19 pandemic crisis management in elderly communities

After the outbreak of COVID-19 pandemic in spring 2020 the state of emergency was declared both in Hungary and Austria, including a special legal order and a number of restrictions until mid-June. These measures and the curfew affected people's everyday life, moreover, some sectors of economy and institutions, businesses were paralysed. Stress, fear and threat to people's financial stability caused by the lockdown became an everyday issue in people's life. The older generation is at highest risk and the most vulnerable. Steps must be taken to protect them against COVID-19. The prevention and controlling measures are the following: Recommendations for personal hygiene must be followed and wearing a mask is essential. The media provides information for everyone and people should continue

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<sup>50</sup> Füzér Katalin: Társadalmi távolságtartás és digitalizáció, socio.hu 2020/2

to practise good hygiene at all times. This is a challenge for each generation, but the elderly are the most vulnerable both physically and mentally, due to the concerns about disruptions to their daily routines during the crisis. The elderly are at the highest risk due to their chronic illnesses, consequently they need the highest level of protection. It is to be emphasized, that besides people's physical well-being, mental health should also be paid attention to, as in this crisis situation one can easily lose contact with the outside world. This is the greatest threat to the elderly living in residential facilities. Visits from family members and friends are banned in care homes and in hospitals, which may result in their being negatively affected by mental health disorders. Loneliness and being deprived from the family also exacerbate existing mental conditions. The following measures should be taken to ease negative mental health consequences:

- frequent, respectful and empathetic talks with the elderly and counselling by the caregivers;
- organised assistance with the shopping for the active elderly;
- in-home caregivers' assistance with meal delivery, frequent visits and providing them company;
- continuous assistance with their daily needs;
- keeping closer contact with family members of the older people by the institutions;
- on-call helpline for the elderly;
- organising outdoor activities and programmes for small groups; (short walks, outdoors cooking and baking)

During the pandemic NGOs have become very active, treating the crisis as priority to their everyday duty, they carried out charitable events successfully addressing the whole society. However, citizens are more willing to donate than ever before. NGOs continuously received food, cleaning devices, disinfectants and ICT devices as donations. During the crisis the NGOs were engaged in easing the problems of the people living in poverty. In case all these care activities are carried out in coordination and cooperation, the elderly communities will overcome the pandemic-induced uncertainties, what is more, family relations can be strengthened.<sup>51</sup>

Involving volunteers into the activities was greatly needed in this special situation, as activities carried out by volunteers have a positive effect on the recipients. On the other hand, during volunteering participants acquire new skills, work experience and establish a network of relationships. In addition, volunteers experience a personal development, they are valued and appreciated by others. Volunteering activities enrich people's personality; improve self-esteem, self-worth and confidence; enable to act responsibly and to feel the joy

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<sup>51</sup> Farkas Zsombor – Farkas Zsuzsanna: Mellékhatások, socio.hu 2020/2



in helping others. All these are contributing factors to delivering high-level assistance, creating a relaxed atmosphere and security for the elderly, who have high levels of COVID-19-related fears and suffer from loneliness and lockdown anxiety.

## **V. Lack of available information among population: suggestions and resources needed**

The efficiency of Coronavirus prevention lies in the detailed and exact information available for the whole population, which makes providing widespread, clear and simple information greatly important. This has not proved to be a very simple process so far, as the press, the media and the internet (newspapers, TV, news, Facebook, Instagram) release too much incorrect information that are easily available for people. Most of the people had to face a situation where it proved to be difficult to decide what the truth was. There was little coherent information people could entirely rely on. Consequently, it is of outstanding importance to offer people transparent and consistent information on COVID-19 pandemic, ensuring they understand what they should do to protect themselves from the disease. That provides them with the feeling of security and safety. Fear and anxiety about the new disease generates overwhelming and strong emotions. The feeling of uncertainty should be lowered to the possible minimum level by delivering transparent and true information to people. More posters, flyers and advertisements should be used in informing the population. Good quality of informational programmes should be made on coping techniques and strategies that might be most helpful for people and families to stay mentally well during the pandemic; to adapt to this new situation and to cope with issues raising from the pandemic.

Another dilemma is about how families can cope with isolation and spending a lot more time together. What will the outcomes be? It should be assessed. There has been a dramatic increase in the amount of time families are spending together. On the one hand, this enables the members to be with their spouse and children as much as they have never been. On the other hand, many people feel pressured being a parent, a spouse, a teacher at the same time. Moreover, carrying out household duties, acquiring new skills, working in home-office are additional stressors. Other factors, such as loss of job; housing or financial difficulties can lead to conflicts even in well-functioning families. Wealth inequalities often entail risks in relations. Small apartments with no privacy, lack of ICT devices, even not adequately fulfilled basic needs are often challenging in terms of human relations and lead to anxiety and stress. Victimization and offence in families can also be a problem. Concerning the elderly, the question of their digital knowledge and devices is also vital, as owning these could at least ease the feeling of loneliness during the lockdown. Obviously, it cannot be stated that this

way of communication (Zoom, Messenger) is satisfactory and can replace physical contact among family members. It must also be added, that the lockdown does not mean a dramatic change for everyone, especially for those, who already experienced social isolation before.<sup>52</sup>

Increased digital screen time during lockdown was unavoidable and affected family relations. Those living in one household did not experience only face-to-face interactions, but rather the challenge of balancing their online and offline presence. This challenge pressured both the relationship between the parents and between the child and the parent. This extraordinary situation highlighted the advancing processes in our digitalized homes. The more activities are carried out (handling digital or smart household devices) face-to-screen, the greater impact they will have on family relations, interactions between generations and gender roles. Digitalization opens up the way to changes in people's attitudes to their properties in their homes. Instead of physical activities and contacts, ICT devices frame the conversations and the discourse. This process is called mediatization, that turns people from 'creators' into 'users' of their homes.<sup>53</sup>

The Coronavirus pandemic has brought fundamental changes to methods and possibilities of interactions between humans. The central issue of protection against COVID-19 is social distancing. Obviously, during the pandemic programmes for communities that require personal contact cannot be implemented. As a consequence, the internet has become indispensable to our life, so the opportunities provided by the World Wide Web must be fully exploited in the future. According to health experts the vaccine for COVID-19 will be available soon. However, it must be stated, that it will take a long time until this puts an end to the pandemic and vaccines greatly reduce the risk of infection, as previous vaccinations for diverse diseases did. This issue concerns not only the length of time when most people develop immunity to the disease, but also the disappearance of people's fear for an onset of another pandemic. Therefore, the impact of the pandemic concerning social relations will probably last for a longer period of time. The Coronavirus, as a social phenomenon, is related to trust and safety. Hungarian society suffers from the lack of confidence, so it cannot be predicted whom they believe. What do, what will people accept? Which principles do they think are true? Are their sources of information reliable from a professional point of view?<sup>54</sup>

The Hungarian government announced, 'No one in Hungary will be left without assistance', but in reality some hundreds of thousands of people are left without help, including the lower middle class, the most needy and segregated people. The responsibility for the survival of

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<sup>52</sup> Albert Fruzsina: A koronavírus-járvány hatása a magyar társadalomra és társadalomkutatásra, socio.hu 2020/2 Társadalomtudományi Kutatóközpont Szociológiai Intézet és Semmelweis Egyetem, Egészségügyi Közzolgálati Kar

<sup>53</sup> Füzér Katalin: Társadalmi távolságtartás és digitalizáció, socio.hu 2020/2

<sup>54</sup> Barna Ildikó: A járványhelyzet és a távolságtartás elhúzódó hatása a kvantitatív kutatásra, socio.hu 2020/2

the pandemic was passed on the society and the families. Neither the jobseeker's allowance - given for three months, the shortest period in the EU - has been extended, nor the participation in online schooling has been promoted by the government. People have not been entitled to financial support, as the case was in other member states of the European Union and in the USA. Centrally managed interventions should have been implemented, especially for people living in poverty and segregated areas.<sup>55</sup>

People living in poverty in the countryside were not as concerned about the pandemic as the members of the higher classes. After the announcement of the state of emergency, the needy were engaged in struggling with their everyday problems, just as before the pandemic. The crisis seemed a distant issue for them, so it did not develop as much anxiety in these people as the continuous fear from the loss of the 'safety' of their day-to-day living. "We experienced, that the poor were less concerned with the pandemic. They did not even ask us questions about the virus, the pandemic, they did not ask for advice, either. In spite of this, we provided them with proper information, but it did not prove to be a priority for them at all.", said a social family caregiver.<sup>56</sup> They did not obey disease control rules and regulations either. They did not comply with the preventive measures, they did not even know about many of the regulations, with the exception of the time-band for shopping. These people continued meeting the elderly, visiting pubs without wearing masks even during the disease control regulations. Parents faced difficulties with their children staying at home all day long. Families with four or five children often suffered from providing enough food for every member of the family. In most areas and families, it is only due to the hard work of NGOs, that people were delivered a hot meal every day, alleviating the impacts of the crisis. Children's learning and studying from home also required assistance from the social workers and caregivers. The greatest problems occurred in households, where people lacked not only ICT devices, but also electricity. Parents with a low level of education - or even illiterate -, should have supported the children in their studies, but they were unable to complete this role. Learning together proved to be impossible and so did motivating their children and keeping their daily routine. Under these circumstances online studying was incapable to motivate these children, even with the assistance of social workers and experts.

The poor and disadvantaged living in the countryside are mainly unemployed or live on occasional jobs. As a consequence, these people did not suffer from the loss of their jobs, as most people living under better conditions in the countryside did. The life and routine of the

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<sup>55</sup> Farkas Zsombor- Farkas Zsuzsanna: Mellékhatások, socio.hu 2020/2

<sup>56</sup> The citation was taken from an interview with a child care institution employee during a focus group discussion. The specialists of the child care centre provide assistance and care for the disadvantaged families in the countryside and continued their work even during the state of emergency. The interview was conducted in June 2020, right after the withdrawal of the state of emergency. The objective of the discussion was to assess the urgent and most important issues of people living in poverty, as well as activities carried out during the pandemic.

most needy were not affected by the pandemic. According to experts the number of people asking for assistance did not prove to be high during the Coronavirus crisis, but aggression in families, even insulting older people became more frequent. In addition, the number of pregnancies increased in the settlements of the disadvantaged regions, due to difficulties in obtaining adequate contraception. It was worsened by the late realisation of pregnancies of girls of young age. Considering all the above, it can be stated that in the current situation it was not the virus, that represented a serious threat to the life of the disadvantaged, but it was the consequences of the pandemic. During the pandemic the most demanding issue social workers had to face - and found no solutions to solve - was not the number of infected people, but the strengthening of the disintegration, maintained by deep structural issues. An unexpected outcome of the crisis among the disadvantaged and needy people was the higher appreciation of the feeling of security in their own surroundings and homes.<sup>57</sup>

The COVID-19 pandemic created burden not only on the social care system, but also on the healthcare system and hospitals, which lack both human and equipment capacities. Patients with chronic illnesses were released from hospital to their homes so as to ensure enough hospital beds for patients infected by Coronavirus. As a consequence, these people were deprived from the medical treatments their chronic illness required, therefore many lives were put at risk and many of them lost. Overburdened doctors and health care employees worked under stressful conditions and pressure. The shortage in personal protective equipment and in labour force posed a challenge to the sustainability of the healthcare system. The system is at risk to its total collapse and it requires urgent measures to be taken.

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<sup>57</sup> Czibere Ibolya: A szegényellátások megingásáról a vidéki terekben, socio.hu 2020/2

## Summary

All in all, the strategy of active ageing in elderly communities needs to be comprehensive, focussing on all stages of life, furthermore, it should also be preventive, inclusive and enable flexibility in its use. In order to achieve this objective, all the sectors concerned should operate in coordination and cooperation. Active ageing contributes to the well-being of all the generations and age-groups, enabling them a positive quality of life. Active ageing makes the most of people's personal capacities, fosters solidarity and participation in community activities, eliminates intergenerational conflicts and generates the establishment of an inclusive society. In addition, it considers economic factors important and provides solutions to challenges of the economy imposed by an ageing society. Establishing active elderly communities should involve and leverage best practices and initiatives in the operation of care and nursing institutions. This decreases the everyday burden of care institutions, that face labour shortage. Cooperation and coordination contribute to efficacious provision of care services and establish better conditions both for the recipients and the employees.

As a conclusion, success factors in the establishment of active communities for the elderly can be defined as a collection of best practices and innovative activities, that enable, maintain or even strengthen these communities and can be integrated into the care system for the elderly in the long run. The improvements in the field of digitalization and the ICT devices, which enabled communication with the family during the pandemic - is one of the factors. Another success factor is the active participation of people and NGOs in the care for the elderly, providing assistance with meal delivery, shopping or everyday activities. Club meetings and personal contacts were replaced by online communication, including online counselling and office management. Regular phone calls, mental helplines, providing counselling on daily basis, paying more attention to the elderly and informal talks with them (volunteer dispatch centres) are the activities that were carried out to substitute personal visits.

One of the most outstanding and effective success factor was the programme 'Neighbourhood assistance' („Nachbarschaftshilfe für Ältere") in Styria, Austria. It was initiated due to the increased needs of the elderly during COVID-19 pandemic, aiming at eliminating the risks of the virus on the older people and enabled them not to leave their home during the pandemic. The next factor to be emphasized is 'Telefonkette', which is a call centre, providing the contacts of volunteers to those older people who live alone and feel lonely and need encouraging communication with someone. Via telephone conversations volunteers provide counselling for these elderly. The involvement of volunteering students of higher education into the testing procedure for COVID-19 is to be considered a best practice.

In order to decrease the labour shortage of specialist caregivers and social workers the employment of staff from other countries is also a success factor. In addition, the improvement in the education and training of people working in care, enhancing the level and the quality of social care - should be on the list of success factors.

In Austria establishing age-friendly environments has been a priority for a long period of time. The number of age-friendly settlements is continuously growing. In 2004 the age-friendly community award was founded by Pensionistenverband Österreichs (Association of Retired people in Austria) and by the charity organisation Volkshilfe. Those communities are awarded every second year, that implement successful projects to support the elderly and the establishment of age-friendly environments. Within the framework of the Co-Age project several settlements were awarded and it must be regarded as a factor contributing to the success of the programme.

Graz was awarded twice for implementing two successful projects. One of them was A SenEmpower – Hallo Nachbar!, implemented in six regions of the EU, including Graz. The aim of the project was to enhance the social integration of the older generation. Well-trained volunteers visited the elderly and provided them with detailed information about opportunities, programmes and services available for the older people. The other - still ongoing - project is Points4action, which aims at fostering intergenerational cooperation and activities. Common programmes are organised for the 13-19 year-olds and for the elderly and the young are rewarded 'bonuses' that can be converted in cinemas, local restaurants and bookshops.

District 22 in Vienna (Donaustadt – 22.Wiener Gemeindebezirk) also implemented a successful project. Programmes organised for the elderly is a priority in this region. Meetings and 'Laughter clubs' (Lachclub) are regularly held for the older people, where a trainer facilitates the workshop.

Another successful project in the district is sALTO. The project aims at providing assistance for the elderly and enhancing the establishment an age-friendly area. Coordination between urban planning and health preservation is regarded as a necessity. Mini-projects were also implemented within the framework of the project, such as 'postcard' project and a sports event for all generations. Besides, sALTO provided online events as well. A 'telephone chain' for 8-10 people was created, who gave each other a call at a scheduled time every week, discussing issues important to them. The members had a fixed position in the chain and could spend two hours on talking to each other and prevent the feeling of loneliness. All the solutions, proposals and best practices investigated and mentioned in this study can be defined as success factors for establishing active communities for the elderly. The number of innovative activities in the field is increasing.

Finally, the first joint project – Age-Friendly Region – implemented by Austrian and Hungarian partners in 2019 must be highlighted. The primary focus of the project was to improve the quality of life for the seniors, which was implemented through a Case and Care Management model, involving 200 families and cross-border cooperation between the parties. The two projects – Age-Friendly Region and Co-Age – both prioritize the establishment of sustainable age-friendly communities for the elderly in the cross-border regions of Austria and Hungary.

## Bibliography

Alan Walker (2009): Az aktív idősödés stratégiája – Kapocs VIII. évf. 1. szám (40)

Albert Fruzsina: A Coronavírus járvány hatása a magyar társadalomra és társadalomkutatásra, socio.hu 2020/2 Társadalomtudományi Kutatóközpont Szociológiai Intézet és Semmelweis Egyetem, Egészségügyi Közzolgálati Kar

Barna Ildikó: A járványhelyzet és a távolságtartás elhúzódó hatása a kvantitatív kutatásra, socio.hu 2020/2

Bericht zum freiwilligen Engagement in Österreich (2009) Erstellt vom Institut für interdisziplinäre Nonprofit Forschung an der Wirtschaftsuniversität Wien (NPO-Institut) [1. Jelentés az osztrák önkéntességről]

Czibere Ibolya: A szegényellátások megingásáról a vidéki terekben, socio.hu 2020/2

Czike & Kuti (2006) – Önkéntesség, Jótékonyosság, társadalmi integráció

Csoba Judit: Szolidaritás deficitekkel socio.hu 2020/2

Deák Szabolcs (2004): Az idősök helyzete, a nyugdíjrendszer válsága Magyarországon a rendszerváltozást követően. In: Czagány L. – Garai L. (szerk.)(2004): A szociális identitás, az információ és a piac. SZTE Gazdaságtudományi Kar Közleményei 2004, JATEPress, Szeged, 356-372 o.

Dögei Ilona – Kostyál L. Árpád – Udvari Andrea (2011): Idősellátás és gondozási szükségletvizsgálat néhány európai országban I. – Kapocs X. évf. 1. szám (48)

Dögei Ilona – Kostyál László Árpád – Udvari Andrea (2011): Idősellátás és gondozási szükségletvizsgálat néhány európai országban II. – Kapocs X. évf. 3. szám (50)

Dr. Kozma Judit – Dögei Ilona – Jelinekné dr. Vári Zsuzsa – Kostyál L. Árpád – Udvari Andrea – Vajda Norbert (2009): A gondozási szükségletvizsgálat bevezetésének előzményei és hatásai – Kapocs VIII. évf. 4. szám (43)

Dr Majercsik Eszter PhD - Életminőség és közérzet az élet alkonyán

Farkas Zsombor – Farkas Zsuzsanna: Mellékhatások, socio.hu 2020/2

Füzér Katalin: Társadalmi távolságtartás és digitalizáció, socio.hu 2020/2

Giedenbacher, Yvonne; Rohrauer-Näf, Gerlinde; Krappinger, Anna; Stadler-Vida, Michael; Reiter, Andrea; Weber, Friederike; Resch, Katharina (2018): Aus Erfahrungen lernen. Gesundheitsförderung und soziale Teilhabe von Familien und älteren Menschen in



Nachbarschaften. Ein Handbuch zur Initiative "Auf gesunde Nachbarschaften!". Fonds Gesundes Österreich, Wien).

Bericht Gesundes und aktives Altern (2020): Good-Practice-Beispiele der Gesundheitsförderung mit Fokus auf Förderung sozialer Teilhabe im Alter (Im Auftrag des Fonds Gesundes Österreich und des Bundesministeriums für Arbeit, Soziales, Gesundheit und Konsumentenschutz) Wien, im Oktober 2019

Gruber Elisabeth, Gruber Kathrin: A demográfiai változások hatása Ausztriában „Schneebergland” régió példája alapján – kutatási beszámoló

Gyarmati Andrea (2009): Aktív időskor – új paradigma a II. világháború utáni európai szociálpolitikában – Kapocs VIII. évf. 1. szám (40)

Gyarmati Andrea (2010): Demensek a szociális ellátórendszerben – Kapocs IX. évf. 2. szám (45)

Iván, L., Aktivitás és geromentálhigiéné, Egészségnevelés, 1991, 32: 276-280.

Iván, L., Az idősödés testi-lelki egészségének kérdései, Honvédorvos, 1998. (50) 2, 75-91.

Jelinekné dr. Vári Zsuzsa (2010): Az idősellátás törvényi szabályozásának változásai – Kapocs IX. évf. 1. szám (44)

Lampek – Rétsági (2015) – Egészséges idősödés - Az egészségfejlesztés lehetőségei idős korban

Mester Dániel (szerk.) (2010): A szociális szolgáltatási rendszer folyamatai 2002-2007 között - Szociálpolitikai és Munkaügyi Intézet, Budapest

Nemzeti Önkéntes Stratégia 2011-2020

Nyilas Mihály – Koncz János (szerk.) (2003): Ausztria szociálpolitikája. Budapest, HRSZE.

Országos Idősügyi Módszertani Munkacsoport (2010): Hogyan tovább? Tájékoztató idős emberek és hozzátartozóik számára az időotthonokról és idősok számára elérhető más szolgáltatásokról - Szociálpolitikai és Munkaügyi Intézet, Budapest

Önkéntes Központ Alapítvány: Útmutató - Önkéntes Programok kialakítása Szociális Intézményekben (Budapest, 2019)

Prof. Dr. Ernest G. Pichlbauer: Das österreichische Pflegesystem: Ein europäischer Sonderfall (März 2018)

Rácz Andrea: Az idősellátásban dolgozók jellemzői Svédországban, az Egyesült Királyságban, Spanyolországban és Magyarországon (Nemzeti Család- és Szociálpolitikai Intézet)

Ruminé Szíjártó Ildikó – Dr. Veres Gábor (szerk.) (2012): Információk időseknek - Nemzeti Erőforrás Minisztérium Szociális, Család és Ifjúságügyért Felelős Államtitkárság – Kabinet, Budapest

Széman (2016) - Idősbarát városok, helyek, közösségek, Esély: Társadalom és szociálpolitikai folyóirat 27: (2) pp. 93-114.

Szrimácz Dóra (é. n.): Szociális szolgálatok és finanszírozásuk Ausztriában. Kézirat.

Területi Szakértői Csoport Bentlakásos Idősellátás (2011): Sztenderdek az idősek számára biztosított bentlakásos szociális szolgáltatások területére vonatkozóan – Nemzeti Család- és Szociálpolitikai Intézet TÁMOP 5.4.1., Budapest

Udvari Andrea (2013 tavasz): Tevékeny élet időskorban is – 2012 a tevékeny időskor és a nemzedékek közötti szolidaritás éve I. rész, Kapocs (56) XII. évf. 1. szám

Utasi (2006) - A szubjektív életminőség forrásai: biztonság és kapcsolatok

World Health Organization: Active Ageing – Policy Framework (2002)

## List of Sources

<https://pflege-professionell.at/at-caritas-diakonie-hilfswerk-rotes-kreuz-und-volkshilfe-ohne-erfolgreiche-personaloffensive-keine-pflegereform>

<https://www.seniorenbund.at/wissenswertes/archiv-die-themen-frueherer-wochen/oesterreich-braucht-dringend-pflegenachwuchs/>

[https://www.oesterreich.gv.at/themen/soziales/hilfe\\_leisten/3/Seite.2980026.html](https://www.oesterreich.gv.at/themen/soziales/hilfe_leisten/3/Seite.2980026.html)

[https://www.oesterreich.gv.at/themen/gesundheit\\_und\\_notfaelle/nachbarschaftliche-hilfsangebote.html](https://www.oesterreich.gv.at/themen/gesundheit_und_notfaelle/nachbarschaftliche-hilfsangebote.html)

<https://steiermark.orf.at/nachbarschaftshilfe>

<https://www.antenne.at/steiermark/nachbarschaftshilfe>

[www.bertelsmann-stiftung.de](http://www.bertelsmann-stiftung.de)

<http://www.industrieviertel.at/wp-content/uploads/2015/12/19-EB-aa-140205-Bevoelkerungsstudie-SBL-hu.pdf>

<https://www.seniorenbund.at/wissenswertes/archiv-die-themen-frueherer-wochen/oesterreich-braucht-dringend-pflegenachwuchs/>

<https://pflege-professionell.at/at-caritas-diakonie-hilfswerk-rotes-kreuz-und-volkshilfe-ohne-erfolgreiche-personaloffensive-keine-pflegereform>

<http://www.who.int/ageing/publications/active/en/index.html>

[www.geronto.hu](http://www.geronto.hu)

[https://jasmin.goeg.at/1134/1/Bericht%20Gesundes%20und%20aktives%20Altern\\_2020.pdf](https://jasmin.goeg.at/1134/1/Bericht%20Gesundes%20und%20aktives%20Altern_2020.pdf)

[https://ec.europa.eu/eurostat/statisticsexplained/index.php/Social\\_participation\\_and\\_integration\\_statistics#Formal\\_and\\_informal\\_voluntary\\_activitie](https://ec.europa.eu/eurostat/statisticsexplained/index.php/Social_participation_and_integration_statistics#Formal_and_informal_voluntary_activitie)

[https://www.ksh.hu/stadat\\_evkozi\\_9\\_13](https://www.ksh.hu/stadat_evkozi_9_13)

[http://www.freiwilligenweb.at/sites/default/files/Bericht%20Freiwilligenengagement%202016\\_0.pd](http://www.freiwilligenweb.at/sites/default/files/Bericht%20Freiwilligenengagement%202016_0.pd)

[https://www.oesterreich.gv.at/themen/soziales/hilfe\\_leisten/3/Seite.2980026.html](https://www.oesterreich.gv.at/themen/soziales/hilfe_leisten/3/Seite.2980026.html)

<https://www.antenne.at/steiermark/nachbarschaftshilfe>

<https://www.burgenland.at/news-detail/news/leitbild-fuer-die-aeltere-generation-2030-wird-erarbeitet/>

<https://orf.at/stories/3073921/>

<https://www.fh-burgenland.at/news-presse/news-presse/presse-detail/article/soziale-teilhabe-aelterer-menschen-staerken/>

<http://www.industrieviertel.at/wp-content/uploads/2015/12/19-EB-aa-140205-Bevoelkerungsstudie-SBL-hu.pdf>

<https://www.ig-pflege.at/hintergrund/datenundfakten.php>

<https://www.zsi.at/object/publication/1459/attach/1ActiveAgeingTEPsgesamt.pdf>

<https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=713>

<https://socio.hu/index.php/so>