Supporting children who have parents with mental disorders in Tyrol

A mapping of existing Tyrolean support and societal structures

Final report

VILLAGE

Ludwig Boltzmann Institut
Health Technology Assessment

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Ludwig Boltzmann Institut
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List of abbreviations

AK .....Arbeiterkammer/Austrian chamber of labour
BGA.....Bundesgesundheitsagenture/federal health agency
BMS.....Bedarfsorientierte Mindestsicherung/means-tested minimum income
bn.....billion
CAR.....Carinthia
CH .....Switzerland
COMPI.....children of parents with a mental illness
DRG .....diagnosis-related group
EKO.....Erstattungskodex/code of reimbursement
ESSPROS.....European System of Integrated Social Protection Statistics
FBH.....Familienbehilfe/family allowance)
FLAF.....Familienlastenausgleichsfonds/family burdens equalisation fund
G .....Germany
GDP .....gross domestic product
HPE.....Verein Hilfe für Angehörige psychisch erkrankter Menschen
HVB.....Hauptverband der Österreichischen Sozialvericherungsträger/
National Federation of Austrian Social Security Institutions
IT.....Italy
IV.....Industriellenvereinigung/Austrian federation of the industry
KH.....Krankenhaus/hospital
KOST .....Koordinierungsstelle Ausbildung
LK .....Landwirtschaftskammer/Austrian chamber of agriculture
m.....million
NGO .....non-governmental organisation
NPO.....non-profit organisation
ÖGB.....Österreichischer Gewerkschaftsbund/Austrian trade union federation
ÖGD .....Öffentlicher Gesundheitsdiesnt (Public Health Services)
ÖSG .....Österreichischer Strukturplan Gesundheit/national structural plan for the health system
SI .....social insurance
Slzbg.....Salzburg
TKJHG.....Tiroler Kinder- und Jugendhilfegesetz/Tyrolean child and youth welfare act
UbG .....Unterbringungsgesetz/Austrian hospitalisation act
UI .....Unemployment Insurance
Vlbg .....Vorarlberg
WKO .....Wirtschaftskammer Österreich/Austrian chamber of commerce

Summary

Background

A 4-year research project aims at improving the situation of children who have mentally ill parents (COPMI) in Tyrol. For developing practice approaches to better identify and support these children and their parents, we need an in-depth understanding of the regional Tyrolean characteristics in terms of existing support structures and the societal context they are embedded in.

research project wants to improve situation of COPMIs

Aims and Methods

The report aims at providing an overview of the Tyrolean socio-economic and demographic situation (context information) as well as a mapping on existing in-kind and cash benefits (financial support) that may play a role in identifying and supporting COPMIs and their families. The description of available benefits and the context information are based on secondary literature (national and regional statistics, planning documents, annual reports from service providers etc.).

existing support structures + context info are explored

source: published information

The following welfare-state sectors have been systematically analysed in terms of potentially relevant benefits: 'Health care', 'children/families', 'social affairs' and 'education'. The information on available benefits is firstly categorised according to welfare state sectors, which is then synthesised into an overview of services that would be potentially relevant in the process of identifying and supporting COPMIs and their families.

welfare state sectors are systematically screened

Results

Tyrol is an Austrian region in the Western part of Austria, constituting of nine political districts. From roughly 750,000 inhabitants, around 140,000 persons (19%) are dependent children (0-18 years). The vast majority of them lives in dual-parent families. Catholic religion plays an important role in Tyrol. 85% of Tyroleans are Austrian citizens. 50% of the population is actively working in paid employment, the remainder is either retired (20%), in education or in other forms of activity (parental leave, household leading only, military service).

Tyrol is catholic western Austrian region, 140,000 dependent children

Regarding the identified benefits, both in-kind as well as cash-benefits are relevant. While benefits for children/families are mostly cash benefits with only limited publicly funded child-care facilities, in the other sectors, in-kind benefits (e.g. publicly paid health or social care services) are dominant. We identified a broad variety of benefits that may be utilised to identify and support COPMIs and their families. However, only one of the existing services (available in two districts) directly targets COPMIs. In terms of setting, a vast majority of services is office-based and a much smaller proportion of providers offer outreach services (e.g. in families' homes). The available services are characterised by a high proportion of public funding, however, access to publicly funded services may be restricted via gate-keeping (e.g. referrals from child and youth service) or shortage of capacities (e.g. psychotherapy, child care). The existing services show a geographical variation with more (types of) services available in the urban than in the rural regions. Services are characterised by high fragmentation in terms of governance (federal, regional, municipality), financing (taxes: federal, regional; social insurance) and service provision (public and private providers).

broad variety of benefits and services may be utilised

yet access sometimes restricted

geographical variation

system is fragmented

Discussion and Conclusion

traditional structures in Tyrol may facilitate utilisation of informal resources

The demographic and socio-economic parameters suggest that Tyrol is a conservative region in terms of family structures and education/employment characteristics, indicating that the informal sector plays an important role. This implies that informal resources for supporting COPMIs and their families may be utilised in addition to the formal support structures.

large potential of professional resources, however coordination across levels and sectors will be challenging

active informal and voluntary sector

The broad variety of potentially relevant services and their different funding and legal arrangements will create considerable challenges for coordination and organising individualised support that is based on the children's and parents needs, however, the mapping also demonstrates that there is a large potential of professional resources available that may be utilised first before new services or programs are invented. A limiting factor will be restriction in access and geographical variations for several services. In addition, cash benefits and a number of interesting activities within the voluntary sector (e.g. self-help groups) have been identified as a potential resource. The main limitation of this report is that the information on existing support structures may be incomplete and not always up to date.

good basis for improving support exists, challenge how to best utilize it within research

In conclusion, the existing infrastructure as well as the societal structures constitute a rich pool of resources on which the support concepts that are to be developed can draw on. The challenge will be to make decisions, which of the numerous settings will be most appropriate and feasible for identifying COPMIs, and how to coordinate the support of COPMIs hereafter in the context of a research project.

Zusammenfassung

Hintergrund

In einem 4-jährigen Forschungsprojekt soll in Tirol die Lebenssituation von Kindern, die psychisch erkrankte Eltern haben, verbessert werden. Um konkrete Praxisansätze zu entwickeln, mit denen die betroffenen Kinder besser wahrgenommen und die Familien unterstützt werden können, braucht es Wissen über die Tiroler Ist-Situation hinsichtlich vorhandener Angebote und gesamtgesellschaftlicher Strukturen.

Forschungsprojekt möchte die Situation von Kindern psychisch erkrankter Eltern verbessern

Ziel und Methode

Der Bericht gibt einen Überblick über die gesellschaftlichen Strukturen (sozio-ökonomische und demographische Situation) in Tirol, sowie über bestehende Sach- und Geldleistungen, die eine Rolle bei der Wahrnehmung und Unterstützung von Kindern psychisch erkrankter Eltern und ihrer Familien spielen könnten. Die Beschreibung verfügbarer Leistungen und der gesellschaftlichen Kontextinformationen stützen sich auf Sekundärliteratur (nationale und regionale Statistiken, Planungsunterlagen, Jahresberichte von Anbietern usw.).

Analyse vorhandener Ressourcen + gesellschaftlicher Strukturen

Quelle: veröffentlichte Informationen

Es wurden folgende Wohlfahrtsstaatssektoren systematisch hinsichtlich potenziell relevanter Leistungen analysiert: „Gesundheitswesen“, „Kinder/Familien“, „Sozialwesen“ und „Bildung“. Die Informationen über vorhandene Leistungen wurden zunächst nach Sektoren des Wohlfahrtsstaates kategorisiert und dann zu einem Überblick über diejenigen Dienstleistungen zusammengefasst, die bei der Wahrnehmung und Unterstützung von Kindern psychisch erkrankter Eltern und ihren Familien potentiell relevant sind.

Sektoren des Wohlfahrtsstaates werden systematisch nach relevanten Leistungen analysiert

Ergebnisse

Tirol ist eine Region in Österreich im westlichen Teil des Landes, bestehend aus neun politischen Bezirken. Von den annähernd 750.000 Einwohnern sind ungefähr 140.000 Personen (19 %) minderjährige Kinder (0-18 Jahre). Die Mehrheit von ihnen lebt in einer Familie mit zwei Elternteilen. Die katholische Religion spielt eine wichtige Rolle in Tirol. 85 % der Tiroler sind österreichische Staatsbürger. 50 % der Bevölkerung arbeitet aktiv in einer bezahlten Beschäftigung, der restliche Anteil ist entweder im Ruhestand (20 %), in Ausbildung oder in anderen Beschäftigungsformen (Elternkarenz, Haushaltsführung, Militärdienst).

Tirol ist eine katholische westösterreichische Region, 140.000 minderjährige Kinder

Bei den identifizierten Leistungen spielen sowohl Sach- als auch Geldleistungen eine Rolle. Während bei Leistungen für Kinder/Familien Geldleistungen dominieren, stehen in den anderen Sektoren Sachleistungen im Vordergrund (z. B. öffentlich finanzierte Angebote im Gesundheits- und Sozialbereich).

unterschiedliche Geld- und Sachleistungen je Sektor

Es wurde eine breite Vielfalt an spezifischen Angeboten, die zur Wahrnehmung und Unterstützung von Kindern psychisch erkrankter Eltern und ihren Familien in Anspruch genommen werden können, identifiziert. Allerdings richtet sich nur einer der bestehenden Dienste (in zwei Bezirken verfügbar) direkt an Kinder psychisch erkrankter Eltern.

breite Vielfalt von Leistungen und Diensten kann genutzt werden

Zugang jedoch manchmal eingeschränkt

geographische Variation

fragmentiertes System

Was die Rahmenbedingungen betrifft, so arbeitet die überwiegende Mehrheit der Dienste bürobasiert und ein deutlich geringerer Anteil der Anbieter stellt aufsuchende Dienste zur Verfügung (z. B. in Familienhaushalten). Die verfügbaren Angebote sind in hohem Ausmaß öffentlich finanziert, jedoch ist der Zugang zu öffentlich bezahlten Leistungen in zahlreichen Fällen durch Gatekeeping (z. B. Zuweisung von der Kinder- und Jugendhilfe) oder Kapazitätsengpässe (z. B. Psychotherapie, Kinderbetreuung) eingeschränkt. Die bestehenden Dienstleistungen weisen eine geografische Variation auf, wobei mehr (Arten von) Dienstleistungen in den Städten als in den ländlichen Regionen verfügbar sind. Die Leistungen sind durch eine hohe Fragmentierung in Bezug auf die steuernde legislative Ebene (Bund, Länder, Gemeinden), die Finanzierung (Steuern: Bund, Länder; Sozialversicherung) und die Art der Leistungserbringer (öffentliche und private Anbieter) gekennzeichnet.

Diskussion und Fazit

traditionelle Strukturen in Tirol können die Nutzung informeller Ressourcen erleichtern

Die demographischen und sozioökonomischen Parameter deuten darauf hin, dass Tirol in Bezug auf Familienstrukturen und Bildungs-/Beschäftigungsmerkmale eine konservative Region ist, in der der informelle Sektor eine wichtige Rolle spielt. Dies könnte die informelle Unterstützung von Kindern psychisch erkrankter Eltern und ihren Familien erleichtern.

großes Potenzial an professionellen Ressourcen, allerdings Herausforderung für Koordination über Ebenen und Sektoren

aktiver ehrenamtlicher und informeller Sektor

Es zeigt sich zudem, dass es bereits ein großes Potenzial an professionellen Angeboten gibt, die zuerst genutzt werden können, bevor neue Dienste oder Programme geschaffen werden. Die große Vielfalt relevanter Angebote und ihre unterschiedlichen finanziellen und rechtlichen Regelungen werden allerdings erhebliche Herausforderungen für die Koordination und Organisation einer individualisierten Unterstützung auf der Grundlage der Bedürfnisse der Kinder und Eltern mit sich bringen. Zudem stellen die oft vorhandenen Zugangseinschränkungen und die geografischen Unterschiede einen limitierenden Faktor dar. Neben den verschiedenen Dienstleistungen wurden mehrere Geldleistungen und eine Reihe interessanter Aktivitäten im ehrenamtlichen Bereich (z. B. Selbsthilfegruppen) als potenzielle Ressource identifiziert.

evt. weitere Angebote vorhanden

Der Bericht erhebt keinen Anspruch auf Vollständigkeit der angeführten vorhandenen Angebote. Da die Arbeit auf publizierten Informationen basiert, entsprechen manche Informationen möglicherweise nicht dem aktuellen Stand.

bestehendes System bietet gute Ausgangsbasis für Verbesserung

Spielraum begrenzt

Zusammenfassend lässt sich sagen, dass sowohl die bestehende Infrastruktur als auch die gesellschaftlichen Strukturen einen reichen Fundus an Ressourcen bilden, auf den die zu entwickelnden Förderkonzepte zurückgreifen können. Die Herausforderung im Rahmen eines begrenzten Forschungsprojektes besteht in der Priorisierung des Settings, in dem die Verbesserung der Wahrnehmung von Kindern psychisch erkrankter Eltern gezielt gefördert werden soll und in der Koordinierung vorhandener Angebote für die Unterstützung der Kinder.

1 Background

1 in 4 children lives with parent with mental illness

It is estimated that one in four children currently lives with a parent with mental illness worldwide. These children very likely experience a low quality of life. Furthermore, while some of them cope very well with this situation, other children of parents with a mental illness (COPMI) experience negative long-term emotional difficulties with substantial lifelong impacts for individuals, governments and the wider society. However, significant barriers exist to the early identification of COPMI, and these children often remain invisible particularly within the health, mental health and social care systems. As a result, their needs often are unmet and they may be isolated from support. This is further exacerbated by a lack of coordinated and collaborative care that could enhance provision of formal and informal support for COPMI and their families.

little support

'Village project' aims to early identify and support COPMI

The research project 'How to raise the village to raise the child? Supporting children who have parents with a mental illness in Austria' addresses this problem area and seeks to improve child wellbeing outcomes for children of parents with a mental illness. The project addresses early identification and the enhancement of support networks around the child and their family in Austria. This will be achieved through the co-development, implementation and evaluation of two practice approaches concerned with the identification of COPMI, and with creating child-focused support networks that are based on the 'child's voice' and on principles of collaborative care. The project will be located in the Austrian region of Tyrol and runs over a period of four years. It will be implemented by an international research team.

mapping of existing support structures pre-condition for implementing new programme

As a fundamental basis for developing practice approaches that take into account how the services are embedded in the Tyrolean context, an in-depth understanding of the current situation in terms of epidemiology, formal and informal support structures and providers, legal context, and financing structures in the project region is required. This is to identify potential locally operating organisations that may play a role in identification and supporting COPMI as well as barriers and facilitating conditions in the region.

researchers need to understand system and Tyrolean structures

Furthermore, the international research team may not be familiar with the Austrian welfare state, yet the researchers needs to understand how the services that are relevant for supporting COPMIs and their families are incorporated in the overall welfare state system. Not least, a common understanding of the Tyrolean characteristics in terms of demography, geography and the socio-economic indicators is required

2 Aim of report and research questions

The report aims at

aims

- providing information on the overall local (societal) conditions in Tyrol (geography, demography, socio-economic characteristics)
- identifying and mapping the current service provision and support structures for mentally ill adults, children and families that may be potentially relevant for COPMI and their families, the context in which services are provided and the financing of and access to the services
- supporting both, the international research team and local service providers, policy makers and services planners in getting an overview on the Tyrolean situation for COPMI, their families and the support structures in place

The following questions will guide the report

research questions

1. What are the key characteristics in the Tyrolean geography, demographic and socio-economic situation?
2. What are the core characteristics of the welfare state sectors that may be relevant for COPMI (health, social affairs, education)?
3. What type of benefits (in-kind and cash) are available for
   a. Adults with mental health problems?
   b. Children and adolescents (who have a mentally ill parent or have mental health problems themselves)
   c. Families (who have family members with a mental health problem)
4. What are the characteristics of available services in terms of
   a. Providers
   b. Financing
   c. Legal context (legal basis, eligibility criteria)
   d. Target population
   e. Qualification of staff
   f. Infrastructure (if any)
   g. Uptake
   h. Geographical setting
   i. Role within the 'prevention-treatment-rehabilitation' continuum

In a separate report epidemiological dimension of mental disorders and the uptake of mental health services are covered [1].

3 Method

desk research of secondary data (reports, statistics)

This mapping report is based on desk research of available secondary data which are qualitatively described and clustered. The core data sources for the service mapping exercise are grey literature reports on service planning, regional health reports, legal documents as well as national and regional (health) statistics.

Tyrolean geography, socio-economic patterns

welfare state overview and identification of services relevant for COPMI

description of mental health system

synthesis of information

The topic is conceptually addressed from different angles. Firstly, the demographic and socio-economic characteristics of Tyrol are briefly described to provide information on the overall local conditions and societal structures in Tyrol. Secondly, the welfare system in Austria is described to provide information on how services that may be relevant for supporting COPMI are generally financed and provided. Thirdly, the sectors within which relevant services may be available (healthcare, social affairs, education) are described in detail for Tyrol including the available service types, existing providers, financing and access characteristics, resources, location and profiles of services. Next, information on the Austrian and Tyrolean *mental* healthcare system is provided by synthesising the data that are related to mental healthcare from the previous sections. Additionally, informal support systems (self-help groups) in the mental health area are described. Finally, the information on available services is synthesised whereby the information is categorised into (1) services for adults with a mental illness, (2) services for families including ones that a) focus on the whole family system or on b) children or c) parents separately.

non-COPMI relevant services excluded

Generally, in the descriptions of the welfare system, only services that may be potentially relevant for COPMI and their families are included which, for example, excludes long-term care services for the elderly or services for people with a physical disability. Hence, the report does not cover the full spectrum of the welfare system in Austria.

4 Tyrolean geography

The confederation of Austria is made up of nine regions (Länder). Each region (Land), except the capital city, Vienna, is divided into districts (administrative regions), which are themselves divided into local authorities. Tyrol is the third largest region in Austria (12,640 square metres) and is located in the Western part of Austria (Figure 4-1). It shares borders with three other Austrian regions (Vorarlberg, Salzburg, Carinthia/Kärnten) and with three countries (Italy, Switzerland, Germany).

Tyrol is one out of 9 Austrian regions in Western part of Austria

Tyrol is divided into two geographical regions (Tyrol north and Tyrol east) and into nine districts (Figure 4-1).

nine districts within Tyrol

Figure 4-1: Political districts in Tyrol (Source: own image)

The economic structure looks very different across the districts. The region around Innsbruck is dominated by educational and administrational infrastructure and a number of larger size industry companies are located in this region. The rest of Tyrol is characterised by small and medium size enterprises, however some companies with international importance are located in the district of Kitzbühel (production of material for construction industry, pharmaceutical company, tourism) and some industry is also located in the areas of Schwaz, Reutte and Kufstein. The regions west of Innsbruck and Kitzbühel are heavily dominated by tourism industry which is a major contributor to the economic performance of Tyrol accounting for around 20% of the Tyrolean gross domestic product. In the winter season 2016/2017 5.88 million guests and 26.45 million overnight stays were registered [2].

large size industry around Innsbruck, rest largely SME

tourism plays important role

transit region

Tyrol has a highly developed transport infrastructure, and some of the main transit routes between northern and southern as well as eastern and western parts of Europe lead through Tyrol (e.g. Brenner route).

language German, religion mostly Catholics

The official language of Tyrol is German, however a number of regional dialects exist. According to the latest census figures on religion (2001 national census), 561,700 persons (83% of the population) were Catholics (the highest proportion in Austria), 16,000 persons were protestants, 10,900 persons belonged to the Orthodox church and 4,500 persons were members of another religious community. Around 4% were Muslims and 5% were without religious affiliations [3].

5 Demographic characteristics in Tyrol

5.1 Population

8.5% of Austrian population lives in Tyrol

On December 31st 2016, 746,179 persons were living in Tyrol. This corresponded to 8.5% of the Austrian population (8,773,686) and represented a 0.84% increase compared to January 2016. 50.75% of the population were female and 49.25% were male. While the number of births (7,636) has risen by 60 (or 0.79%) compared to the previous year, the number of deaths decreased by 2.83% to 5,831 in 2016 compared to 2015 [4].

20% 0-18 years

On the reference date of October 31st 2015, 138,173 persons from 0 to 18 years of age were living in Tyrol which represents nearly 20% of the population (see Table 5.1-1) with a decreasing trend. Persons up to 21 years of age represent roughly one quarter of the Tyrolean population (Table 5.1-1).

Table 5.1-1: Children, adolescents and young adults in Tyrol 2015

Age group	n	% of 0 to 21 years old	% of total population Tyrol
< 1 year	7 387	4	1
1 to 3 years	21 459	13	3
4 to 6 years	20 856	12	3
7 to 10 years	28 068	17	4
11 to 14 years	28 931	17	4
15 to 18 years	31 472	19	4
19 to 21 years	28 900	17	4
total 0 to 18 years	**138 173**	**83**	**19**
total 0 to 21 years	**167 073**	**100**	**23**

Source: [5]

63% in employment; number of retired people rises

The number of people in employment age (20 to 65 years) was 466,872 persons (around 63% of the population) in 2016. 131,159 persons (18%) were older than 65 years, with a clear increase over the last years [4].

predictions: more children in urban and less in rural areas

According to statistical predictions, there will be an overall increase in the population until 2030 (Table 5.1-2). Regarding the number of children and adolescents, the strongest increase is expected in the districts Innsbruck-city and Kufstein, while in the districts Lienz, Reutte and Landeck the population aged 0 to 20 will decrease. With the exemption of Innsbruck-city and Kufstein the population in working age is expected to decrease [4]. At the same time, the proportion of retired persons is expected to rise. The fertility rate in Tyrol was 1.53 per women which was slightly higher than the Austrian average (1.49).

Tyrol has highest life-expectancy at birth

In 2015, children who were born in Tyrol had one of the highest life expectancies in Austria. It was 80.02 years in males and 84.33 years in females compared to the Austrian average of 78.6 and 83.6 respectively.

Table 5.1-2: Population development in Tyrol 2015-2030 at the end of each year

District	2015	2016	2020	2025	2030	Trend 2015-2030 total	Trend 2015-2030 in %
Innsbruck-Stadt	131,009	132,206	137,974	146,049	152,445	21,436	16,4
Imst	58,233	58,987	59,202	60,164	60,925	2,692	4,6
Innsbruck-Land	174,217	176,062	179,933	186,104	191,173	16,956	9,7
Kitzbühel	63,125	63,504	63,692	64,165	64,391	1,266	2,0
Kufstein	105,466	107,240	110,703	115,100	118,782	13,316	12,6
Landeck	44,186	44,212	44,273	44,409	44,426	240	0,5
Lienz	49,026	48,887	47,876	47,149	46,449	-2577	-5,3
Reutte	32,036	32,406	32,281	32,650	32,921	885	2,8
Schwaz	81,841	82,675	84,084	86,168	87,825	5,984	7,3
Tyrol in total	**739,139**	**746,179**	**760,019**	**781,959**	**799,337**	**60,198**	**8,1**

Source: [4]

temporary increase of refugees

In 2015, the number of asylum seekers/refugees increased considerably in Austria (2012: 18,376; 2016: 79,086) and there was also a rise in the Tyrol region (2012: 1,283; 2016: 6,111). There was no further rise after 2016.

15% non-Austrian citizens (mostly EU/Germany and Balkan region)

On the reference date of 31st December 2016, 85% of the Tyrolean population were Austrian citizens, compared to 15% with other citizenships. Overall, people from 158 nationalities were living in Tyrol. 62% of inhabitants with non-Austrian nationality are from the European Union. The largest groups are people with German nationality (30%). The second largest group (16%) are people from the Balkan region (Serbia, Kosovo, Bosnia-Herzegovina, Slovenia, Macedonia) followed by people with Turkish nationality (11%) [6].

5.2 Households and families

2.3 persons per household on average

The average household size in Tyrol is 2.36 persons (Austria: 2.22). Households sizes are roughly similar across Tyrol with slightly larger households in the districts Landeck (2.66), Imst (2.36) and Lienz (2.62) and smaller households in the urban area of Innsbruck city (1.93) [4].

61% of families live with children

In 2017, 202,500 families[1] were living in Tyrol. From those, 122,800 (61%) were living with children[2] in any age. One third was living with children below 15 years of age. This equals 206,800 children at any age and 108,000 children below the age of 15 who are living in a family in Tyrol [7].

[1] Families are defined as married or unmarried couples with or without children, who live in the same household or single parents who live in the same household with child(ren).

[2] Children are defined as those children who live in the same household with one or both parent(s) without a partner of their own and who do not have children themselves, independent of age. This may for example also include an 80-year old mother who lives with her unmarried 60-year old son who does not have own children.

mostly dual-parent families

From all families who were living with children, 100,000 (81%) were dual-parent families and 22,800 (19%) were single-parent families. 175,500 children were living in the former type (in 43% of dual-parent families 1 child, in 42% 2 children and in 15% ≥3 children were living), while 31,300 children were living in single-parent families (in two thirds of the cases with 1 child). 59.900 dual-parent families (60%) had children below the age of 15 years, compared to 6.500 single parent families (30% of all single parent families).

108,000 children <15 years live in families

most of them in dual-parent families

The number of children below the age of 15 in dual-parent and single-parent families was 99,700 and 8,300 respectively. Overall, the average number of children was higher in dual-parent families (1.75) than in single-parent families (1.37). Most (83%) of the 22,800 single parent families were families with single mothers. Two third of the single mothers lived with one child [7].

6 Socio-economic characteristics in Tyrol

70% of 15-64 year olds actively employed

In 2015, the proportion of actively employed people aged 15 to 64 years within the total population of the same age in Tyrol was 71.3% (Austrian average: 70.2%). The rate was higher in males (75.9%) than in females (66.6%). These gender characteristics are very similar to the Austrian average (males: 73.9%; females: 66.5%) [8].

higher rate in males

low unemployment rate in Tyrol

In 2016, the unemployment rate in Tyrol was 3.5%, which was one of the lowest unemployment rates in Austria (Austrian average: 6%; highest rate Vienna: 11.3; lowest rate Salzburg and Vorarlberg with 3.4% each). The rate was slightly higher in males (3.6%) than in females (3.5%) [8].

half of population working, 1/5 retired, 5% household leading only

According to the latest census data, roughly half of the Tyrolean population was actively working, 20% each were retired or belonged to the group of children <14 years or students >15 years. 4.8% were household leading only (mainly women). The remaining population was either in military/civil service (0.3%), parental leave (1.5%), unemployed (2.1%) or permanently unable to work (1.2%) (Table 6-1) [9].

Table 6-1: Means of subsistence[3] in Tyrol, 2017 (3. quarter), according to gender in %

	Total	Male	Female
Working	47.5	26.5	21.0
Military service/Civil service	0.3	0.3	0.0
Parental leave	1.5	0.1	1.4
Unemployed	2.1	1.1	1.0
Retired	20.3	9.5	10.8
Permanent inability to work	1.2	0.6	0.6
Household leading only	4.8	0.1	4.7
Student > 15 years	7.1	3.4	3.7
Child up to the age of 14 years	14.8	7.6	7.2
Other	0.5	0.25	0.25

Source: Statistik Austria-Mikrozensus Arbeitskräfteerhebung Quartalsdaten [9]

high proportion of vocational education, 16% have university degree

salaried employment dominates

From the total working population of roughly 400,000 in 2017, the majority (84%) had an Austrian citizenship. Concerning the level of education, the largest group (41%) has completed a vocational school for apprentices, and 15% each have completed schools for intermediate technical or vocational education and colleges for higher vocational or academic secondary schools respectively. Only 16% have a university degree and 13% have completed mandatory education only. Almost three quarters work full-time and the majority (86%) are in salaried employment compared to 14% self-employed (Table 6-2).

[3] For concept of subsistence (Lebensunterhalt) respondents are asked to which groups they belong. If more than one group is relevant, the group which dominates is selected (e.g. a student who works for a few hours will fall into the group ‚student > age 15'.

Table 6-2: Working population according to selected characteristics in Tyrol, 2017

	n	%
Working population in total	**388,800**	**100**
Nationality		
Austrian	326,700	84
Non-Austrian	62,100	16
Level of education		
Mandatory education only	50,500	13
Completed vocational school for apprentices	159,200	41
Schools for intermediate technical or vocational education	58,600	15
College for higher vocational education or academic secondary school	59,700	15
University	60,800	16
Working hours		
Full-time	271,000	70
Part-time	117,700	30
Type of work		
In employment (salaried)	334,000	86
Self-employed	54,800	14

Source: [10]

7 Overview on the Austrian welfare system

ministry report on Austrian welfare system

The following description is taken from the report on the Austrian welfare state published by the Ministry of Labour, Social Affairs, and Consumer Protection [11].

mix of centralised and decentralised social security elements

Austria is a democratic republic and a federal state composed of nine Länder (regions). Overall, the Austrian system of social security is characterised by a mix of centralised and decentralised elements, with the social insurance benefits and the benefits for the entire resident population (universal benefits) coming under the remit of the central government. The regional entities (Länder, local and municipal governments) are mainly responsible for part of healthcare, housing, most of the social services, childcare facilities and the means-tested minimum income scheme.

social partners play key role in law-making

The social partners play a key role in opinion-forming and law-making processes. Social policy decisions usually rely on consensus-based solutions found together with:

- the statutory stakeholders, i.e. the Chamber of Labour (Arbeiterkammer – AK), the Economic Chamber (Wirtschaftskammer – WKO), Chamber of Agriculture (Landwirtschaftskammer – LK) as well as
- the Austrian Trade Union Federation (Österreichischer Gewerkschaftsbund – ÖGB) and the Austrian Federation of Industry (Industriellenvereinigung – IV).

welfare system bodies governed by rep. of social partners

The governing bodies of the social insurance institutions, the public employment service, and other entities are composed either in their entirety or in great part by representatives of social partner organisations.

experts and NGOs gained more influence in recent past

Other stakeholder groups, such as those representing the interests of senior citizens and people with disabilities, as well as non-governmental organisations (NGOs) active in the field of social welfare have gained influence in recent years. Experts from a great variety of fields are increasingly being involved in the activities of reform commissions and other bodies to help with the processes of preparing and implementing decisions. Last but not least, another impetus for the development of Austria's social security system is provided by the institutions of the European Union.

€ 99bn for social protection in 2014

Figure 7-1 presents an overview of social protection in Austria. In 2014, total expenditure on social protection (including healthcare) was € 99.2 bn, whereby the Länder and local communities accounted for 5.6%.

30% of GDP spent on social welfare

In 2014, more than 30% of the annual economic value added were spent on public social welfare benefits. The largest proportion is provided to fund old-age pensions. Spending on healthcare accounts for one quarter of the total spending. Expenditure on families came to € 9.2 bn. in 2014, accounting for 9%. (Figure 7-2).

Social protection system	Features and examples
Social Insurance: statutory pension, health and work accident insurance	Eligibility and assessment criteria for monetary social benefits for old age and invalidity are primarily linked to an individual's (previous) activity and income status; insurance rights go beyond this framework (e.g. co-insurance in social health insurance schemes).
Unemployment insurance (UI)	Covers benefits awarded (by the public employment service) in the context of pending or existing unemployment; e.g. unemployment benefits, unemployment assistance and active labour market policies.
Universal systems	Benefits awarded to the entire resident population irrespective of the current or former income and activity status; e.g. family allowance and tax credit for children, childcare allowance, long-term care system and the benefits in kind offered by the healthcare system.
Means-tested benefits	Benefits involving a means test on income; these cash benefits are only available to those in need; the claimants' existing income and, in part, their assets are used to determine eligibility. Examples of these benefits primarily include minimum income levels under the statutory pension insurance scheme (equalisation supplements), unemployment assistance under unemployment insurance, the means-tested minimum income scheme and grants to pupils and students.
Social protection for civil servants	Set out in civil service law; civil servants have their own pension law.
Social compensation systems	Special laws on cash-income support; benefits for victims of war, military service, crime and vaccinations;
Protection under labour law	Entitlements under labour law (e.g. continued payment of wages in case of sickness);
Occupational pension schemes	e.g. defined pension funds, direct defined benefit programmes;
Social services	Includes a range of social services in different fields, e.g. counselling (violence, drugs, homelessness, etc.), child- and family-related services, homes for the elderly and nursing homes, housing or employment schemes for people with special needs, etc.

Figure 7-1: Overview of social protection in Austria (Source: [11])

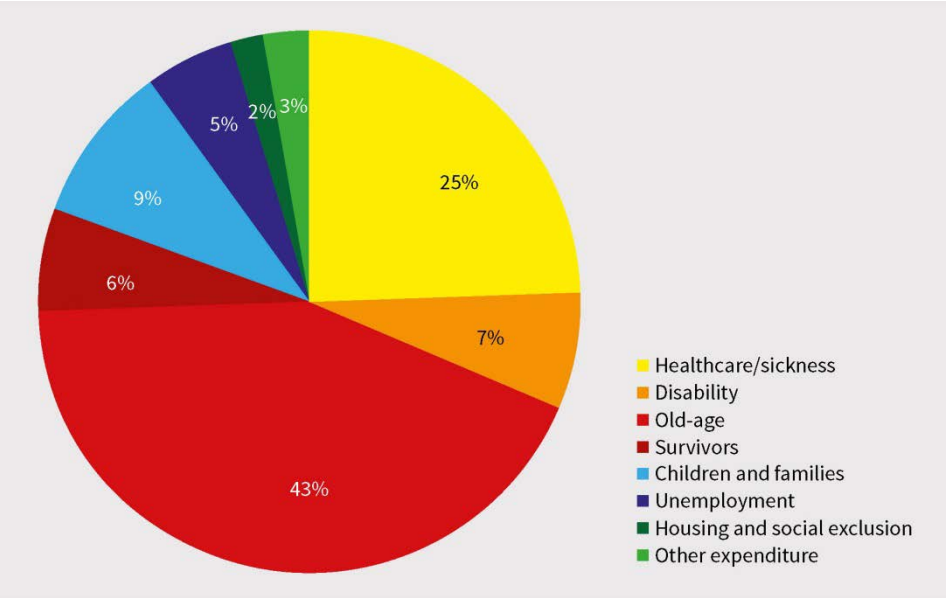

Figure 7-2: Social benefits by life situations 2014 (Source: [11])

Cash benefits make up the greatest part of social expenditure (68%) and are mainly spent on old-age pensions, invalidity and survivor benefits and family and unemployment transfer benefits. Healthcare is the only area where benefits in kind outweigh cash benefits considerably. In sum, more than two thirds of all social protection benefits are cash benefits and just under one third are benefits in kind (Figure 7-3).

more cash benefits than in kind benefits except in healthcare

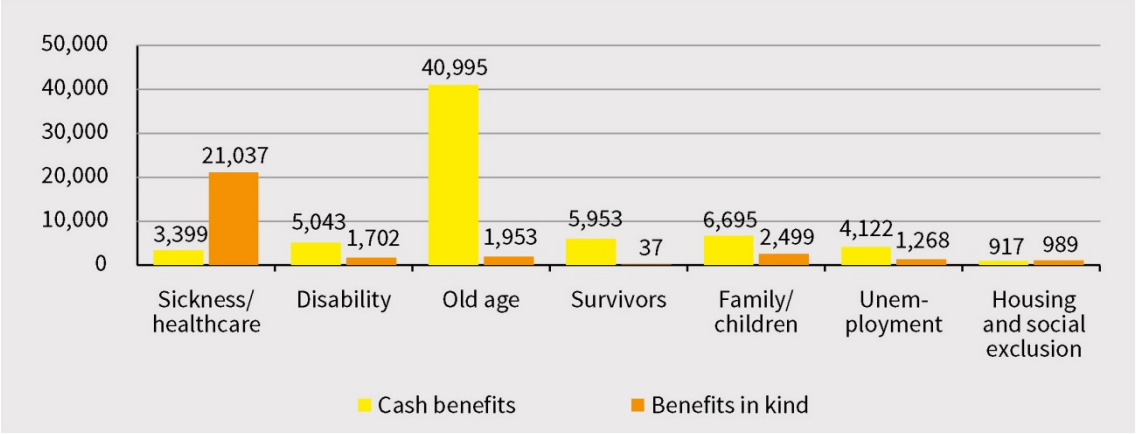

Figure 7-3: Benefits in cash and kinds by life situation, in € m., 2014 (Source [11])

Compared to other countries, public expenditure for families and childcare are high in Austria: In 2014, 2.7% of the GDP were spent on benefits for families (cash or in-kind, tax-benefits), whereby the largest proportion are cash benefits [12] (see 9.3). In 2014, cash benefits were € 6.6 bn.; they include: family allowances (€ 3.1 bn), childcare allowances (€ 1.1 bn), tax credits for children (€ 1.3 bn), advances on alimony payments (€0.1 bn), grants for pupils and students (€ 0.2 bn), maternity allowances (€ 0.5 bn), and single earner's tax credits (€ 0.3 bn) (Figure 7-4). Some cash-benefits (family allowances, tax credits for childcare and childcare allowances) are universal transfer payments (i.e. independent of gainful activity and income). Another group of cash benefits (maternity allowances before and after childbirth) are social insurance benefits which are dependent on employment and income). Finally, a third group is means-tested and only awarded to those in need [11]. Regarding tax-benefits, higher income groups benefit disproportionately from lower income groups [12].

comparably high spending for families and children, largely cash benefits

biggest part: family allowance

some universal, some based on employment, some means-tested

tax-benefits are regressive

On the contrary, spending on in-kind benefits (e.g. subsidies to childcare facilities and to family services) is lower than in many other countries [12]. Benefits in kind are primarily provided by the Länder and local governments and totalled € 2.5 bn in 2014 [11].

lower in-kind services spending than in other countries; provided by regions

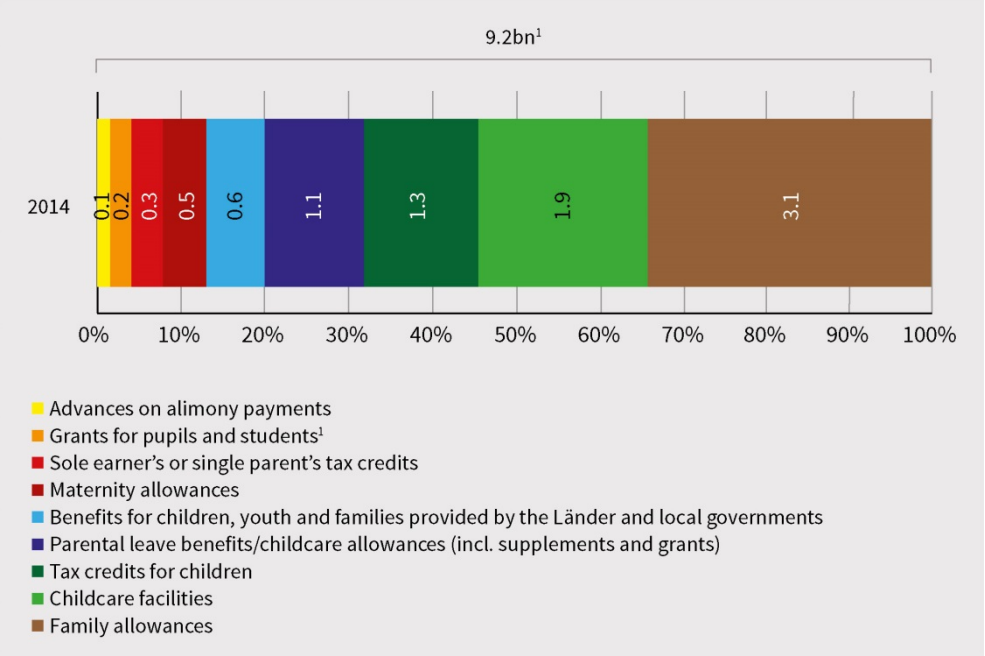

Figure 7-4: Expenditure on families in € bn. and in %, 2014 (Source: [11])

[1] *As this representation of expenditure is based on the European System of Integrated Social Protection Statistics (ESSPROS), systems without a redistributive nature, such as explicit expenditures on education are not included. Additional information: in 2014, € 422m. were spent on free transport for pupils and apprentices, and € 106m on textbooks. An amount of roughly € 0.02m went into other expenditure, such as compensation for distress, family counselling centres and transfers.*

8 Healthcare system

8.1 Overview

The following information is mainly based on the Austrian report on 'Health Care System in Transitions' by the European Observatory on Health Systems [13].

8.1.1 Organisation and governance

healthcare largely decentralised with multiple actors within federal regulatory framework

Almost all areas of the healthcare system, except inpatient care are constitutionally a federal responsibility, overseen by the Federal Ministry of Health assisted by a range of national institutions. However, in practice the Austrian healthcare system is highly decentralised and involves multiple actors. It is characterised by regionalised provision within a regulatory framework, determined at the federal level, delegation of statutory tasks to legally authorized stakeholders in civil society, and a wide degree of consensus required for decision-making [13].

funding based on health insurance

hospital sector separate regulations

national structural plan

Austria belongs to the so-called 'Bismarck-type' of healthcare systems meaning that financing is based on social health insurance. Thus, implementation of health insurance and outpatient care has been delegated to social security institutions, which are managed as self-governing bodies, brought together in a national Federation of Austrian Social Security Institutions (HVB). The hospital sector is treated differently, with only the basics defined at federal level, the specifics of legislation and implementation being the responsibility of the regions (Länder). There is an overall national structural plan for the health system (the ÖSG), which sets the parameters for regional and local provision [13].

outpatient and rehab services + drugs: negotiations within insurance and professionals

hospitals: regions are responsible

funding via regional health funds

In the outpatient and rehabilitation sectors, as well as in the field of medication, healthcare is organized through negotiations between the social security institutions and the Chambers of Physicians and Pharmacy Boards, together with the representatives of other healthcare professions. For hospital (inpatient) care, the regions are obliged to provide sufficient facilities for their population. In principle, they do this in compliance with federal requirements and in cooperation with the social security institutions. However, there are only limited sanctions if regions do not comply with federal requirements. Regions also license healthcare providers (except independent physicians and group practices). The Federal Health Agency (BGA) is the central facility for supra-regional and cross-sector planning, governance and finance of the healthcare system. The BGA also channels federal resources to nine regional health funds, which pool resources for the financing of inpatient care at the region-level [13].

private management of hospitals; church institutions play role

Management of public hospitals is outsourced to private hospital management companies in every Land except Vienna. Church institutions are also important in the health system. In particular, there are numerous hospitals run by catholic orders or by the social welfare branch of the evangelical church, and these play an important role in supporting the severely ill and in providing palliative care [13].

public health services delegated to regional authorities

Public health services (ÖGD) are generally coordinated and supervised at federal level but implementation is mostly delegated to local and region-authorities, as well as social security institutions [13].

8.1.2 Financing

healthcare expenditure: € 4000 per resident

¾ funded publicly

Total health expenditure in Austria in 2016 amounted to € 36.9 bn or approximately € 4,000 per resident [10, 14, 15]. The percentage of GDP spent on health was higher than the EU-15 average, at approximately 11.2% of GDP (the EU-15 average in 2016 was 9.6% [16]). The proportion of public health expenditure (taxes and social insurance contributions) within that total expenditure was 74%.

funding: health insurance (44%), taxes (30%), private (26%)

The system is funded from different sources. The largest sources are the social insurance funds which account for 44% of expenditure. Taxes account for 30% of expenditure and 26% are from private sources. Concerning private sources, in 2016 private health insurance funds financed approximately 5.2% of current expenditure, predominantly through supplementary insurance schemes, which principally cover services in hospitals ("hotel services" and freedom to choose physicians). Patients contributed almost 19% of current expenditure through out-of-pocket payments (mostly additional payments for healthcare services). Low-income individuals, or individuals with chronic illnesses can be exempted from prescription fees and other surcharges [10].

highest proportion goes to inpatient care

Within public expenditure (€ 24 bn), the highest proportion (€ 11 bn) is spent on inpatient and outpatient care (€ 8.5 bn) (Figure 8.1-1).

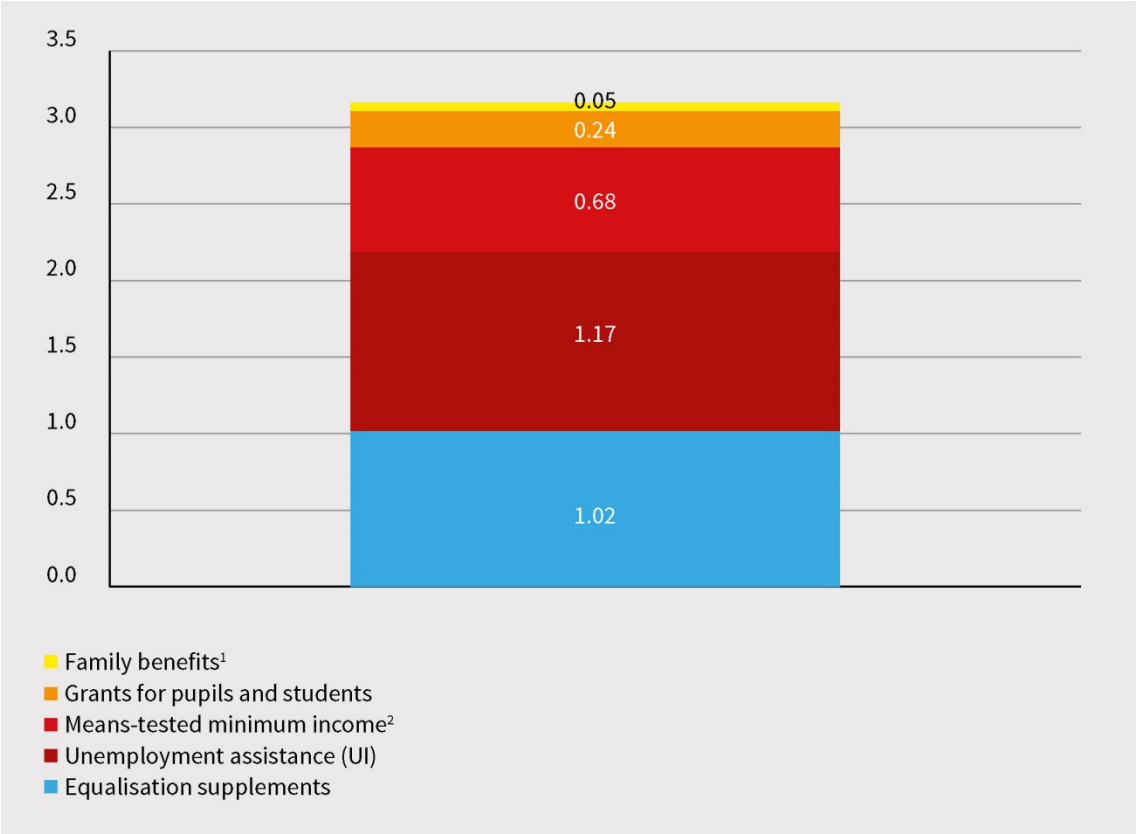

Figure 8.1-1: Public expenditure on health in € bn and%, 2014 (Source: [11])

Almost the entire population (99.9%) of the 8.77 million inhabitants (2017) has health insurance coverage. Membership of a health insurance scheme is determined by place of residence and/or occupation, so there is no competition between funds. Social insurance contributions are determined at federal level by parliament. In recent years, they have been fixed at 7.65% of income for most of the population, but individuals earning more than € 5,130 per month (or € 5,885, depending on the type of insurer) do not have to pay contributions for income exceeding this threshold. Any person insured by a social insurance fund has a legal entitlement to a broad range of in-kind and financial benefits. The guiding principle behind the system is that the provision of treatment must be sufficient and appropriate, but should not exceed what is necessary [13, 17].

99.9% of population has insurance coverage

contribution: 7.7% of income up to ceiling

Payment of providers differs depending on the source of financing and the type of provider. Public and non-profit hospitals providing statutory services receive a 'Diagnosis-Related Group' (DRG)-based budget from the regional health fund. Most health insurance funds pay for outpatient services using a mixed payment system, combining flat-rate payments (per patient, per quarter–basic service compensation) and fee-for-service payments. The allocation of these payment elements varies by specialty and region [13].

different reimbursement modes: hospitals: DRG, outpatient: flat-rate + fee for service

8.1.3 Physical and human resources

There are around 270 hospitals in Austria, of which 178 provide acute inpatient care. One of the stated aims of Austrian healthcare planning has been to reduce the number of hospital beds. Between 2000 and 2010, the average reduction in bed numbers across Austria was 10%, though with much variation between regions. However, compared to the rest of the EU, bed numbers per head in Austria are still amongst the highest, though approximately at the same level as Germany [13].

high number of hospital beds/inhabitant in Austria

With 5.1 physicians per 1,000 residents in 2016, Austria had one of the highest physician-to-population ratio in the EU. The number of nurses per 1,000 residents (8.9 per 1,000 residents), however, is slightly below the EU-27 average. Switzerland, Germany and many northern European nations have significantly more healthcare staff overall per head [18].

high physician-to-population rate within EU; nursing rate below EU-average

Figures on other healthcare professionals are only available for the inpatient sector. Professionals that may be relevant for COPMI are physiotherapists, occupational therapists or speech therapists. According to the latest health statistics report, 3,699 physiotherapists, 1,249 occupational therapists and 529 speech therapists were working in Austrian hospitals in 2016 [19].

less information on further health professionals

8.1.4 Provision of care

A fundamental characteristic of the Austrian healthcare system is that all members of the population have relatively unrestricted access to all levels of care (general practitioners, specialists and hospitals). This advantage is, however, counterbalanced by the fact that the maze of different care options often makes it difficult for patients to find the right one. Although attempts are made to improve care for chronically ill patients with the help of structure

unrestricted access to care at all levels

however, deficiencies in service coordination

disease management programmes (such as for diabetes), most patients are still confronted with high 'search costs'.

free choice of outpatient physician in different settings

In the outpatient sector, patients can choose between single-doctor practices, hospital outpatient clinics, freestanding outpatient clinics and, since 2010, group practices of doctors; just under half of all active physicians in Austria work in independent practice. An exact division between primary care and secondary care is not possible, as hospital outpatient clinics also provide a lot of primary care. Treatment by specialist physicians is also available at individual practices as well as at freestanding and hospital-based ambulatory clinics [13].

44% of practising physicians don't have insurance contract (private payment)

In 2011, patients on average consulted a general practitioner, specialist physician or other social security contracted service provider 14 times. However, about 44% of independently practising physicians were not contracted to any health insurance fund. If patients go to one of these physicians, they have to pay the fee directly but will be reimbursed up to 80% of the fee that would have been paid to contracted physicians for equivalent services [13].

different levels of inpatient care, poorly coordinated

For inpatient care "standard" (basic secondary care services), and "specialist" (e.g. orthopaedic surgery) hospitals as well as highly developed "central" (full secondary and tertiary services, e.g. university) hospitals are available. Generally, the coordination of primary and secondary care as well as of acute and long-term care suffers from fragmented responsibilities.

primary healthcare centres only as pilots

In 2015, the first primary health centre (doctors, nurses, therapists and further health specialists work together at an out-patient facility) opened in Vienna, offering a mix of healthcare professionals and extended opening hours to reduce the burden on the much frequented out-patient departments in hospitals. Currently, further primary healthcare centres are being established under the ongoing reform of the healthcare system [20]. No primary healthcare centre has been established in Tyrol so far.

drugs regulated via a positive list

access free for insured except for prescription fee

The Federation of Austrian Social Security Institutions provides a positive list of pharmaceuticals, the so-called Reimbursement Codex (EKO). Of the approximately 9,200 authorised medications in Austria (variations in form and dosage counted separately, but not variations in pack size) in 2017, around 7,372 were included in the reimbursement codex as of January 2018. All insured patients in Austria have free access to any physician-prescribed medication listed in the reimbursement codex upon payment of a prescription fee (€ 6,00 in 2018) [20].

8.2 Healthcare services in Tyrol

8.2.1 Public health service

regional PH: med. care in kindergarten/schools, emergency services, vaccination

Key areas of the public health service of the regional Tyrolean government are medical care in kindergarten, services from school physicians during compulsory education and vocational training, emergency medical services and specific vaccination programmes.

psychological counselling units across Tyrol

Furthermore, the Tyrolean public health services runs eight psychological counselling units at district level aiming at support for people with mental health, psychosomatic or chronic physical problems and at prevention and

early detection. These services were used by 1,202 patients in 2011 [21]. In addition, the professionals in these units are involved in developing concepts for psychological, psychotherapeutic and psycho-social service provision.

quality of long-term care and nursing training

Furthermore, the Tyrolean public health office is responsible for quality of long-term care and for the (continuous) education and further training of professionals in nursing.

universal 'mother-parent-counselling' in every district

The public health authority is responsible for 'mother-parent-counselling' (Mutter-Eltern-Beratung) which involves services for parents and their children (e.g. exercise programmes during and after pregnancies, home visits by midwifes, mother-child sessions for new-borns and infants with special need). There are information centres in each Tyrolean district. Some initiatives are set to increase cooperation between different healthcare professionals.

public health physician lead Tyrolean PH regions

Public health services are organised in the form of 79 regions that cover all 279 communities in Tyrol and that are led by a physician. In addition, health authorities at district-level exist which are led by a public health medical officer (Amtsarzt). Overall, 30 public health medical officers (25.125 full-time equivalents) and 69 non-medical health professionals are employed.

universal parent-child screening programme during pregnancy and early childhood

Another key public health activity that is, however, organised and financed at the federal level, is the parent-child screening/prevention programme (Mutter-Kind-Pass). The programme is universal and free of charge for all women/children and contains a number of examinations during pregnancy and in early childhood (until 62 months/~5 years). Some of the examinations are mandatory for receiving child-care allowance (see 9.3.4). The programme is financed by the health insurance and the 'Family Burden Equalisation Fund' which is funded by employers. The current programme is rather medical-oriented and the examinations are to a large extent carried out by gynaecologists and paediatricians while other health professionals play a very minor role. However, the screening programme has recently undergone intensive evaluation and is currently revised and re-organised. The aim is to re-orient the programme towards current needs including psycho-social dimensions [22].

currently programme undergoes major revisions

8.2.2 Inpatient care for acute services

18 hospitals in Tyrol (9 with public status)

677 beds/inhabitant

average length of stay: 5.2 d

located in 8 regions

In 2015, inpatient care was provided by 18 hospitals. 9 hospitals with 4,033 beds representing 546 beds per 100,000 inhabitants (Austrian average: 505/100,000) had a public status. The remaining 9 hospitals which do not have a public status provide 971 beds. Three of them are fully private hospitals (Sanatorium) with a total number of 335 beds for the treatment of predominately privately insured persons. All types of hospitals together provide 5,004 beds representing 677 beds per 100,000 inhabitants (Austrian average: 749/100,000) [23]. There were 305,237 inpatient admissions[4] with an average length of stay of 5.2 days in 2015 [23]. In 2011, utilisation of total capacities was 76.5% [24]. The hospitals are located in the area around Innsbruck, but also in all district capitals except one (district Imst) [24]. The legal representative from the public hospitals is in 90% a public body (in 5 cases a community and in 3 cases the regional government). In one case it is a confessional body [23].

2,300 physicians + 8,000 further health professionals

In addition to 2,254 employed physicians, 8,028 non-medical health professionals were working in Tyrolean hospitals (76% females). Two thirds of them were nurses [23].

[4] excluding rehabilitation

8.2.3 Inpatient rehabilitation care

rehab in 2011 focussed on physical illness

In 2011 three rehabilitation-centres and one therapy-centre were available. All of them focus on physical illness (neurology, cardiology, pulmology, organ transplantation, musco-sceletal system) and services are privately provided (but funded publicly).

8.2.4 Outpatient care

In the outpatient sector, patients can choose between single-doctor practices (free-practices) and hospital outpatient clinics.

high frequency in hospital outpatient setting

In 2011, 960,000 patients relating to 2 million cases were treated in hospital outpatient clinics in Tyrol. The frequencies of hospital outpatient hospital services were highest in Tyrol compared to all other Austrian regions [24].

half of outpatient physicians had insurance contract 30% GPs

Furthermore, 1,621 physicians were working in single-doctor practices in 2011 from which 785 (48%) had a contract with the social health insurance. 486 (30%) doctors were general practitioners, the remainder where specialist physicians [24]. As of January 2016, 1,523 physicians in free-practices were registered which represents a slight decrease [23]. One group of specialists that may be relevant for COPMI are paediatricians. In 2016, 133 practicing paediatricians were registered in 2016 in Tyrol [19].

8.2.5 Mobile services

mobile services in almost all communities

In 2011, in 275 out of 279 communities, mobile services were available. The majority of service providers are private associations that are organised by the communities. 9,093 persons used mobile services in 2011 (an increase by 14% compared to 2007). The majority of people were > 60 years of age and 67% were female.

8.2.6 Additional services and projects

Women's health centre

gender medicine at women's health centre

In 2008, a women's health centre has been established that primarily focusses on research in gender medicine and provides specific counselling and medical services for women.

Occupational healthcare

occupational health care by law

According to the employee protection law (ArbeitnehmerInnenschutzgesetz) each employer needs to guarantee occupational health care for employees. (e.g. by employed occupational physicians in companies with >50 employees). In 2011, 2 occupational healthcare centres existed in Tyrol and overall there were 149 occupational physicians and 34 occupational psychologists registered.

8.2.7 Registered physicians and midwifes

As of January 2016, overall 3,778 practicing physicians were registered in Tyrol. This represents 511.1 physicians per 100,000 inhabitants (Austria: 505.7/100,000). A quarter of them are general practitioners, while more than half are specialists. The remaining fifth is in education [23].

511 registered physicians/ 100,000 inhabitants

Overall 217 midwifes were registered in Tyrol in 2016. This represents 29.4 midwifes per 100,000 inhabitants (Austrian average: 26.6/100,000) [23].

30 midwives/ 100,000 inhabitants

9 Social care system

9.1 Overview

9.1.1 Organisation and governance

Social services consist of numerous types of counselling, support and assistance measures. The major areas of social services include labour market policy measures, homes for the elderly and nursing homes, day-structuring and extramural services, housing and/or employment schemes for people with special needs as well as counselling and assistance to individuals with special problems. The latter include women exposed to domestic violence and their children, drug-dependent or drug-addicted persons, homeless persons or persons at risk of losing their homes, over-indebted people, ex-prisoners or asylum seekers.

various types of social services related to employment, housing, old-age and disability available

With the exception of labour market-related measures, responsibility for most of the social services is in the hands of regional, local and municipal authorities. Territorial authorities run some of the social services themselves, while others are outsourced to non-profit organisations, associations or private providers. Overall, the public sector plays a dominant role in providing childcare, homes for the elderly and nursing homes. Other providers are private and non-profit organisations (NPOs), including large organisations with a long-standing tradition in this field (church-related associations, associations affiliated with political parties, other supra-regional welfare organisations) and numerous smaller entities.

mostly local authorities responsible

provided by private NPOs or public bodies

Access varies and ranges from universal to means-tested access. Whereas individuals enjoy legal entitlements to most cash benefits and healthcare services, there are no such entitlements to the majority of social services.

different degrees of access

9.1.2 Financing

Financing of social services varies depending on the type of service. The majority of social services (except most of the labour-market related measures) are funded out of taxes at the regional- or local municipality level. A variety of different reimbursement arrangements exist ranging from fee-for service contracts to one-time subsidies. Compared to healthcare or education, the funding of social services is much less stable. Contracts with providers are usually temporary and funding is subject to change, discretionary power and political will. This is particularly the case for social services that are established on a 'project base'. In Tyrol, a template for contracts between the Tyrolean government and social service providers has recently been developed to increase transparency and planning capabilities [4].

mostly funded from regional tax budget (except employment services) with variable reimbursement schemes

9.2 Social services of potential relevance for COPMI and their families in Tyrol

services (co-)funded by Tyrolean gov. fall under 'social affairs' or 'child and youth welfare'

The report 'Sozial-, Kinder- und Jugendhilfe in Tirol 2015-2016' [4] provides an overview of existing services in the area of social care that fall under the responsibility of the regional government. Services are categorised into (1) those that fall under the responsibility of the 'Department of Social Affairs' and (2) those that fall under the responsibility of the 'Department of child and youth welfare'. The former covers long-term care, support for disabled person (including many mental healthcare services), social work and coordination of services in the area of addiction while the latter includes a variety of services for children and adolescents. Services are either provided by the regional public body or by a private non-profit organisation.

9.2.1 Services within the social affairs field

private providers funded directly or based on project-based subsidies

Regarding the services within social affairs, different types of reimbursement exist for private providers. They are either directly reimbursed by the regional government (most of the mental healthcare services fall under this category) or they receive project-based co-funding based on subsidies. Many of them are additionally funded from donations and parts of the staff may be unpaid voluntary workers. Annex Table 16.1-5 classifies all services identified.

mostly non-profit providers

primary target groups: mental illness, children, females

Table 9.2-1 summarises the information. All except one service are provided by private non-profit organisations. There is a mix of large and small-scale providers both in terms of activity profile and regions where services are provided. Target groups that were most often mentioned are people with mental disorders (including addiction), children/adolescents (either explicitly or among others) and (young) females (e.g. women who have migrated or fled to Austria, homeless women, women who are threatened with violence).

>50% operate in one district only

2/3 operate office-based, remainder outreach services, in shelter facilities or other settings (schools)

Almost 60% of the services operate in one Tyrolean district only (all except six in Innsbruck-Stadt). In terms of setting the services are provided, there is a mixture between 'come' and 'go-structures'. The former represent office-based services while the latter includes outreach services, whereby several services offer both types. More than two third of services (69%) operate office-based, 27% are based in accommodation/shelter facilities and one quarter offers outreach services (e.g. in people's homes). A considerable number of services are provided in schools (e.g. workshops). Three services specifically mentioned mental illness of parents either in their activity profile or within their target group descriptions.

multi-disciplinary teams

broad range of services offered

Staff are multi-disciplinary ranging from medical doctors and further types of health professionals (psychologists, psychotherapists) to social workers, social scientists or lawyers and pedagogues. The organisations offer a broad range of activities ranging from counselling/advice and therapy to awareness rising. Some also provide infrastructure to be used flexibly (e.g. shower, meeting rooms, shelter) or permanently (accommodation).

Table 9.2-1: Social services within the department of social affairs

Category	n	%
Type of provider (n=36 providers)		
Public	1	3
Privat non-profit	35	97
Primary target groups of services (n=53 services)[1]		
People with mental disorders (and their families/friends) including addictive disorders	25	47
Children/adolescents	5	9
Females	7	13
People/families in stressful situations	12	23
Homeless people or people at risk of homelesness	8	15
Others (criminal offenders, people who are HIV positive)	3	6
Region covered (n=54 servcies)[2]		
All Tyrolean districts	6	11
One district	30	56
Two to four districts	11	20
Five to eight districts	7	13
Setting of service provision (n=52 services)[3]		
office-based	36	69
mobile service (flexible location)	11	21
accommodation/shelter facilities	14	27
work sites	4	8
public space	2	4
other (e.g. schools)	6	12
Mental disorder in parents mentioned in target group descriptions (n=53 services)	3	6

Source: [4]; own calculation

1: includes all services on which information on target group was available (2 missing); multiple answers possible; 2: includes all services on which information on region was relevant (54 out of 55); 3: includes all services on which information on setting of service provision was available and relevant (52 out of 55 services); multiple answers possible

9.2.2 Services within the field of child and youth welfare

different service categories within child and youth welfare

Within child and youth welfare, according to the Tyrolean child and youth welfare act (TKJHG), services are categorised into (1) social services (§ 20 TKJHG), (2) service for supporting parenting (§ 41 TKJHG) and (3) full-parenting services in the form of out-of-home placements (§ 42 TKJHG).

access varies, some universal, some via child and youth agency

Access to the first service category is universal and costs are fully publicly covered for children, adolescents, families and young adults until the age of 21. The main payer is the regional government, some are co-funded by the federal government, individual municipalities (e.g. city of Innsbruck and Kufstein) or school providers. Access to the second category depends on referral from the child and youth welfare agency. Like the social services, services for supporting parenting are also fully publicly funded (65% regional government, 35% municipalities). The rate per 1,000 children below 18 who re-

social services and parenting support fully publicly funded

ceived services related to parenting support was 21.5 in 2016 in Tyrol which equalled the Austrian average [25]. Details on all services within both categories are presented in Annex tables Table 16.1-1 and Table 16.1-2.

mostly NPOs, primarily for children, some focus more on parents or target other professionals

1/3 in all districts

mixture of come- and go-structures

Table 9.2-2 presents a summary. Overall, 27 services fall under category § 20- and § 41 TKJHG-services respectively, whereby three quarter are services for supporting parenting and only one quarter are § 20 TKJHG-social services. The majority of the services are provided by publicly (co)-funded non-profit organisations, and one is provided by the government itself. As primary target groups, most of them mention children/adolescents and families respectively. Six services specifically target parents and three services offer support for other professionals. Many of them have more than one target group. More than a third of the organisation provide their services in all Tyrolean districts, roughly one fifth in one district only, however some of the latter are available for inhabitants from other districts, yet with longer travelling requirements. In terms of setting where the services are provided, there is a mixture between 'come' and 'go-structures' whereby the former represent office-based services while the latter includes outreach services (e.g. in people's homes). A minority of organisations provide services in public space (e.g. streetwork) or schools.

Table 9.2-2: Social services and parenting support services within child and youth welfare

Category	n	%
Type of provider (n=21)		
Public	1	5
Private non-profit	20	95
Primary target groups[1] (n=27)		
Children/adolescents	26	93
Families	15	56
Parents	6	22
Others (professional)	3	11
Region covered (n=27)		
All Tyrolean districts	10	37
Two to four Tyrolean districts	6	22
Five to eight Tyrolean districts	5	19
One district	7	22
Setting of service provision[1] (n=27)		
Office-based	10	36
Location flexible/preferred by target group	8	29
Public space	2	7
Other (e.g. schools)	2	7
Info not available	4	14
Legal framework (n=27)		
§ 41 TKJHG (support in parenting)	20	74
§ 20 TKJHG (social services)	7	26

[1] *multiple answers possible;*

Source: [4]; own calculation

broad range of services offered

The organisations offer a broad service variety, ranging from counselling/(legal) advice to practical support in daily living (e.g. checking the economic situation, debt counselling, housekeeping). Some organise activities with children/adolescents and some provide support for other professionals (e.g. teachers). A number of them explicitly mention coordination with other providers in their activity profile.

multi-professional teams

The services are provided by multi-disciplinary teams, whereby the required qualifications are regulated in a directive. Staff needs to have a background in paedagogics (family paedagogics, social paedagogics), social work, education science, psychology or psychotherapy. Additionally, educators, nurses and medical doctors may be employed, depending on the type of service.

full parenting services: access via welfare service

private co-payment

Regarding the third service category (full parenting via out-of-home placement according to § 42 TKJHG), access is also regulated via the child and youth welfare agency. In contrast to the former service categories, private co-payment (Kostenersatz) is required, whereby the level of payment depends on the socio-economic situation and is regulated in the alimony act (Unterhaltsgesetz). A full list of providers and a classification of the services are presented in Table 16.1-3 in the annex. In addition to institutional services, out-of home care can also take place in foster families.

16 providers, 30 services, 542 places

key providers: government, SOS-Kinderdorf

different age of entry

236 children in foster care

Overall, 16 providers (15 private non-profit, 1 public) are running 30 § 42-TKJHG full-parenting services. The largest providers (in terms of number of places available) are the Tyrolean government (92 places) and 'Verein SOS-Kinderdorf' (135 places for individuals and/or families). Many of the accommodation services are located in the districts Innsbruck-Stadt and Innsbruck-Land, but several places are also provided in rural areas. The target group of ten of the services are children (up to 12 or 14 years of age). Eleven of them support adolescents (up to 18 or 21 years of age) and eight provide support for children and adolescents. The age of entry for children varies. It is mostly 6 years but in some accommodations, children from birth onwards or from age 2 or 3 are cared for. In summary, 542 places for individuals and/or families are available, from which the vast majority are for full-time care and the remainder are places with less intense care (supported living). In addition to institutions, 236 children in Tyrol were cared for in foster-families in 2017.[5]

recently capacities increased

In a report from 2017, a considerable unmet need for places in supported accommodation has been described [4]. This has resulted in providing funding for additional places, which will be available in the near future.

mental health problem one key reason for out-of-home care of kids

According to the latest child and youth welfare statistics, 6.5 per 1,000 children below 18 years received full parenting outside home in 2016 in Tyrol. The rate was lower than the Austrian average (9/1,000) [25]. In an earlier report, reasons for living outside home were analysed by one large provider. In one fifth of the mothers, mental health problems were identified as main reason, while in 30% it was a feeling of being generally overwhelmed [26].

out-of home sometimes far away, yet numbers descreasing

It has also been observed that a number of children receive out-of-home care quite far away from their home, sometimes also in other Austrian regions or outside Austria [27]. Among the Tyrolean children who are cared for out of home the rate of those who were cared for in other Austrian regions or outside Austria is roughly 7% which is lower than in other parts of Austria[5]. In absolute numbers, 57 and 20 children were cared for in other regions and outside Austria respectively. The number has decreased over time.

[5] Personal communication child and youth welfare unit regional government

different child and youth welfare concepts across Austria

Overall, it has been criticised that the standards within child and youth welfare to support children either via support in parenting or via out-of-home care vary considerably both across Austria but even within single regions with respect to staffing ratios and concepts of care (e.g. avoiding out-of-home care) [27].

child and youth advocacy: advise free of charge

Another service that is legally grounded in the Tyrolean child and youth welfare act (§ 11 TKJHG) (as well as in the federal child and youth services act § 35) is the child and youth advocacy service (Kinder- und Jugendanwaltschaft). It primarily offers advice for children, adolescents and young adults. The main topics are legal issues, conflicts, problems within the family or school and custody issues. The agency guarantees confidentiality and the service is free of charge [28].

9.2.3 Health promotion and early childhood interventions

federal level service: Frühe Hilfen for early intervention in families with children ≤3

Apart from the services provided and/or (co-)funded by the Tyrolean government, social services that are funded at the federal level, are available in Tyrol. The most important one are 'Frühe Hilfen' which are funded out of a separate 'prevention budget' (Vorsorgemittel der Bundesgesundheitsagentur). ‚Frühe Hilfen' refers to a health promotion and/or early intervention approach during pregnancy and early childhood (until age of three) that addresses (lack of) resources in families. The core characteristic is that support is offered across sectors involving different types of health professionals and services [29]. The aim is to decrease health inequalities by addressing social determinants of health in early childhood. This means that families that are at risk for poverty (e.g. single-parent families and migrants) are a primary target group of the programme. Parents with mental health problems are explicitly mentioned as one of the target groups [30].

coordination across sectors, multiprofessional

parents with mental health problems addressed

universal service for identification + needs-based support through coordination of resources

The concept consists of two components: (1) a universal service for all pregnant women which includes a first contact and home visits after birth and (2) a regional 'Frühe Hilfe network' that offers multiple types of support in case of identified needs. Families are continuously supported, whereby the type of support varies according to the individual family's needs. For each regional network a network management has been established that coordinates the different services [30]. Use of the service is free of charge.

increase of supported families from 2015 to 2016

in Tyrol available in 4 districts

In 2017, 1,312 families have been referred to one of the regional networks (excluding the region 'Vorarlberg' where a separate system exists that had been established earlier). The number of contacts is considerably higher than in 2015 (where also fewer networks were existing). In Tyrol, Frühe Hilfen are managed by the non-profit organisation 'Kontakt & Co' and they are currently available in four districts (Landeck, Innsbruck-Stadt, Innsbruck-Land and Lienz; Figure 9.2-1). In terms of referral, there was an increase from around 40 in 2015 to around 90 in 2016 [31]. In 2017, there were 68 first contacts from which 48 families received further support [32].

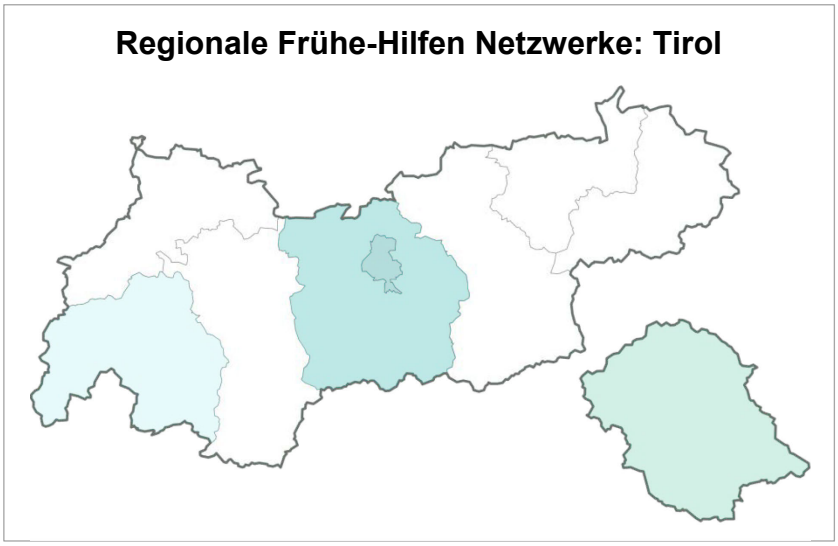

Figure 9.2-1: Frühe Hilfen in Tyrol (Source: [29])

majority of referred families received long-term support

From all the families referred in Austria (except Vorarlberg), around 63% (with 1,521 children) received continuous support in 2017. Around 30% of the referrals were self-referrals. Regarding referring institutions, most came from hospitals (33%), followed by child and youth welfare organisations (12%), social services (10.5%), self-employed midwives (10%) and 'family/mother/women counselling services' (9%). In terms of professions, social workers (working in different social and healthcare settings) were the most frequent referrers.

1/3 self-referrals, rest various formal and informal referrers

special analysis of mental health issues

Mental health issues are recorded at different points in time during the process of support. Firstly, they can be a reason for (self)-referral, secondly, mental health issues can be a motive for ongoing support and thirdly, the primary carers are asked to rate whether mental health is a stress-factor or a resource for them.

mental health problems in 16% of first contacts

70% received further support

Data showed that in 16% of all first contacts between 2015 and 2017, mental health problems in the family were stated as reason. The rate was lower in self-referrals than in referrals by institutions or professionals. Compared to all referrals, those where mental health problems were mentioned as primary reason came more often from hospitals, outpatient psychological or psychiatric services and midwives and less often from social workers, social services or paediatricians. 70% of families who were referred because of mental health issues have received ongoing support after referral. The percentage of follow-up support is, however, lower in those families than in all referrals [32].

mental health problems in 20% of supported families

less likely recognised by families themselves than by professionals

>1/3 referred further to mental health care

In one fifth of all families who received ongoing support after referral, mental health problems were stated as reason for support by the professionals. In roughly two third of these cases, mental health issues were already stated in the referral, however, in one third of the supported families, mental health problems were 'diagnosed' only upon start of support. In 12% of the supported families, the families themselves recognised mental health problems as main reason for need of support which was confirmed in the majority of cases by the professionals. However, in 50% of the supported families the professionals noticed a mental health problem while the families themselves did not. When analysing referrals to other services in the process of support,

more than one third of all families who have been referred to other services were referred to some kind of mental health care service (psychotherapy, psychologist, self-help groups in mental health, psychiatrist etc.).

mental health in 40% of primary carers stressor rather than resource

treatment less likely

40% of the primary carers within all families which were supported rated mental health as a stressor rather than a resource. However, a rather low percentage (<10%) of all primary carers has received or currently receives mental health care. Around one quarter has never received treatment because of a mental health problem. In almost 50% of the completed support cases, mental health issues were still seen as a stressor while they improved in more than 30%. Compared to all families who received support, in families with mental health problems social networks and how family members dealt with each other were more often a stressor than a resource, while the financial and housing situation was less often a stressor.

shorter but more intense duration of support where mental health was stressor

In those cases, where mental health was seen as a resource by the primary carer within the family, the initiative to terminate support more often came from both, the families themselves and the professionals than in those cases where mental health was felt a stressor. In the latter the termination was more often initiated by the families only. Furthermore, the median duration of support was lower in families where the primary carer saw mental health a stressor than in those where it was considered a resource. However, the support for the former was more intense (higher number of contacts) than for the latter.

9.2.4 Employment related services

further services funded at federal level

(1) employment-related support for adolescents

(2) coaching for adolescents

Further services exist that are funded at the federal level (social affairs) and/or by the European Social Fund and that may be relevant: (1) 'Koordinierungsstelle Ausbildung bis 18' (KOST); this services provides information, coordination and monitoring around the theme 'transition from school into work' for adolescents. The service has a specific focus on adolescents that are at risk of social exclusion and those with a disability [33]; (2) 'Jugendcoaching'; this coaching service that is available in all Tyrolean districts, supports 15 to 19 year-old adolescents in different matters that include special needs support in school, mental health problems, chronic disease or disability [34].

9.3 Cash benefits

various types of cash benefits available

Figure 9.3-1 provides an overview on all available cash benefits for families in Austria (including tax benefits). The benefits are classified by source of funding (Family Burden Equalisation Fund, social and unemployment insurance, tax benefits)

Cash family benefits from the Family Burdens Equalisation Fund (FLAF)	
Family allowance (FBH)	Transfer payments to all families independently of income and economic activity; staggered by age and number of children; higher family allowance for severely disabled children.
School start subsidies	Flat-rate amount of €100 paid each September for children aged between six and 15 years
Multiple-child supplement	In addition to family allowance an income-related benefit for families with at least three children and a maximum annual family income of €55,000; €20 per month for the third and each further child
Childcare allowance	Transfer payment for caring for small children (income-related or flat-rate options)
Supplement to flat-rate child-care allowance	For low-income single parents and parents entitled to childcare allowance (€6.06 per day)
Advances on alimony payments	If a parent who is obliged to pay alimony fails to do so, the state will provide an advance on the child's statutory alimony entitlements
Commuting grants	Flat-rate amounts for pupils and apprentices
Cash benefits under social insurance (SI) and unemployment insurance (UI)	
Family supplements under UI	€0.97 a day per dependant
Children's supplement	€29.07 a month paid on top of pensions and annuities (pension insurance)
Maternity allowance	Insurance benefit for mothers; eight weeks before and eight weeks after the birth of a child (or twelve weeks for caesarean sections and multiple births)
Childcare subsidies	Paid within active labour market programmes (up to €300 a month, staggered by gross income and care costs)
Benefits to those in need	
Benefits to those in need	within means-tested minimum benefits, housing assistance and statutory pension insurance
Tax benefits	
Tax credits for children	Uniform tax credit for each child to allow for the costs incurred by raising children: €58.40 a month per child
Sole earner's and single parent's tax credits	For taxpayers having at least one child; rate depends on the number of children
Tax credits for child support	Monthly tax credit for children who do not live in the same household and for whom statutory alimony payments are made: this tax credit amounts to €29.20 a month for the first child, €43.80 a month for the second child and €58.40 a month for each further child
Tax deductibility of childcare costs	Childcare costs are tax deductible for taxable parents: up to €2,300 per calendar year and child, if the employer pays a grant for childcare, only the costs exceeding the grant amount will be deductible
Tax allowance for children	€300 a year per taxpayer and child (if claimed by both parents) or €440 a year (if claimed by a single-parent taxpayer)

Figure 9.3-1: Family benefits in Austria (Source: [11])

Below the most relevant benefits are briefly described.

9.3.1 Family allowance (Familienbeihilfe)

family allowance is universal benefit

Family allowance is granted to parents for their children irrespective of whether the parent is in employment and independent of their income level. The amount of family allowance varies according to the age of the child (amounts as of January 2016).

Table 9.3-1: Family allowance scheme

Category	€
From birth	114 €
≥ 3 years	121.90 €
≥ 10 years	141.50 €
≥ 19 years	165.10 €
Supplement for a child with a disability	155.90 €
Start of school (for children aged 6 to 15 each year in September)	100 €

Source: [12]

amount depends on age and number of children

additionally: tax credit

If there are several children in a family, the total amount of family allowance rises by € 14.20 up to € 416 depending on the number of children. Additionally, single earners and single parents are entitled to the single earner or single parent tax allowance which ranges from € 494 to € 889 per year depending on the number of children (from 1 to 3 children). The amount rises by € 220 for each additional child. Furthermore, each tax-payer who draws Family Allowance is entitled to child tax credit amounting to 58.40 per child and month.

family bonus from 2019+

From January 2019 onwards an additional family bonus will be introduced in the form of an income tax reduction.

9.3.2 Maternity allowance (Wochengeld)

maternity allowance 8 w before and after birth; based on income

This cash-benefit is an income supplement for employed women from eight weeks before to eight weeks after birth of a child. The amount is based on the average daily net-income in the three months before the 8-week pre-birth period. The cash-benefit is paid by the social health insurance but funded out of two sources (70% family burden equalisation fund funded by employers; 30% health insurance). There is an equivalent cash benefit for self-employed women (Betriebshilfe) [12].

9.3.3 Family time bonus (Familienzeitbonus)

family time bonus: support for fathers after birth

This type of cash benefit aims to support fathers in active employment to spend time with the family immediately after birth. The amount paid is € 22.60 for 31 days maximum. In 11/2017 there were 234 recipients in Austria [12].

9.3.4 Child care allowance (Kinderbetreuungsgeld)

Benefit schemes

child care allowance conditional on completed screening and residency

Parents who permanently live with the child in a joint household, who have a legal and permanent residence in Austria and who can prove that a defined number of medical check-ups during pregnancy and early childhood have been carried out are entitled to Childcare Allowance (Kinderbetreuungsgeld). Recipients of childcare allowance are also insured by the social health insurance [12, 35].

2 schemes

Two types of payment schemes are available which have to be chosen in advance:

a. flat-rate childcare allowance based on a childcare allowance account (Kinterbetreuungsgeld-Konto). The flat rate ranges from 14.53 Euro up to 33.88 Euro per day depending on the chosen duration of allowance. The duration can be between 365 and 851 days from the date of birth of the child onwards if only one parent claims the allowance and 456 up to 1,063 days if both parents claim childcare allowance. (Single) parents with a low income can apply for a supplement to the flat-rate allowance [12, 35].

a.: flat rate: depends on chosen duration and whether single or both parents claim

b. Income related childcare allowance: if parents chose this option, they receive 80% of their latest income, up to a maximum of 66 Euro per day (approximately 2,000 Euro per month). However, applicants must have been engaged in an activity which is subject to mandatory health and pension insurance in Austria non-stop during the 182 calendar days immediately preceding the birth of the child or maternity protection [Mutterschutz]. Duration of the income related childcare allowance is shorter than the flat-rate allowance. If one parent claims the allowance it is granted for a maximum of 365 days and if both parents claim it, the duration is limited to 426 days [35].

b.: income related: 80% of latest income (max. € 66/day) for max. 462 days

payed for the youngest child

Childcare allowance is always awarded for the youngest child only. If another child is born while a parent is receiving childcare allowance, payment for the older child will end one day before the birth of the younger child.

higher payment for multiple births

For parents who have chosen the flat-rate option, childcare allowance is increased by 50 percent of the daily rate for the second and each additional child in the case of multiple births. The daily rate depends on the selected claim duration. For twins, the daily rate is one and a half times the basic rate, for triplets it is twice the basic rate etc. Income-related childcare allowance is not increased in the case of multiple births [35].

Support of child care costs (Kinderbetreuungsbeihilfe)

support of child care costs in case of unemployment, income-dependent

The aim of this cash-benefit is to support costs for childcare in people who are unemployed and actively seeking employment. It is paid by the unemployment insurance. In 2016 there were 7,940 recipients in Austria overall. The level of the cash-benefit is dependent on income. At least 50% up to 90% of the child care costs (without meals and other not directly child-care related costs such as travelling costs etc.) are funded [12].

9.3.5 Means-tested minimum income scheme (Bedarfsorientierte Mindestsicherung)

means-tested minimum income for persons without sufficient financial security

The means-tested minimum income (Bedarfsorientierte Mindestsicherung/ BMS) is designed to support persons who cannot manage to earn a living themselves. It follows the principle of subsidiarity, meaning that only those persons are entitled who do not have sufficient financial security through other means (e.g. income, benefits from social insurance, maintenance, etc.) or assets. The receipt of means-tested minimum income is dependent on having a right to permanent residence. In addition, claimants without health insurance cover are also registered for health insurance [36].

currently regional differences

BMS was introduced on 1 September 2010 and replaced the social assistance programme, which was regulated differently by each region. However, the cross-regional agreement ended in 2016 and no further agreement was reached. Consequently, different regional regulations have been defined by each region since then.

some tasks with legal entitlements and some without

In Tyrol, the minimum income scheme is regulated in the Tyrolean minimum income law (Tiroler Mindestsicherungsgesetz) and differentiates between public authority tasks (with legal entitlement) and services under private law (with no legal entitlement).

rate depends on household-size

The minimum rate paid for single earners or for people living alone was € 628.32 per month in Tyrol in 2016. For adults co-habitating it was € 471.24 and for children (pre-condition is existing entitlement for family allowance) it was € 207.34. In addition, persons may be entitled to support for the cost for housing and they may receive support for parenting and/or for increasing the employability. In some cases, one-time payments for exceptional hardship situation can be granted.

Tyrolean recipients mostly in urban areas;

av. duration: 6 mo, increase in the youngest age groups

increase in expenditure

Overall, 9,636 households with 16,536 persons received means-tested minimum benefits in 2016 in Tyrol. Most of the recipients lived in the urban areas of Tyrol (see Table 9.3-2 and Table 9.3-3). On average, duration of support was 6 months. The biggest group of recipients was between 20 and 39 years old (40%), however, the biggest increases were in the youngest age groups (+38% compared to 2012 in 0 to 5 years old children and + 40% in 6 to 14 years old; Table 9.3-4) [4]. The net-costs in 2016 were ~€ 57 m. which represents a 60% increase compared to 2012. Expenditure per supported person were highest in the urban areas which was seen as being caused by high housing costs [4].

Table 9.3-2: Households receiving means-tested minimum income according to districts 2016

	2012	2013	2014	2015	2016	Trend 2012-2016 in %
Innsbruck-Stadt	3,934	4,065	4,242	4,545	4,631	17.7
Imst	362	336	346	394	448	23.8
Innsbruck-Land	2,036	2,205	2,321	2,411	2,385	17.1
Kitzbühel	210	243	214	224	258	22.9
Kufstein	872	966	998	1,021	980	12.4
Landeck	170	168	184	212	192	12.9
Lienz	140	125	137	145	179	27.9
Reutte	177	177	185	179	215	21.5
Schwaz	602	661	697	707	734	21.9
Tyrol	**8,503**	**8,946**	**9,324**	**9,838**	**10,022**	**17.9**
minus multiple countings due to 'change of district'*	-300	-303	-288	-368	-386	
Tyrol	**8,203**	**8,643**	**9,036**	**9,470**	**9,636**	**17.5**

* *'change of district' means that one person received minimum benefits twice (from two different districts) within one year due to a change of residence to another district. These persons are recorded as recipients in the particular districts, but in the countrywide statistics, duplication are corrected; Source: [4]*

Table 9.3-3: Persons receiving means-tested minimum income according to districts, 2016

	2012	2013	2014	2015	2016	Trend 2012-2016 in %
Innsbruck-Stadt	6,055	6,283	6,664	7,227	7,470	23.4
Imst	614	534	564	650	820	33.6
Innsbruck-Land	3,505	3,827	4,145	4,319	4,381	25.0
Kitzbühel	345	392	347	360	416	20.6
Kufstein	1,535	1,760	1,939	1,864	1,781	16.0
Landeck	297	302	301	327	307	3.4
Lienz	263	245	263	159	338	28.5
Reutte	323	296	315	287	379	17.3
Schwaz	956	1,056	1,133	1,195	1,259	31.7
Tyrol	**13,893**	**14,695**	**15,671**	**16,488**	**17,151**	**23.5**
minus multiple countings due to 'change of district'*	-428	-438	-451	-574	-615	
Tyrol	**13,465**	**14,257**	**15,220**	**15,914**	**16,536**	**22.8**

* *'change of district' means that one person received minimum benefits twice (from two different districts) within one year due to a change of residence to another district. These persons are recorded as recipients in the particular districts, but in the countrywide statistics, duplication are corrected; Source: [4]*

Table 9.3-4: Persons receiving means-tested minimum income according to age

	persons in 2012	persons in 2013	persons in 2014	persons in		persons in		Trend 2012-2016 in %
				2015	%	2016	%	
0-5 years	1,252	1,340	1,559	1,682	10.6	1,729	10,5	38.1
6-14 years	1,748	1,848	2,093	2,192	13.8	2,449	14,8	40.1
15-19 years	833	847	859	896	5.6	1,051	6,4	26.2
20-39 years	5,133	5,588	5,981	6,384	40.1	6,633	40,1	29.2
40-59 years	3,727	3,869	3,911	3,918	24.6	3,856	23,3	3.5
60-74 years	652	657	693	728	4.6	709	4,3	8.7
75+ years	119	108	124	114	0.7	109	0,7	-8.4
Total	**13,465**	**14,257**	**15,220**	**15,914**	**100.0**	**16,536**	**100,0**	**22.8**

Source: [4]

9.3.6 Specific cash benefits for families in Tyrol

Several Tyrolean-specific benefits for families are available in addition to the cash-benefits funded at the federal level:

several means-tested cash benefits (e.g. to support costs for childcare, school)

1. 'Kindergeld PLUS': this is an income dependent cash benefit for families of maximum € 400 per year up to two years. There is no legal entitlement [12].
2. 'Kinderbetreuungszuschuss des Landes Tirol'. The aim of this cash-benefit is to support costs for childcare if this is not already supported at the federal level (see chapter 9.3.4). The cash-benefit is dependent on the family net-income and covers at least 40% and up to 60% of the monthly costs for child care (without meals) up to the child's age of 14 years. Recipients must be EU-citizens with primary residency in Tyrol. There is no legal entitlement [12].
3. Holiday child care: offers financial support for child care during summer holidays. The level of financial support is dependent on parents' income.
4. The regional government has initiated a donation fund ('Netzwerk Tirol hilft') where people in acute economic crisis situations can apply for cash benefits or for support of their energy bills [37].
5. Family support for emergency situations ('Familienunterstützung in Notsituation'). This is a one-time payment for which families with more than one child, single parents or economically deprived families in an unforeseen situation can apply for.
6. school-based support: at the beginning of the school year, low-income families can apply for financial support of school materials and during the school year support for school activities can be applied for.
7. Families can apply for the Tyrolean family pass, which offers discounts for different leisure activities, restaurants etc.

10 Education system

10.1 Overview

10.1.1 Organisation and governance

mandatory education: 9 yrs; university preparatory tracks, universities and universities of applied science

Austria has a public school system free of charge. Beyond the minimum mandatory level of nine years of education, schools offer a series of vocational-technical and university preparatory tracks involving one to four additional years of education. Regarding tertiary education, during the 1990s, Austria introduced Fachhochschulen (University of Applied Sciences) in addition to the traditional universities. The training at these colleges is more tailored to practically applicable professional skills (Figure 10.1-1).

responsibility federal or regional government

Responsibility for the provision of education depends on the type of education. For pre-school and mandatory education responsibility rests within regional governments or municipalities. All other types are provided by the Federal Ministry of Education, Science and Research. Primary and secondary education is administered on the regional level by the authorities of the respective regions [38].

private schools by church-related associations

Private schools that provide primary and secondary education and some teacher training are run mainly by the Roman Catholic Church and account for approximately 10% of the 6,800 schools and 120,000 teachers.

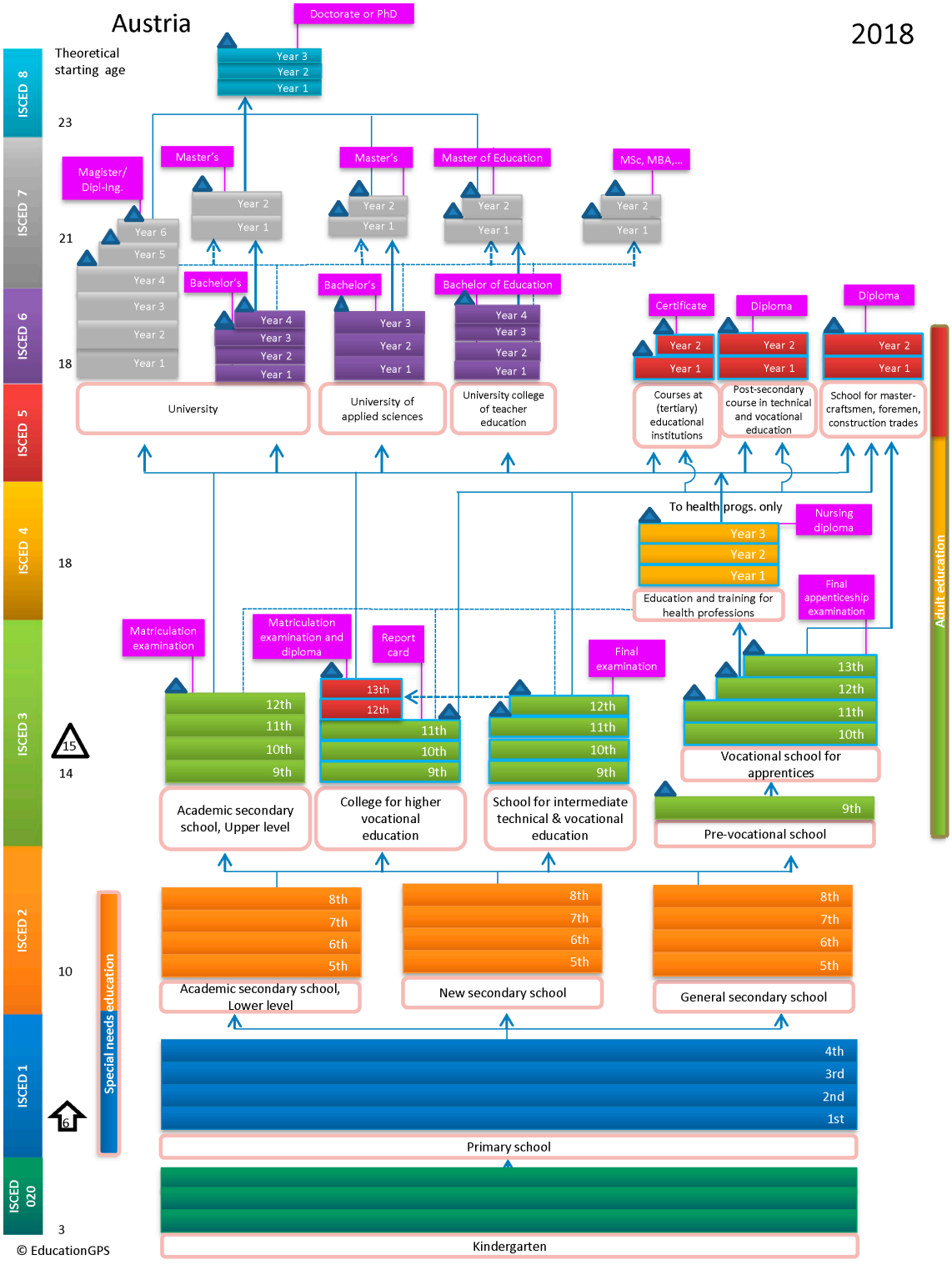

Figure 10.1-1: Austrian education system in 2016 (Source [39])

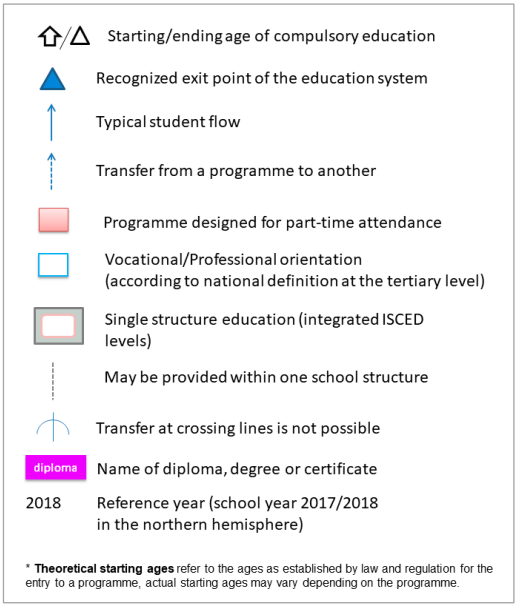

Figure 10.1-2: Key for Figure 10.1-1 (Source [39])

poor intergenerational mobility in education

Although intergenerational mobility in education has risen over time, the educational level of the parents has a strong influence on the education of their children in Austria. The majority of children whose parents have completed the matriculation examination (Matura), are visiting higher secondary education schools themselves while these schools are much less often visited by children who have parents with mandatory education only. Girls are less intergenerationally mobile than boys as are children with migration background. Notably, in the reporting year of 2008, Tyrol belonged to those regions where the percentage of mothers who have mandatory education only was higher than the Austrian average [40].

in Tyrol more mothers with mandatory education only than average

10.1.2 Financing

financing: 50% federal, 50% regions + communities

Total public expenditure on education was € 18.8 bn in 2015 in Austria which represents 5.5% of the GDP. This includes expenditure related to (pre)school care (see 10.2) schools and universities. Roughly half of the expenditure are covered by the federal level (53%) and the remaining spending is covered by the regions (regional governments and communities). While costs for child care facilities, primary schools and vocational schools for apprentices are (almost) entirely funded by the regions, academic secondary schools, intermediate and higher technical and vocational education, university colleges for teacher education and universities are (almost) fully funded by the federal state. Expenditure for universities of applied science is shared between regional and federal governments. In Tyrol total expenditure on education was € 758.8 m in 2015 which accounted for 4% of total Austrian expenditure on education (Table 10.1-1).

Tyrol funds 4% of total public education expenditure

Table 10.1-1: Public expenditure on education according to type of education 2015

	total	Type of education/expenditure								
		Child care	Primary school	Academic secondary school	Vocational schools for apprentices	Intermediate and higher technical and vocational education	University college for teacher education	Universities of applied science	Universities	Administration
Austria										
€ (millions)	18,886.24	2,317.64	5,498.09	1,823.01	565.16	2,256.92	209.75	360.92	4,098.59	1,71.44
In % of total spending		12.3	29.2	9.7	3.0	12.0	1.1	1.9	21.8	9.1
Federal state										
€ (millions)	9,902.1	0	69.7	1811.4	6.8	1,889.8	209.3	265.6	4,084.1	1,565.5
In % of total spending	52.6	0.0	0.7	18.3	0.1	19.1	2.1	2.7	41.2	15.8
Tyrol										
€ (millions)	758.79	144.26	483.21	4.09	67.31	26.00	-	16.95	-	16.99
In % of total spending	4.0	19.0	63.7	0.5	8.9	3.4	0.0	2.2	0.0	2.2

Source: [41]

10.2 Childcare services

10.2.1 Overview

~1,200 child care services available in Tyrol

According to the Tyrolean childcare statistics 1,193 childcare services which were used by 36,250 children (0 to 14 years) were available on the reference date of October 15th 2016. The number of available facilities and of children in care has increased since the first reporting in 2011. The majority of children (29,399; 80%) were cared for in 'institutional services'[6], while the remainder (6,851) were using other types of childcare[7] [42].

only 1/3 of children use child care service

most frequently 3-5 year olds

Overall, 33% of all Tyrolean children aged 0 to 14 were using child care, the remainder is cared for at home. The most frequent use of child care is in the age group of 3 to 5 year olds where 95% were in child care. In all other age groups, a much lower proportion of children used child care facilities (28% of 0 to 2-years old, 23% of 6 to 9-years old, 8% of 10 to 14-years old), however, according to the report the available capacities are sufficient and meet the demand [42].

[6] This summarises nurseries (predominately 0 to 3 year olds), kindergarten (predominately 3 to 6 year olds) and paedagocial after-school facilities (Hort) (predominately 7 to 14 years old)

[7] This summarises children's playgroups, afternoon-care in primary schools, and childminders who care for children in their private homes

Table 10.2-1: Tyrolean children in child care services according to age and type of care 2016/2017

Age group	Children in Tyrol	thereof children in care (by sectors)					
		Child care facilities		Other child care sectors		Total	
		number	%	number	%	number	%
0-2 years	22,471	5,473	24.4	818	3.6	6,291	28.0
3-5 years	21,500	20,244	9.2	250	1.2	20,494	9.3
6-9 years	28,239	2,812	10.0	3,727	13.2	6,539	23.2
10-14 years	36,399	870	2.4	2,056	5.6	2,926	8.0
0-14 years	**108,609**	**29,399**	**27.1**	**6,851**	**6.3**	**36,250**	**33.4**

Source: [42]

<50% stay full-time; max. 50% has lunch in facility

42% of children who use kindergarten or nurseries (0 to 5 years) stay there full-day. However, some of the full-day facilities are closed over lunch time. The other children use the care facilities only half-day (57% in the mornings, 1% in the afternoons). Overall, only 26% of children in kindergartens and 53% of children in nurseries had lunch in the facilities [42].

many closing days

Only 14% of the institutional care providers offer services during summer school holidays (9 weeks in July and August), 15% are open during Christmas break (2 weeks), 35% during the Easter break (1.5 weeks) and 57% during half-term break (1 week in February) [42].

only partially publicly funded

Responsibility and financing for child care lies within the regional government and municipalities. Pre-school part-time care (20 h/ week) for children aged 4+ is free of charge in public facilities. Private costs arise for full-time care and meals. If parents chose a private provider, they have to pay costs above € 450/child and months. Child care for children below 4 years of age needs to be paid fully privately in Tyrol [43].

10.2.2 Nurseries

15% non-German mother-tongue

Of 5,551 children who were cared for in nurseries (most children are ≤3 years) 85% speak German as their mother-tongue and 15% originally spoke other languages. In 81% of the children, the mothers were working or were in education (13% full-time, 84% part-time, 3% in education). There were no major discrepancies between Tyrolean regions. The employment status of fathers was not reported [42].

81% have working mums

<10% have single-parent

5.9% and 0.4% of children in nurseries had a single-mother or a single-father respectively. 19% of children with a single-mother had a full-time and 59% had a part-time employed single-mother. The average group-size in nurseries was 15.5 children and the child-qualified carer[8] ratio was 9.3 [42].

[8] Educated as KindergartenpädagogIn, SonderkindergartenpädagogIn, HorterzieherIn, SonderhorterzieherIn, FrüherzieherIn

10.2.3 Kindergarten

20% non-German mother-tongue

Of 20,813 children who were cared for in kindergartens (3 to 5 year olds) in the period 2016/17, 80% speak German as their mother-tongue and 20% originally spoke other languages. In 68% of kindergarten-children mothers were working or in education (14% full-time, 84% part-time and 2% in education). There were no major discrepancies between Tyrolean regions. As in the case of nurseries, the employment status of fathers was not reported [42].

68% have working mums

<10% have single-parent

7.5% and 0.4% of kindergarten-children had a single mother or a single-father respectively. There were slightly more single parents in the urban area of Innsbruck than in other regions. 23% of children with a single mother had a full-time employed single mother while 53% had a mother who worked part-time. The average group-size was 18.6 children per group and the child-qualified carer ratio was 13.1 [42].

10.2.4 After school care facilities (Hort)

25% non-German mother-tongue, 87% have working mums

Of 3,035 children who used after-school care facilities, 75% speak German as their mother-tongue and a quarter originally spoke foreign languages. In 87% of children, the mothers were working or were in education (32% full-time, 67% part-time, 1% in education). No information was reported on the employment status of fathers [42].

20% have single parent

20.8% and 1.8% of children in after-school caring facilities had a single-mother or a single-father respectively. Roughly half of the children with a single-mother had a full-time employed and the other half had a part-time working single-mother (44%) or a mother who was in education (1%). The average group-size in after school facilities was 22.5 children per group and the child-qualified carer ratio was 34.5 [42].

>50% live in Innsbruck area

In the period 2012/2013 more than half of the children in afternoon care were living in Innsbruck-Stadt (41%) or Innsbruck Land (16%) (Table 10.2-2) [44].

Table 10.2-2: Afternoon care in schools 2012/13-2013/14

District	2013/14		2012/13	
	Mandatory schools	Children in care	Mandatory schools	Children in care
Innsbruck-Stadt	26	1,511	25	1,278
Imst	16	255	9	140
Innsbruck-Land	24	654	18	498
Kitzbühel	8	195	6	128
Kufstein	19	518	14	329
Landeck	12	501	8	441
Lienz	7	132	7	125
Reutte	3	48	2	47
Schwaz	11	242	7	146
Tyrol total	**126**	**4,056**	**96**	**3,132**

Source: [44]

10.3 Schools

661 schools

The Tyrolean statistics report lists 661 schools in the reporting year 2012/2013. Most of them are primary (383), general secondary (100) and 'new secondary schools' (74).

10.3.1 Students

~100,000 students

In the reporting period 2012/2013, 99,274 students were attending schools (excluding universities) in Tyrol [44].

less higher education than Austrian average

Compared to the Austrian average, in Tyrol more children aged 10 to 14 years attend the so-called 'new secondary schools' and fewer visit the 'academic secondary schools/lower level'. Furthermore, more Tyrolean adolescents attend occupational schools for apprentices and fewer visit academic secondary schools/higher level compared to the Austrian average (for explanation of the system see Figure 10.1-1).

18% have non-German mother-tongue, mostly Balkan region languages; social segregation

For 18% of children who visit primary schools in Tyrol, German is not their native language. (9% Turkish, 5% Bosnian/Croatian/Serbian, 4% other languages). Most of them live in urban areas. The percentage is overall lower than the Austrian average (which is dominated by Vienna with a percentage of 27% of children for whom German is not their native language). In the higher levels of education the percentage of children with non-German native language decreases, indicating a social segregation [45].

10.3.2 Teachers

9,000 teachers

2/3 females

In the school-year 2013/14 there were 9,130 teachers (full-time equivalents) employed in Tyrol. There is a large gender difference. In Austria overall, 70% of the teachers are female, the female dominance is higher in teachers employed by the regional governments (mandatory education) than in those employed by the federal government. The gender pattern exists in all school types except in occupational schools for apprentices. The highest percentage of female teachers was in primary schools (92%) and in special needs schools (86%) [45].

10.3.3 Supporting staff

Supporting staff (e.g. supporting teachers, social workers, school psychologists)

A variety of professionals exist that support teachers either during the lessons or beyond. According to the Austrian education report, these include teachers with a specific supportive role (Stütz-, Integrations-, Assistenz- bzw. Beratungslehrer), school social workers, school psychologists, professionals who specialise in dyslexia/dyscalculia or speech problems[9], teachers who teach in the children's native language (in cases where primary language is not German), healthcare professionals and 'others' [45].

[9] There is a clear distinction between support in speech problems and speech therapy. The former is provided by teachers with an additional qualification in supporting children with speech problems; the latter is provided by speech therapists outside school. They are part of the health care system but only to a minor extent publicly funded.

personal shortage in support staff particularly in primary schools and 'new secondary schools'

According to interviews with school directors, a considerable shortage of personnel exists regarding supporting staff. The highest unmet needs of additional specialists was defined within children in primary and 'new secondary schools' as well as 'general secondary schools' as compared to 'academic secondary schools'(for orientation on school types see Figure 10.1-1). Concerning the type of specialists, the biggest unmet or only partly met needs in primary schools were seen for specialists to support children with dyslexia/dyscalculia (83% of children) and speech problems (74%) followed by teachers that offer additional support (assistants, Stützlehrer).

in secondary education: need for support dependent on type of school

In secondary education there is a difference between the types of secondary education. In the 'new secondary school' and the 'general secondary school' the unmet needs for supporting children with dyslexia/dyscalculia or speech therapy is considerably higher than in 'academic secondary schools/lower level', although it is overall lower than in primary schools. On the contrary, the unmet need for school psychologists is higher in 'academic secondary school' compared to the other types of secondary schools. The unmet need for social workers is roughly similar between the types of secondary schools, however, both, school social workers and school psychologists are needed by a higher percentage of children in secondary than in primary school. The least (partly) unmet need in all primary and secondary school types was defined for native language teachers (21% to 34% of children) and for health professionals (30% to 35% of children) [45].

Teachers with a supportive role

teachers for special education needs

As stated above, different types of teachers with a supportive role exist. Their profiles differ across Austrian regions. (1) Some of them offer resources for special education needs and have therefore specific qualification in teaching children with special needs. They can either work in one school permanently ('Integrationslehrer') or they rotate between schools ('Stützlehrer').

teachers for assisting children with 'signalling behaviour'

broad variety of support and coordination with other support systems

(2) Another category is 'Beratungslehrer' who may assist children with 'signalling behaviour' (emotional, social) and work with children outside their classrooms. However, in Tyrol they may additionally address special education needs for some disabilities (visual impairments and hearing disabilities) and developmental problems/learning disabilities [46]. The current capacity includes around 100 full-time equivalents in 10 regional units for supporting around 5,000 students in 500 schools[10]. They can be contacted by the students, by their teachers, by the school authority, by carers or other institutions. They offer a different variety of services ranging from individual consultancies to group sessions, interventions in classrooms and coordination with other support systems (in-and outside schools such as school psychology, child and adolescent psychiatry etc.). In 2010/2011 almost 60% of the students who were supported had behavioural problems, 21% had developmental problems or learning disabilities, 8% had hearing impairment, 13% had visual impairments [46].

support for speech deficiencies

(3) Teachers with additional qualification in supporting students with speech deficiencies ('Sprachheillehrer'). These teachers are working in different schools with students who have speech deficiencies but they are not allowed to do speech therapy (this is restricted to health professionals with a specific qualification in speech therapy).

[10] Personal communication Landesschulrat für Tirol, Pädagogische Abteilung für allgemeinbildende Pflichtschulen

Finally, assistance staff may be available who assist for example in caring for disabled people.

School psychologists

school psychologists for learning difficulties, crisis and personal problems

In Tyrol 20 school psychologists (16.5 full-time equivalents) are employed who provide services in all Tyrolean districts. According to the report on school psychology services in Tyrol, in the school year 2016/2017 2,737 students received psychological services. 32% of the students had questions concerning the school career, 24% sought support for learning difficulties, 40% were using the services because of behavioural or personal problems and 4% because of a crisis situation [47]. Overall, 12,164 counselling episodes were registered from which 30% were with the students directly, one third were contacts with carers, a fifth of contacts was with teachers and the remainder was with medical doctors (4%), school authorities (3%) or social workers (2%). Around 400 teachers used the services for themselves [47].

School social work

school social work in 6 districts

In Tyrol, school social work is provided by a non-profit organisation (Tiroler Kinder- und Jugend GmbH) which is funded by the Tyrolean government, the school providers and donations. Additional funding may come from municipalities. School social workers are available in six out of nine Tyrolean districts (see Figure 10.3-1).

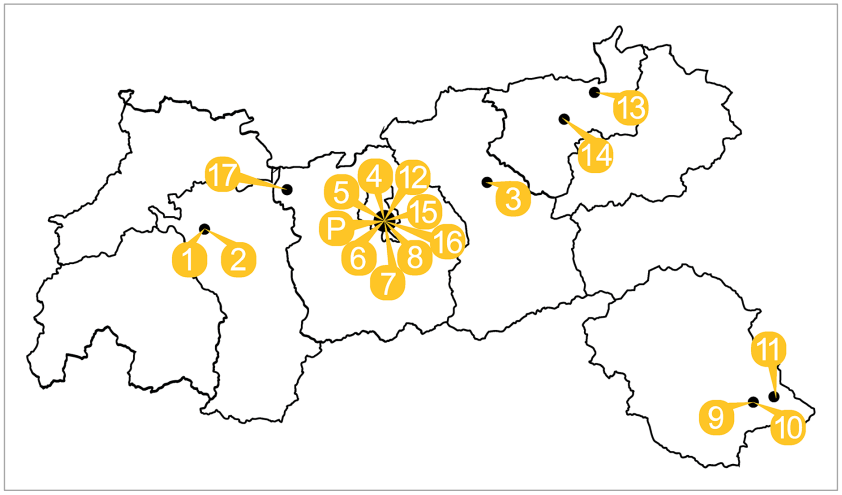

Figure 10.3-1: School social workers in Tyrol (Source: [48])

contacts with students and parents

coordination with other support systems

According to their annual report, in the school year 2015/16 5,868 consultations with students and 862 consultations with parents were provided in addition to 780 units that focussed on general prevention and interventions. Overall, 2,308 students received services. Topics addressed were conflicts within the peer-group, mobbing, problems within school or in the families, self-injuries, domestic or sexual violence or general questions concerning sexuality. According to the annual report, social work in school often functions as a 'hub' which refers students, their families or the teachers to other services providers. In cases of endangerment of the child's welfare ('Kindeswohlgefährdung') the social workers report to the child and youth welfare authority [49].

School physicians

school physicians have different employers and activity profiles

routine data are collected but not centrally documented

lack of capacities

Currently, around 260 school physicians are responsible for 550 schools in Tyrol (40 for 'Bundesschulen', 220 for 'Pflichtschulen')[11]. Depending on the type of school, they are either employed by the federal government (Bundesschulen) or by the communities (schools for mandatory education). The activity profile of school physicians and their hours of work depend on the employer and varies therefore considerably by type of school. In some schools the required activities are provided by the communities' general practitioner (especially in rural areas), in other schools the school physician is permanently employed and therefore more actively present [50]. Part of the physicians' activities are to collect data on the children's health status [51], however, to date these data are not centrally documented and can therefore not be used further (e.g. for research purpose). Furthermore, the type of data collected has been criticised for not being evidence-based [52]. Particularly for schools that fall within mandatory education, it has been increasingly difficult to find physicians who are willing to work in schools in addition to their other work as general practitioners[11].

[11] personal communication schulärztlicher Dienst Tirol

11 Mental health care in Tyrol

11.1 Overview

mental health care is fragmented;

In the previous sections the different sectors of the Austrian welfare state have been described. As has been shown, all of them include services that may be relevant for people with mental health problems. Thus, the mental health care system in itself is rather complex in Austria. Firstly, a broad variety of services is provided whereby the responsibility lies not necessarily within the healthcare sector (as the term 'mental *healthcare*' may suggest), but may also rest within the educational, social or even the criminal justice sector. This results in different funders, fragmented payment, limited coordination of services and different eligibility criteria for service access which may even vary across the regions.

variety of services within health, social, education sector

private payment more likely for treating mental health than for physical health problems

Furthermore, even though healthcare services are to a large extent publicly funded, for a number of mental health services that fall within the responsibility of healthcare, the capacity of publicly funded services is restricted and private out-of-pocket payment is more likely for patients with a mental illness compared to those with a physical illness. For example, there is only a limited number of child and adolescent psychiatrists available that have a contract with the health insurance in the outpatient sector. Similarly, the capacity of publicly funded psychotherapy services is lower than the needs and patients often need to pay privately. This has been particularly observed in child and adolescent mental healthcare [53-55]. Regarding children and adolescents with mental health problems, one of the main challenges that have been identified in Tyrol is person-oriented coordination of services and the lack of a defined 'first point of service'. Currently, the following institutions indirectly serve as a first point of service for children/adolescents with mental health problems: child and adolescent and paediatric hospital units and their hospital-based outpatient units, child and youth welfare offices, district hospitals and medical doctors in free practices. In addition, the different auxiliary professions in schools are often the first contact points [56].

challenge: coordination; first point of service

different level of institutionalisation

If classified according to the grade of institutionalisation, services exist along the whole continuum ranging from non-institutionalised services to total institutions (Figure 11.1-1).

different welfare state sectors play role

classification according to sectors used in this report

Mental healthcare services can further be categorised according to the sector of the welfare state they are part of (in terms of funding and legal responsibility), as demonstrated in Table 11.1-1. Thus, several types of services that have been described in the previous chapters (healthcare, social care, education) play an important role in either preventing and/or treating mental disorders. In the following paragraphs the mental healthcare service patterns in Tyrol will be described using the classification according to sectors (Table 11.1-1), thus synthesising the information from the previous chapters by focusing on those services that may play a role for people with mental health problems.

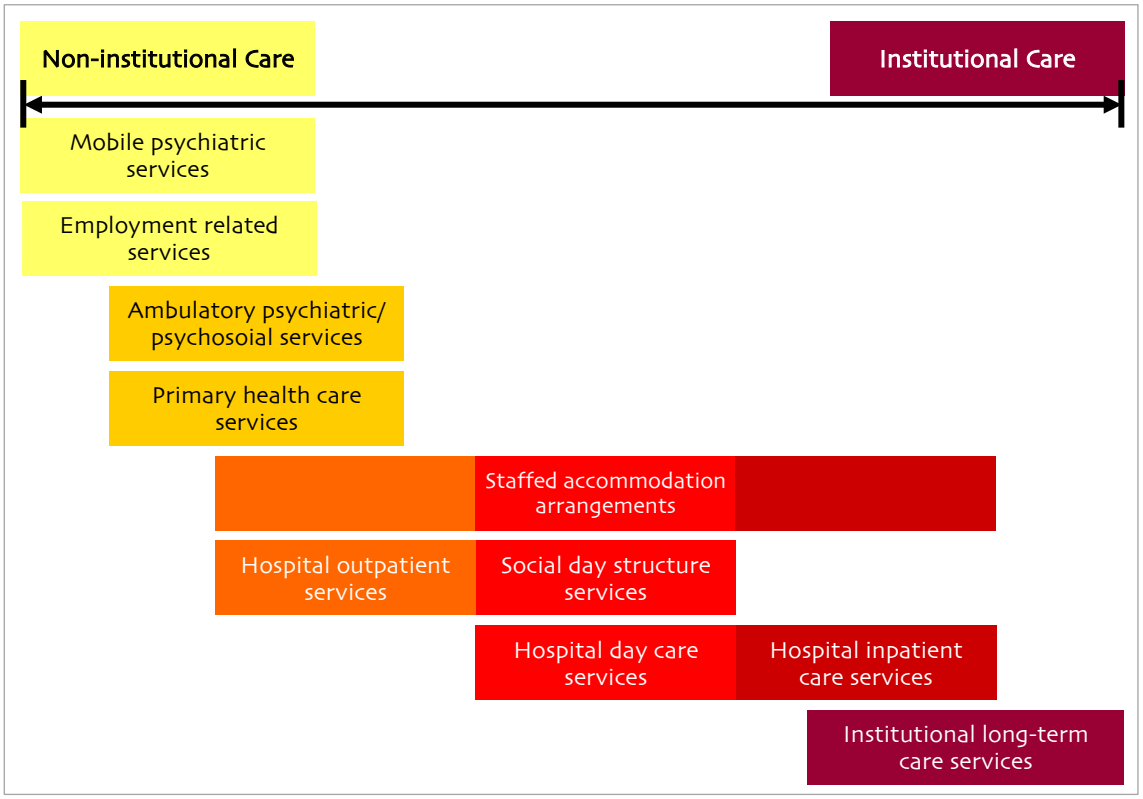

Figure 11.1-1: Classification of mental health care service according to degree of institutionalisation (Source: [57])

Table 11.1-1 Classification of mental healthcare services according to sector in Austria

Sector (responsible for funding)	Services
Healthcare	
Primary	Psychiatric mental healthcare specialists (psychiatrists) Psychotherapists, psychologists and other health professionals General practitioners (GP)
Secondary	Hospital inpatient care Hospital outpatient care Hospital day care
Social affairs	
	Psycho-social counselling/advice services Psycho-social emergency services Social day care services Services around accommodation/housing ❁ Accommodation arrangements ❁ Institutional long-term care Employment related services
Education	
	Psychological support in school School social work Auxiliary pedagogical services
Criminal justice	
	Detention of mentally ill persons who committed crime Probational and preventional services related to illegal drug consume

Source: adapted from [57]

In general, mental healthcare in Tyrol has been characterised by decentralisation of inpatient care (e.g. establishing a psychiatric unit in Kufstein, Lienz and Zams and a consulting psychiatrist in Reutte) in recent years. In addition, provision of services outside the hospital has been increased (both primary healthcare and 'psycho-social' care which is part of the social affairs sector), however, considerable differences exist between Tyrolean districts. Further to that, self-help groups have received increasing acknowledgement and recognition. For coordinating and planning mental healthcare in Tyrol, a coordinator has been employed by the Tyrolean government, however regular mental health reporting (as it is the case in other Austrian regions) is not in place in Tyrol [58].

decentralisation and deinstitutionalisation occurred,

coordinator position at regional government

11.2 Mental health care resources within the healthcare sector

Primary healthcare sector

According to the Tyrolean government (mental health coordination), in 2015, 15 adult psychiatrists and two child and adolescent psychiatrists, who had a contract with the social health insurance, existed. In addition, 52 private psychiatrists are available. While services are primarily paid publicly for the former, treatments from private specialists have to be paid mostly privately[12]. Concerning psychotherapy, in 2015, 305 psychotherapists in outpatient practices and 62 psychologists (from who 8 had a contract with the health insurance) were registered. (Table 11.2-1).

2015: 17 § 2- specialists + 52 private specialists; 8 contract-psychologists

There was a considerable imbalance in terms of geographical distribution. Most of the practices were located in the urban areas (mostly Innsbruck-Stadt, followed by the districts Kufstein and Innsbruck-Land). In other districts, there were either no practices located (e.g. psychologists in district Imst or Reutte) or very few (e.g. in six districts there was only one psychiatrist who has a contract with the health insurance available).

availability mostly in urban areas

Table 11.2-1: Mental healthcare services within primary healthcare sector in Tyrol (2015)

Type of profession	n
§ 2 adult psychiatrists	15
§ 2 child and adolescet psychiatrists	2
Private psychiatrists[5]	52
General practitioners offering drug replacement therapy	23
Psychotherapists in outpatient practices	305
Psychologists with social health insurance contracts	8
Private psychologists	54
Psychosocial consultation service of the Tyrolean health insurance	Consulting services in 5 Tyrolean regional offices

Source: personal communication

[12] people can apply for refunding which is max. 80% of the fee that a ‚contract-psychiatrist' would receive

overall: 221 psychiatric specialists registered in Tyrol

More recent figures from the The Austrian healthcare statistics show that there were 13 practicing child and youth psychiatrists in addition to 74 specialists for psychiatry and psychotherapeutic medicine, 82 psychiatrists, and 52 specialists for psychiatry and neurology registered in Tyrol in 2016 [19]. This figures are considerably higher than the information from the mental health coordinator which is due to the fact that they cover all registered specialists including those working in hospitals.

13.6 psychologists and 9.96 psychotherapists/ 10,000 inhabitants

Another source of information is the Austrian health report which was published in 2016 and provides disaggregated figures on psychotherapists and psychologists [59]. It shows that in 2014, 943 psychologists overall were registered in Tyrol (13.06 per 10,000 inhabitants compared to 10.86 per 10,000 in Austria on average). Additionally, 719 psychotherapists were registered in Tyrol (9.96 per 10,000 inhabitants compared to 9.79 per 10,000 in Austria on average). The number of registered persons has risen considerably over the last fifteen years. However, this information does not allow conclusions on available capacities because the figures may include persons who are not actively practicing or who offer very few weekly hours. The majority of the services are have to be paid privately.

diffrerent ways of access to psychotherapy

Psychotherapy is accessible in different ways in Tyrol. Firstly, the Tyrolean health insurance fully pays for a limited number of therapy sessions that are organised by external non-profit organisations (e.g. 'Gesellschaft für psychotherapeutische Versorgung Tirols'). Secondly, psychotherapy is available from private psychotherapists where patients can apply for a refund of part of the costs later on.

Secondary healthcare sector

~450 hospital beds assigned to psychiatry

According to the Austrian health statistics, in 2016, 398 beds were assigned to psychiatry (11,267 registered admissions), 22 beds were assigned to child and adolescent psychiatry (1,115 admissions), and 33 (986 admission) were assigned to psychosomatic treatment in Tyrol. Compared to other medical fields, the average duration of admission was considerable higher in the mental health field (5.3 days in child and adolescent, 10.3 days in psychiatric and 9.6 days in psychosomatic admissions). However, average admissions in the mental health area in Tyrol were on average shorter than the Austrian average (Table 11.2-2).

Table 11.2-2: Hospital care utilisation indicators

Indicator	Tyrol	Austria
Beds/100,000		
Overall	677	749
Bed numbers (n)		
Total	**5,004**	**65,138**
Mental health		
Psychiatry	398	5,497
Child and adolescent psychiatry	22	414
Psychosomatic	32	560
Admissions		
Total	**305,237**	**3,253,099**

Indicator	Tyrol	Austria
Mental health		
Psychiatry	11,429	115,390
Child and adolescent psychiatry	1,136	14,820
Psychosomatic	902	14,852
Average length of stay		
Total	**5.4**	**5.8**
Mental health		
Psychiatry	10.3	15.6
Child and adolescent psychiatry	5.3	8.2
Psychosomatic	10.3	12.1

Source: Statistik Austria Gesundheitsstatistik [23]

Information from the regional government and from a hospital provider shows slightly different numbers of available hospital beds which is likely due to different years of reporting (Table 11.2-3).

Table 11.2-3: Mental healthcare services within secondary healthcare sector in Tyrol (2015/2018)

Institution	Beds	Day care places	Hospital outpatient	Liaison service
Centralised				
Dep. for psychiatry and psychotherapy and psychosomatic medicine university of Innsbruck[8]				
University clinic for psychiatry I	99[6]		x[3]	
University clinic for psychiatry II	24[7]	20		
Unit clinical psychology			x[4]	
Unit child and adolescent psychiatry[13]			x	x
Landeskrankenhaus Hall				
Unit child and adolescent psychiatry, psychotherapy and psychosomatic	43	x	x	
Unit psychiatry and psychotherapy A	125[1]	20		
Unit psychiatry and psychotherapy B	109[2]			
Rehaklinik Lans	100			
Decentralised				
Regional hospital Kufstein/Department of psychiatry	25	8	x	
Regional hospital Lienz/Department of psychiatry	23	7	x	
Hospital Zams/Department of psychiatry		x	x	
Regional hospital Reutte				x

[1] *50 beds general psychiatry, 50 beds gerontopsychiatry, 25 forensic psychiatry;*
[2] *50 beds general psychiatry, 19 beds drug addictions, 24 beds alcohol addiction, 16 beds psychotherapy;*
[3] *outpatient unit for general psychiatry and unit for addictive disorders;*
[4] *outpatient unit for psychotherapy, for women and for psychosomatic pain;*
[5] *specialists for psychiatry, psychiatry and psychotherapeutic medicine and for psychiatry and neurology;*
[6] *includes 27 beds for treating alcohol addiction;*
[7] *psychosomatic medicine;*
[8] *updated information for 2018 from hospital staff; Source: [60]*

[13] Planning stage

involuntary admissions: rising and higher in Tyrol than Austrian average

According to the Austrian hospitalisation act (UbG), in addition to treatment that is actively sought by the patients, patients can also be admitted to psychiatric hospital care involuntarily. In 2014, 23,486 involuntary admissions were registered for Austria overall (275 per 100,000 inhabitants). The figure has risen by 50% between 2000 and 2014 [59]. Recent figures for Tyrol are not available, however, in 2005, the rate of involuntary admissions was the second-highest compared with the other Austrian regions (350 per 100,0000 inhabitants) [61].

11.3 Mental healthcare resources within the social affairs sector

psycho-social services cover different types mental health services in social sector

regional differences in availability, staff and organisation

Mental healthcare resources that fall within the social affairs sector are summarised under the term 'psycho-social services' (psychosoziale Versorgung) in Austria. In 2014, the Austrian public health institute evaluated the current situation of psycho-social service provision in Austria. They classified the services into (1) psycho-social counselling/advice, (2) psycho-social emergency services, (3) services around accommodation/housing, (4) social day care services, (5) employment related services and (6) self-help groups and voluntary work. While all types of services are available across Austria, there are considerable differences between regions in terms of number of services provided, professional groups involved and organisational structures [58]. In Tyrol the situation has been described as follows (details are provided in the annex in Table 16.1-10):

counselling staff: many nurses

treatment not allowed

emergency service in only 1 region

(1) Psycho-social counselling services are provided in all of the four Tyrolean health regions by 19 units (in 2013 they provided services for 2,189 persons). The staff in psycho-social counselling services in Tyrol is multi-professional, however, compared to other Austrian regions, more dominated by psychiatric nurses, while in other regions more social workers or psychologists are involved. The services have no permission to treat people (in contrast to other organisational forms in Austria where treatment is part of the service profile). (2) Psycho-social emergency services were provided in one region only (Osttirol) [58]. An emergency service for the Northern Tyrolean area is planned[14].

low number of places in supported living per inhabitant in Tyrol

(3) Supported living can take place in different ways, ranging from mobile support at home to unlimited provision of supported housing. Compared to other Austrian regions, Tyrol had one of the lowest numbers of available places per inhabitant (2.2 per 10,000 inhabitants) in 2014. The highest proportion from 157 available places overall was located in urban areas while there was no service in the western area of Tyrol. Mobile supported living was provided in all regions (in 2013, 221 persons were supported) [58].

15 units + 6 clubs offering day care services

(4) Social day care services offer various activities which can either be leisure oriented or employment-oriented. In Tyrol, 15 units provided social day care services in 2013 (441 places) which were used by 916 persons. In addition, 6 'clubs' were used by 130 persons [58].

[14] personal communication mental health coordinator

(5) Employment related services are categorised into three types (a) temporal training and/or employment, (b) temporally unlimited services (e.g. protected jobs), (c) mobile support (e.g. jobcoaching). Concerning the first type of support, four units offered 97 places in 2013 in Tyrol (none in the region 'Osttirol'). The second type of support was offered by one unit (15 places). The provision of mobile support was unknown [58].

several types of employment related services

Overall, considerable differences exist in terms of available services and number/professional background of staff across the Tyrolean regions (see Table 16.1-8 to Table 16.1-10). Access is regulated in the 'Tyrolean Social Participation Act' and requires an application for rehabilitation as well as medical needs assessment. Some services have waiting lists (e.g. supported accommodation).

regional variations

access based on needs-assessment

The report on social care and child and youth welfare lists the details of service providers that are involved in mental healthcare. Additional providers have been identified via personal communication with the Tyrolean mental health coordinator.

Table in annex provides detailed info on providers

Table 16.1-4 (annex) presents an overview on all services/providers. Services are categorised according to provider type, target group, type of support, region and setting of service provision.

Table 11.3-1 summarises the information. Overall, 15 providers have been identified providing 27 types of services[15]. There is a mix of large and small-scale providers both in terms of activity profile and regions where services are provided. All of them except one are private non-profit organisations (one service – psychological counselling – is provided by the regional government). The services have different target groups. Twelve of them provide support for people with mental health problems/disorders in general, nine offer support for people with addictive disorders (one of them focuses on children who have parents with addictive disorders: 'Kinderleicht', provided by the organisation 'Caritas Salzburg' in Kufstein and Kitzbühel). Three services are targeted at homeless people.

15 providers; small and large scale

mostly private NPOs

one service for COPMI in 2 districts

Around half of the services are provided in one district only (mostly 'Innsbruck-Stadt') and only one is available in all Tyrolean districts. Half of the services operate office-based and roughly one third offers mobile support. Around one quarter are based at accommodation sites and 22% are based at work sites. The broadest range of services is provided by the organisation 'Verein pro mente Tirol', which offers psycho-social counselling/advice on an outpatient basis, social day care services, services around accommodation/housing and employment related services.

50% in one district only

different location of services; office-based most frequent form

[15] Some providers offer different categories of services or services for different target groups (e.g. the organisation 'Verein Innsbrucker Soziale Dienste GmbH' offers a very broad variety of services ranging from long-term care to services for homeless people). In general, long-term care and childcare services have been excluded; services were counted as 'separate' if they fell into different categories according to the classification of mental health care planning documents [58] or if they varied in nature for the different target groups.

Table 11.3-1: Mental health services within the ‚social affairs sector'

Category	n	%
Type of provider (n=15)		
Public	1	7
Private non-profit	14	93
Primary target groups (n=27)[1]		
People with mental disorders (without specification of type of disorder)/mental health problems	12	44
People with addictive disorders (and their families/friends)	9	33
Homeless people or people at risk of homelessness	3	11
Others (people with mental disorders aged 65+, people who need support in daily activities)	3	11
Region covered (n=26)		
All Tyrolean districts	1	4
One district	13	48
Two to four Tyrolean districts	8	30
Five to eight Tyrolean districts	5	18
Setting of service provision (n=26)[1]		
Office-based	13	46
Mobile service (flexible locations)	8	30
Accommodation/shelter facilities	8	30
Work sites	6	22
Public space	1	4
Other (e.g. schools)	1	4

[1] *multiple answers possible Source: [4]; own calculation*

psycho-social services for children and adolescents: low number of available accommodation places/ 100,000 inhabitants and outreach services

counselling service were in planning in 2011

Some data are available on psycho-social services for children and adolescents [56]. In 2011, there was no outpatient psycho-social counselling service[16] which focuses on children/adolescents available in Tyrol (one unit was in planning stage). Consultation hours for children and adolescents with mental health problems were available at the adult psychiatry unit at the hospital in Kufstein. Further to that, the report lists 25 places for supported living with a therapeutic focus (1.7 per 10,000 inhabitants) and 347 places for supported living with a pedagogical focus (23 per 10,000 inhabitants) in 2013. Compared to other Austrian regions, Tyrol had one of the lowest numbers of available places per 10,000 inhabitants at the time of the survey. However, a low number of places may be offset by outreach services that support the children in their family's homes. According to the survey, such outreach services existed in Tyrol but the capacities were lower than in other Austrian regions. Five services/organisations were described for Tyrol (serving 830 families) in addition to 251 single professionals employed by the regional government who provided services for 961 families in 2013.

services outside mental health may also be relevant

Children and adolescents with mental health problems may also use some further services that do not necessarily focus on mental health but may still be helpful (employment related support, meeting places, other types of therapy such as occupational therapy, physiotherapy etc.) [56].

[16] psycho-social counselling services need to be separated from developmental psychological and diagnostic services which are not focussing on mental health problems per se (and do therefore not have child and adolescent psychiatric expertise).

11.4 Mental healthcare resources within the educational sector

different professionals in education sector for mental health problems

In chapter 10 in this report, services in the educational sector have been described. Some of them may be used in the case of mental health problems (either within the family or if children/adolescents suffer from mental health problems themselves). These are school psychologists, different types of supporting pedagogues, school social workers and school physicians.

11.5 Coordination activities in mental healthcare

mental health coordinator supports patient-oriented and coordinated care

Coordination in mental healthcare is supported by a mental health coordinator (Stabsstelle Psychiatrie und Suchtkoordination) who is employed by the Tyrolean government. According to unpublished information, the aim of the mental health care coordination unit is to plan and coordinate patient-oriented mental healthcare and care for people with addictive disorders. This includes outpatient and inpatient care, rehabilitation, psycho-social services, prevention and self-help activities. The coordinator also manages the steering committees that represent the psycho-social care provision in Tyrol and gives advice to the regional government and the regional hospital fund taking into account national and regional planning documents and healthcare governance activities.

additionally, coordination unit for addiction

The coordinator for addictive disorders is responsible for coordinating the relevant in- and outpatient services in all sectors including preventive services that are relevant in the field of addiction and for implementing the 2012-Tyrolean strategy to tackle addiction. Furthermore, planning, governance and quality management are part of the coordination unit's profile [4].

11.6 Self-help activities in mental healthcare

many relevant self-help initiatives

A number of self-help associations and initiatives with a specific focus on mental health exist. Some of them are established all over Austria with regional groups in Tyrol, some are Tyrol-specific. The association 'Selbsthilfe Tirol' provides an overview on all existing self-help activities [62]:

HPE

(1) The Austrian self-help group ‚Verein Hilfe für Angehörige psychisch erkrankter Menschen (HPE)' offers a regional group in Tyrol (Verein Hilfe für Angehörige psychisch Erkrankter Menschen in Tirol (https://www.hpe.at/bundeslaender/tirol/startseite.html). HPE Tyrol offers consultancies and online support provided by relatives from people with mental disorders. Furthermore, five active regional groups exist that meet regularly. There used to be a special self-help subgroup for adult children who have mentally ill parents but this group is currently inactive.

people with mental health care experience

(2) Verein Psychiatrieerfahrene Österreichs: This self-help group was established in 2016 by people with lived experiences with mental healthcare (https://peoe.at/?page_id=32).

Ex-In

(3) Verein Ex-In: this initiative is an education programm for people with lived experience of mental illness and the mental health care system. The aim is to qualify them to support other people with mental disorders (www.ex-in.at).

trialog

(4) A specific initiative that links people with mental disorders, relatives of people with mental disorders and mental health professionals is the so-called 'Trialog'. In several Austrian regions, Trialog-meetings are held regularly. In Tyrol, Trialog-meetings take place in three regions (Innsbruck: every first Wednesday/month; Oberland (Telfs): every last Wednesday/month; Unterland (Wörgl): every second Tuesday/month), KH Zams: every second Wednesday/month) [63].

AA

(5) Anonyme Alkoholiker: in several districts in Tyrol regular meetings for people with alcohol problems are held by the self-help group 'Anonyme Alkoholiker' (http://www.anonyme-alkoholiker.at/).

AL-Anon

(6) AL-Anon: there are regular meetings of the self-help group AL-Anon (relatives and friends of people with alcohol problems) (http://www.al-anon.at/gruppen-oesterreich/tirol).

gambling

(7) Another self-help group exists for people with gambling addiction. It is organised within a service for addictive disorder (http://www.bin-suchthilfe.tirol/gluecksspiel_contra_gambling.htm).

mental distress

(8) Kraft für Leben – Verein für Menschen in Grenzsituationen. This is a self-help group for people experience mental distress (http://www.kraftfuerleben.org/).

burn-out

(9) Natur-In statt Burn-out offers people who experienced burn-out tours in the countryside to get into contact with each other, identify mutual support and enjoy nature (http://www.nature-in.tirol/).

bipolar disorders

(10) Tiroler Gesellschaft für Bipolare Störungen. This self-help group supports exchange of experience for people with bipolar disorder. The aim is to reduce stigma and increase quality of life (https://www.tgbs.at/).

anxiety disorders

(11) ‚Trau´s dir zu' is a self-help group for people with anxiety disorders, phobias or panic disorders.

eating disorders

(12) Selbsthilfegruppe morbide Adipositas; This self-help group offers exchange among obese people and aims at raising awareness and reducing stigma. Experts are invited and exchange on surgical interventions is facilitated (http://www.adipositas-shg.at).

12 Social support networks and informal support

level of perceived social support dependent on age, health status, level of education/income, history of migration

In 2014, more than half of the Austrian population aged 15+ felt that they had a high degree of social support (higher support in males than in females between 15 and 29 years). Around 9% stated that they experienced a low level of social support. The individually perceived level of support decreased with age. The better people were satisfied with their health status, the more they felt that they had a high degree of social support. Fewer people who suffered from chronic diseases or whose activities of daily living were limited because of health problems felt that they had a high level of social support compared to healthy people. Lower income, lower level of education and history of migration were associated with a lower level of social support [59].

various voluntary activities are potential resource for COPMIs

Regarding social support, voluntary work may play a role. While it was not the aim of the report to map all types of voluntary initiatives that are existing in Tyrol, some voluntary activities have been identified that indicate that there may be an active voluntary sector in Tyrol. Activities that may for example be relevant for supporting COPMIs and/or their parents are learning support by retired teachers, psychological and financial emergency support and host grandmothers organised by the association 'Rettet das Kind', or counselling free of charge in a shopping centre.

13 Synthesis of potentially relevant benefits for COPMIs and mentally ill parents

synthesis of info: benefits for (1) mentally ill parents, (2) families, in-kind+cash benefits, formal and informal resources

In the previous sections, potentially relevant benefits from various parts of the welfare state have been described. In this section the information is synthesised. The benefits are clustered into (1) benefits that are available for mentally parents and (2) benefits for families whereby they may either focus on the family as a whole or on children and/or on parents specifically. Both, benefits in-kind and cash benefits are synthesised. In addition to benefits from the formal sector, informal resources (such as self-help groups or services based on voluntary work) are summarised.

variety of services relevant for identifying and supporting COPMIs and their famillies

Figure 13-1 provides a synthesis of the types and quantities of resources that are available. The figure shows that a broad range of different types of services exists in Tyrol. While some of them may more play a role in identifying COPMIs, other are more relevant for providing support. Services that fall into the former category are all types of services within adult mental health care, where contact with the children may be established via parents when they are using mental health services. Other services, which seem to be particularly helpful for improving identification, are the 'Frühe Hilfen', the screening programm in pregnancy and early childhood (Mutter-Kind Pass) or services that are offered in schools such as school psychologists, school social workers or school physicians. For supporting COPMIs and their families in their daily life, all services that are part of the child and youth welfare field are relevant. Additionally, a number of further social services (that legally are part of the social affairs sector) offer support for children and/or families and may be utilised by COPMIs (e.g. meeting space for adolescents/youth centres, coaching for adolescents, support for girls). Furthermore, a number of services have been identified that offer specific support in parenting. Not least, activities in the informal sector have been identified, most importantly self-help groups but also some smaller initiatives such as voluntary private learning lessons by retired teachers or host grandmothers. Out of all services described in the report, only one service ('Kinderleicht') has been identified that specifically addresses COPMIs (children of parents with addictive disorders). However, this service is currently only in two districts available.

resources in informal sector also exist

1 specific service for COPMIs in 2 districts

some cash-benefits also relevant

In addition to in-kind services, some cash benefits may be a valuable resource, especially those that are Tyrol-specific and are paid to low-income families or families in emergency situations (e.g. 'Kinderbetreuungszuschuss des Landes Tirol' to support child care) (see section 9.3).

health care sector services dominate but support for daily life more within social sector

Figure 13-2 shows to which part of the welfare state the different services belong. The majority of them are part of the health care system, however, most of the services that will be relevant for supporting families, children or parents in daily life are part of social affairs. The welfare state sector services are part of, determines the legal basis for the services including the financing structures. As demonstrated in Figure 13-3, this results in a very complex system of financial responsibilities, shared between the health insurance, the federal government and the regional government/municipalities.

complex financing structures

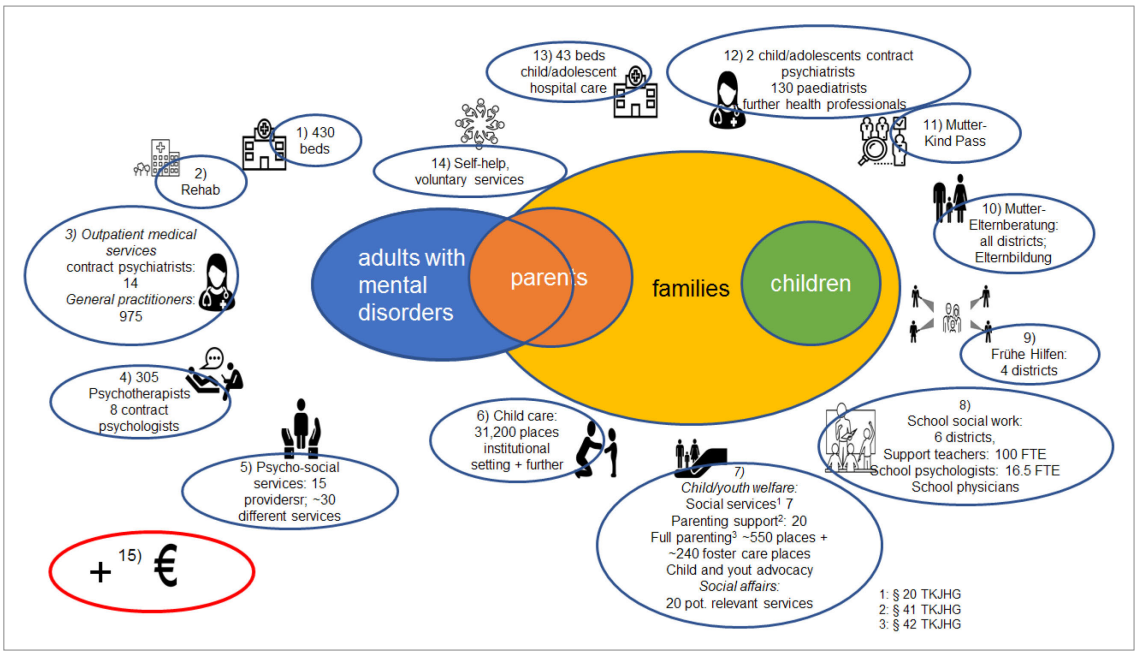

Figure 13-1: Overview of benefits for adults with mental disorders and families in Tyrol (Source: own image)

1: hospital services (inpatient, day care, outpatient); 2: inpatient rehabilitation, 3: outpatient services (psychiatrists, general practitioners, other health professionals such as occupational therapists, etc.), 4: psychotherapists and psychologists, 5: psycho-social services (regional government), psychological counselling (health insurance), psycho-social counselling (regional government); 6: child care; 7: child and youth welfare and social services; 8: services in schools (school social work, school physicians, school psychologists, support teachers); 9: Frühe Hilfen (prevention); 10: parental services, 11: Mutter-Kind Pass (screening programm in pregnancy and early childhood); 12: outpatient specialists for children and adolescents: child and adolescent psychiatrists, paediatrists, phsychotherapists ...); 13: hospital services for children and adolescents: child and adolescent psychiatry, paedeatric units; 14: self-help and services offered by voluntary workers, 15: cash benefits; creators of the symbols are listed in the annex (Figure 16-1)

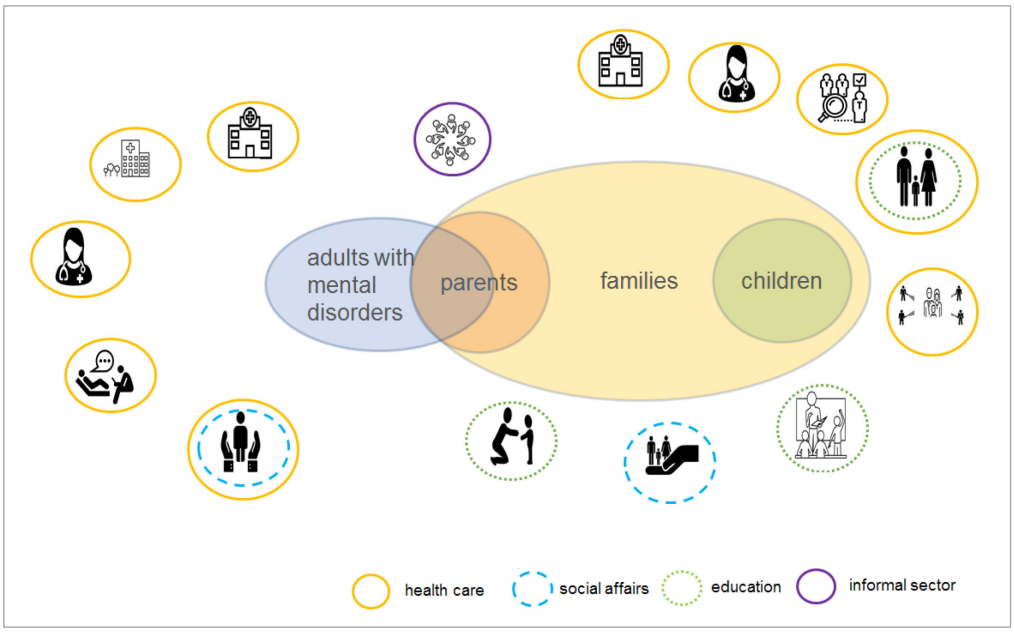

Figure 13-2: Services in Tyrol according to welfare state sector (Source: own image)

different funding sources and levels of expenditure

Figure 13-3 shows that benefits are funded by up to three payers and only a few are funded by one payer only. Furthermore, within each payer, responsibilities may be divided further (e.g. different ministries at the federal level, different health insurance funds).

funding and legal responsibilities for service provision may differ

Financial responsibility for the social affairs sector primarily rests with the regional Tyrolean government. This is different for health care sector services, where financial responsibility for some services rests with the regional government (e.g. psycho-social counselling), for some with the health insurance (e.g. services provided by outpatient psychiatrists, psychological counselling), for others with the federal government (e.g. Frühe Hilfen, Mutter-Kind-Pass) and for some with all three payers (e.g. hospital services). Finally, for educational sector services (e.g. childcare, school social work, school psychologist) the financial responsibility rests with the regional and federal government. The level of funding differs considerably. It is much higher for services within the health than within the social or educational sector (see chapters 7, 9.1.2., 8.1.2., 10.1.2). Notably, financial responsibility is not always identical to legal responsibility. For example, hospital care is financed by the health insurance, the regional government and the federal government, while legal responsibility for providing capacities and personnel rests within the regional Tyrolean government.

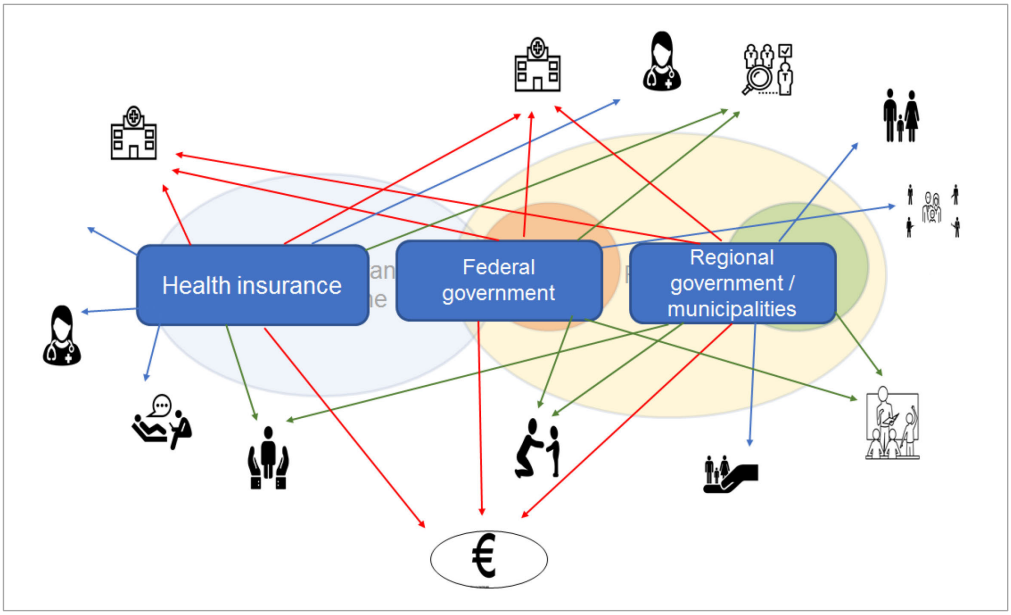

Figure 13-3: Financing of relevant services (Source: own image)

access restricted through gate-keeping, limited capacities or private payment

An important criterion for the potential usefulness of the services for supporting COPMIs and their families is how access is regulated. Access may be universal but it can also be restricted in different ways: through defining entitlement (e.g. based on needs assessment), through limiting capacities and waiting lists or through private co-payment (the higher the co-payment, the more access will be restricted for low-income groups).

entitlement varies from universal access to highly restricted

Figure 13-4 demonstrates how the law defines entitlement for the different services. A number of services are characterised by universal access (e.g. Frühe Hilfen, Mutter-Kind Pass, some services within child and youth welfare), however for many services, people must meet some pre-conditions in order to have access. For instance, access to most of the health care services is dependent on being insured. While only a very small percentage of the Tyrolean population is uninsured, the uninsured often belong to socio-economic groups (e.g. homeless people, asylum seekers) [64] among which the likelihood to have a mental health problem is particularly high [65]. Furthermore, access to many of the psycho-social services and to the services within child and youth welfare is dependent on needs assessment. In the former, access is regulated in the 'Tyrolean Social Participation Act', which requires an application for rehabilitation and a medical assessment. In the latter group, access is dependent on referral from the child and youth welfare agency based on needs-assessment.

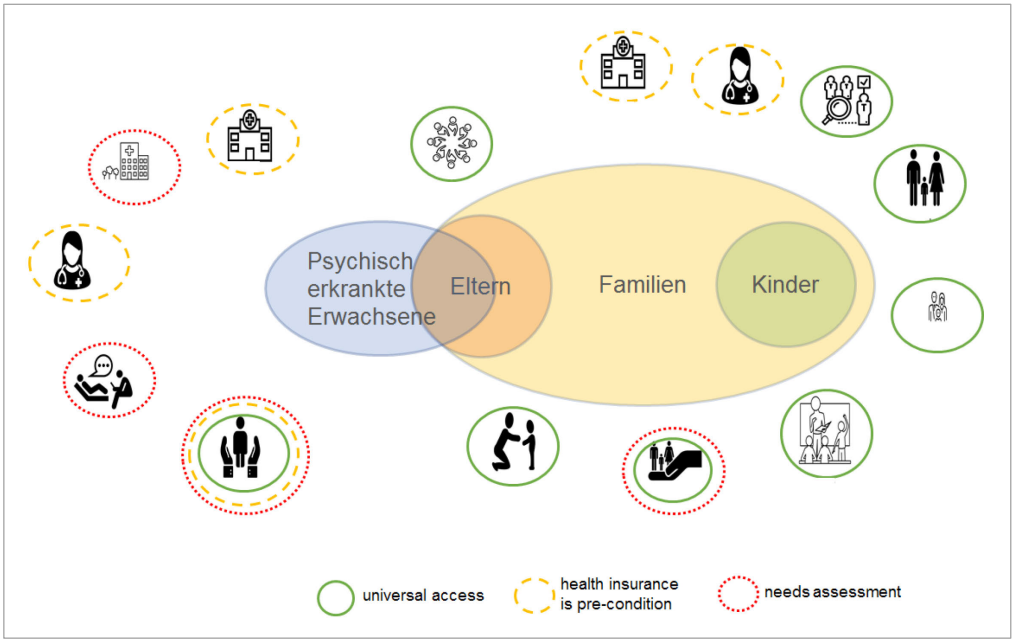

Figure 13-4: Entitlement to services (Source: own image)

info on capacities limited

in some areas severe shortages

services sometimes not in all districts

Less information is available on the capacities of services. Figure 13-5 demonstrates the different degrees of capacities of publicly funded services. For a number of services, the data presented in the previous sections show some severe limitations of capacities. This is for example the case for outpatient psychiatrists that have a contract with the health insurance or regarding capacities for fully publicly funded psychotherapy. Other services have limited capacities because they only exist in some districts (e.g. school social work, Frühe Hilfen). For many of the services information on capacities is lacking.

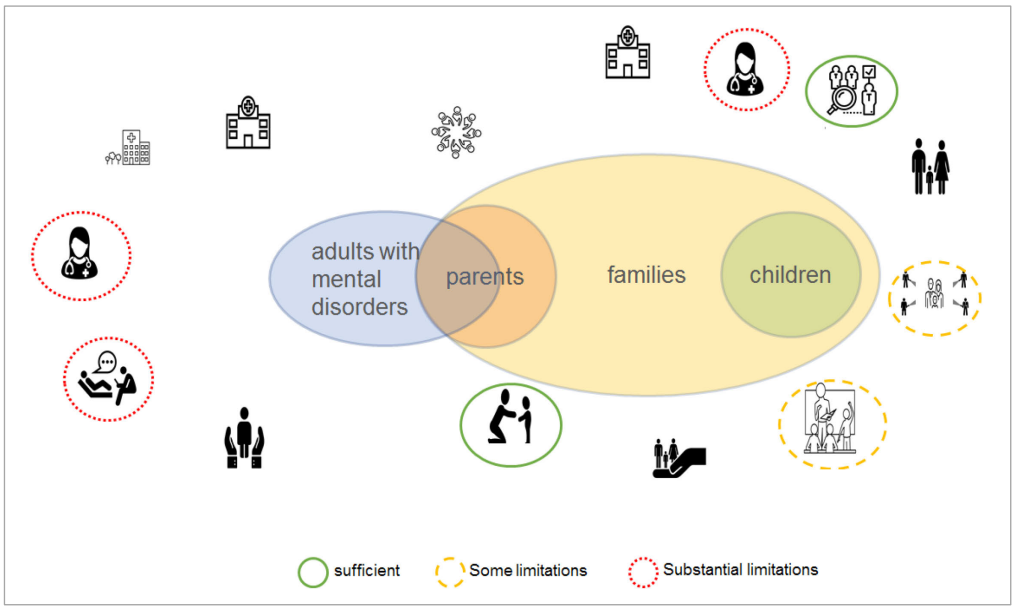

Figure 13-5: Capacities within services that are publicly funded (Source: own image)

private payments likely for outpatient health care, childcare and institutional out-of-home

Figure 13-6 demonstrates the degree to which services are publicly funded. Many of the services are accessible free of charge or with a very small amount of co-payment (e.g. daily rate daily of € 12-19 for max. 28 days for hospital inpatient treatment in adult mental health care). A considerable number of services, however, require a considerable amount of private co-payment or even full private payment. This is for example the case if people consult private psychiatrists or psychotherapists (because of limited publicly funded capacities), if they use private childcare services or if a child is placed out-of-home within child and youth welfare.

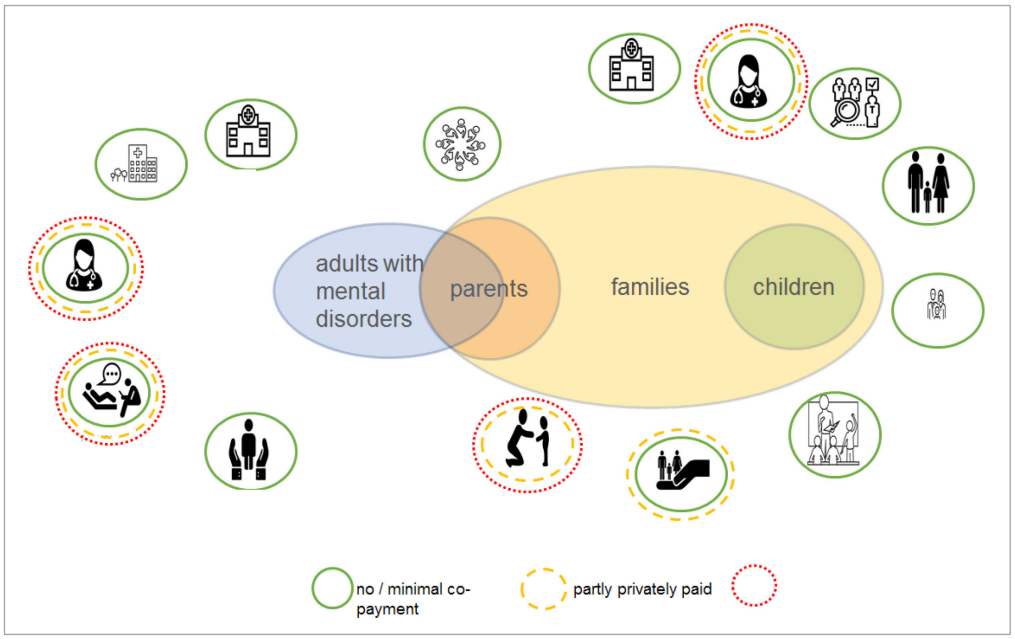

Figure 13-6: Degree of public funding of services (Source: own image)

geographical variation

The geographical location of services differs between service types. Overall, only a limited number of services is available in all Tyrolean districts and more services are located in the urban areas. Figure 13-7 and Figure 13-8 demonstrate two examples. Figure 13-7 shows currently available contract psychiatrists (§ 2 psychiatrists) in the outpatient setting and Figure 13-8 presents the location of psycho-social mental health care services in the social sector.

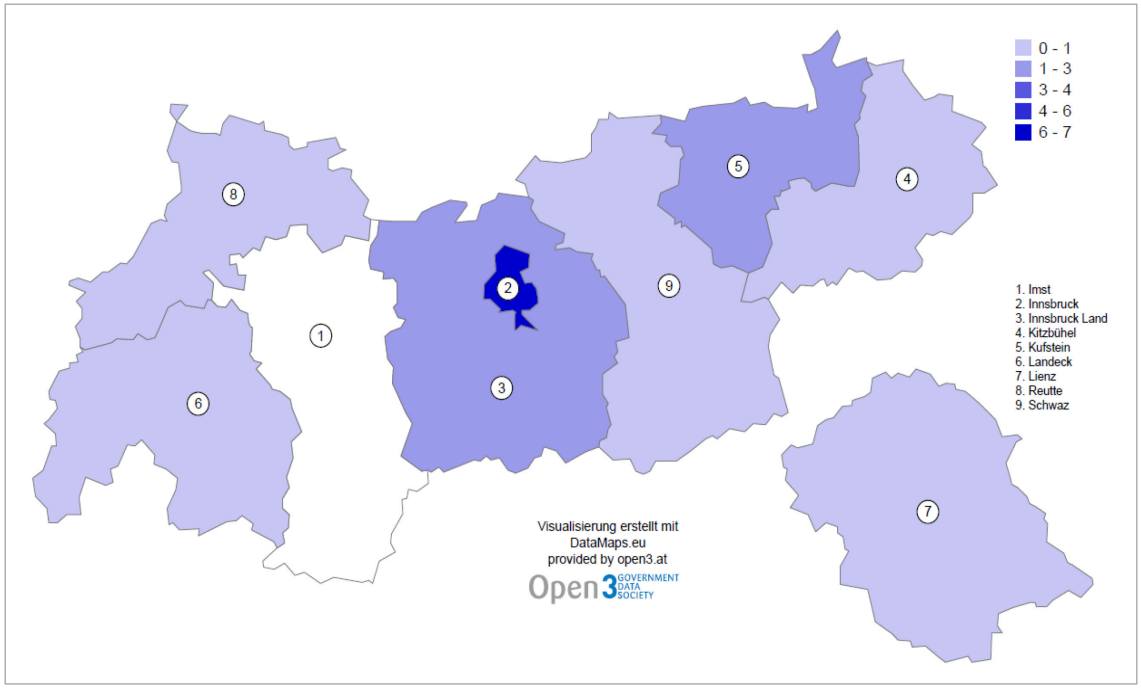

Figure 13-7: Geographical distribution of contract psychiatrists in Tyrol (Source: own image based on [66])

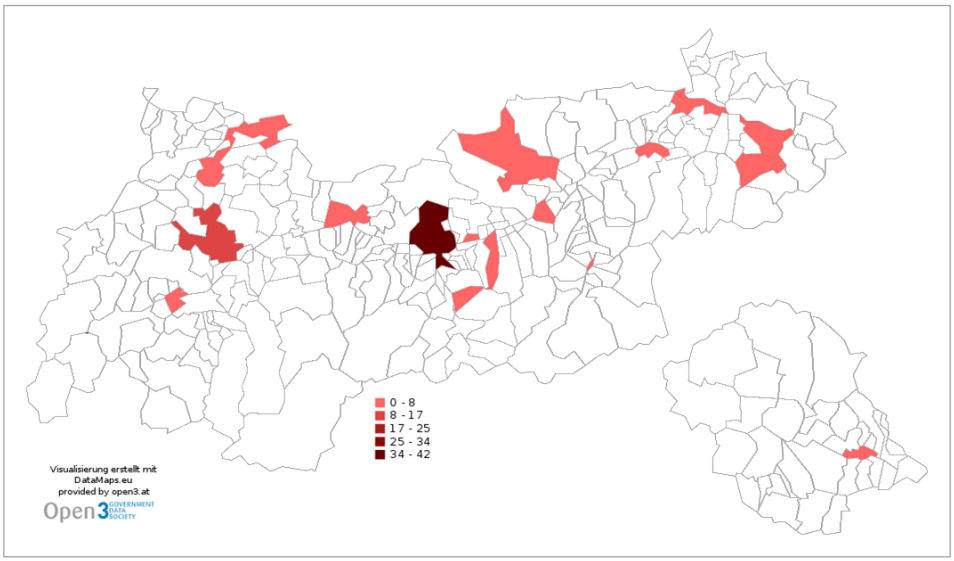

Figure 13-8: Geographical distribution of psycho-social mental health care services (Source: own image based on [66])

14 Discussion and Conclusion

report provides mapping of services and their regulatory context

In the previous sections, we provided a general overview of the Tyrolean situation in terms of geographic, demographic and socio-economic structures; we described the available services and benefits that may be relevant for COPMIs and their families and we showed how these services are embedded in the overall welfare state system of Tyrol and/or Austria.

socio-economic characteristics indicate conservative system of values

The demographic and socio-economic parameters show that Tyrol can be classified as a conservative region in terms of family structures and education/employment characteristics. For example, Catholic religion plays an important role in Tyrol. Furthermore, the number of children per household is higher than the Austrian average and a very high percentage of children live in dual-parent families (92% of children <15 years). Moreover, the employment rate is higher in males than in females and almost 5% of females (compared of 0.1% of males) are 'household leading only' indicating traditional gender roles. The latter trend is also reflected in the data on childcare, which showed that only a third of Tyrolean children up to 14 years are in childcare, less than half of children up to 5 years are full-time in childcare, and many childcare facilities have several closing days. This indicates that that many children are cared for in the families (traditionally by women). Thus, the informal support structures seem to play an important role in Tyrol. In the concept for supporting COPMI for our project, linking formal and informal support is one of the key characteristics outlined. The analysis of the Tyrolean context situation suggests that integrating informal resources seems feasible in Tyrol. In that context, the results from the social support network data may be relevant (see section 12) indicating that people with chronic mental health problems may experience less social support than those without chronic health problems.

informal sector likely plays important role

variety of available services constitutes huge potential for project

The description of the Austrian welfare system shows that different sectors of the welfare system may play a role in identifying and supporting COPMIs. We identified relevant in-kind and cash benefits within the health care, social care and the educational system. While this results in many challenges in terms of coordination of services, legal issues (e.g. data sharing) and responsibilities on the one hand, it opens up a large variety of different options and strategies that may be followed to better identify and support COPMIs in Tyrol on the other hand. For example, it may be possible for a treatment-focused service within the health system to work together with a service from social care and/or the educational system to meet the multiple needs of COPMIs and their families. The description of potentially relevant services across different sectors has impressively shown that a broad variety of services are offered in Tyrol provided by numerous different providers, both large and small scale and private as well as public. Hence, there seems to be a large potential of improving support of COPMIs in Tyrol by better coordinating what is already there rather than inventing new services or programs. This coordination would, however, have to take place across sectors (e.g. education and health) and across levels (e.g. primary and secondary health care) and this will likely require additional funding.

yet challenges for coordination

regional and local governments have key role

While all government levels play a role in funding and providing services, many of the core services identified for supporting COPMIs in daily life are within the responsibility of the regional government, indicating that local politics will be an important factor to be taken into account when it comes to implementing change. It needs also to be born in mind that the funding of

funding less stable

some of the identified key services may not be very stable as many of them are part of the social care system within which funding is more often 'project based' and subject to discretionary decisions than it is the case for the health care sector services.

fewer options for COPMI-support in rural areas

The analysis has also shown that considerable regional variabilities exist in terms of available types and numbers of services with an urban-rural gradient. Thus, less options will be available within the existing service structure to support COPMIs and their families who live in more rural areas than for those who live in more urban parts of Tyrol.

restricted service access will reduce flexibility for support

Access to services differs according to service types. While many services can be used free of charge and voluntarily, often some forms of gate-keeping exist which may make it difficult to flexibly utilise those services for supporting COPMIs. This is particular the case if use of a service depends upon referral from the child and youth welfare office, because there can be issues of distrust for families and engagement issues may play a role. In some cases (e.g. childcare, psychotherapy), access may be restricted because of limited capacities and waiting lists. This can sometimes be circumvented by paying for services fully privately, however, this may not be affordable for all parents.

cash benefits also available for support

In addition to in-kind benefits the report has also demonstrated that a variety of cash benefits are available for Tyrolean families. In fact, regarding welfare state expenditure on families, cash benefits considerably outweigh in-kind benefits (see 9.3). Hence, knowledge on eligibility criteria and assisting families in getting access to different types of cash benefits may be an important part of the COPMI-support programme.

self-help communities are valuable resource

Not least, the mapping exercise also demonstrated that there is an active self-help community in place regarding mental health in Tyrol. Their activities and structures (e.g. Trialog) could be utilised for linking formal and informal support, for awareness rising or for identifying and working with people with lived experience.

limitations: incomplete mapping, details at organisational level not available, conceptual deficiencies

The report has some limitations. Firstly, the mapping covers a broad range of sectors, however, the boundaries of what type of services to include and what to exclude have not always been clear-cut. Since the support of COPMIs can look very differently depending on the individual needs, a number of further resources may exist that would be potentially relevant in the support processes, while others that have been included in the mapping may in practice play a less important role (e.g. out-of-home custody). Secondly, the report is based on published information. This is neither always completely up to date, nor does it necessarily contain all relevant information on individual services (e.g. on available capacities, referral pathways). The desk research also does not guarantee a complete list of available services. Consequently, there will be gaps and missing information. The risk of missing key services will, however, be limited by having the report quality controlled by two external reviewers that are both very familiar with the Tyrolean system (see page two of report). Furthermore, the information collected provides only a part of the picture and does not allow more in-depth insight into barriers and facilitators within the individual organisations for identifying and supporting COPMIs. Yet, to obtain this type of information, other methods of data collection are required and, as a consequence, are already being applied (expert and Tyrol service provider interviews) to complement the desk research. Not least, the classification of services has been conceptually challenging as some variables used in the classification may have different meanings across sectors (e.g. early intervention is a well-known concept in health care but it may have a different meaning in social care).

In conclusion, the existing Tyrolean health care, social care and educational infrastructure as well as the societal structures constitute a rich pool of resources on which the COPMI-support concepts that are going to be developed throughout the project can draw on. The challenge will be to make decisions, which of the numerous settings will be most appropriate within a research project for identifying COPMIs and how to coordinate the support of COPMIs hereafter.

conclusion: Tyrolean service and societal structures provide good starting conditions

15 Literature

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16 Annex

	Wilson Joseph
	Hans
	fahmionline
	Nithinan Tatah
	Milinda Courey
	Eunji Kang
	Viral faisalover
	Maurizio Fusillo
	Michael Thompson
	Vectors Market
€	Faktor Vier
	Luis Prado

Figure 16-1: List of originators of icons in figures 13-1 to Figure 13-6

16.1 Overview tables on services

Table 16.1-1: Classification of social services in child and youth welfare in Tyrol (§ 20 TKJHG)

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Setting of service provision
		private	public				
Chill out	Verein zur Förderung des DOWAS	x		homeless adolescents	counselling and advice, come structure (offering infrastructure for target group), supported living (10 places for up to 3 months)	Head office: Innsbruck	office-based, accommodation
Kriseninterventions-zentrum für Kinder und Jugendliche KIZ	Verein	x		children and adolescents in crisis situations	(1) counselling in acute crises; (2) emergency accommodation for children and adolescents aged 12-18 years for 8 weeks max.	Head office: Innsbruck	office-based + telephone service, emergency accommodation
Kurzzeit WG neMo – Soziapädagogisches Zentrum St. Martin	Land Tirol		x	Children and adolescents in crisis situations		Head office: Schwaz	Emergency accommodation
Tiroler Kinder und Jugend GmbH	Tiroler Kinder und Jugend Gemeinnützige GmbH	x		children, adolescents,	focus is on issues related to violence:	Head office: Innsbruck	
(1) Kinderschutz-zentren					child protection services: psychotherapy (focus on children who experienced violence), supervision for professionals, regional and international networking,	offices in 4 districts (Innsbruck-Stadt, Kufstein, Imst, Lienz, Reutte)	Office-based
(2) Schulsozialarbeit				students, parents, teachers	School social work	districts; Lienz, Kufstein, Schwaz, Innsbruck Land, Innsbruck, Imst,	schools
(3) Turntable Kufstein				Children an adolescens in crisis situations	emergency accommodation for children and adolescents aged 12-18 years for 12 weeks max	Head office: Kufstein	accommodation
z6 streetwork	Verein Z6	x		children and adolescents aged 12-21	streetwork in public places	Head office: Innsbruck	streetwork

Source [4], child and youth welfare service department regional government Innsbruck; own classification; n.a.: information not available; TKJHG: Tiroler Kinder- und Jugendhilfegesetz;

Table 16.1-2: Classification of service for supporting parenting within child and youth welfare (§ 41 TKJHG)

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Setting of service provision
		Private non-profit	Public				
SOS-Kinderdorf Ambulante Familienarbeit Tirol AFA	Verein SOS-Kinderdorf	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolen district	flexible: families' homes, nature, office of the provider, public space
AST 12 GmbH, Ambulante und stationäre Betreuung für Kinder	Ast 12 Gemeinnützige GmbH	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Every Tyrolean districts	n.a.
Caritas Beratungszentrum der Diözese Innsbruck	Kirchliche Stiftung „Caritas der Diözese IBK" – Körperschaft öffentlichen Rechts	x		adults, parents, migrants, pregnant women	legal advice (in particularly on financial support options), counselling during pregnancy (for both parents), debt counselling, adoption, religious sects	Every Tyrolean districts	office-based
Caritas – Sozialpädagogische Familienhilfe	Kirchliche Stiftung „Caritas der Diözese IBK" – Körperschaft öffentlichen Rechts	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Innsbruck Stadt und Land, a part of Schwaz, Imst, Landeck, Reutte	familie's homes
Caritas – Sozialpädagogische Familienhilfe	Kirchliche Stiftung „Caritas der Diözese Salzburg" – Körper-schaft öffentlichen Rechts	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	a part of district Schwaz, Kufstein, Kitzbühel	
Elternbildung Tirol – unterstützen statt belehren	Verein Österreichischer Kinderschutzbund -Tirol	x		parents, paedagogics, schools and educational institutions	organising education in the area of parenting in different settings, cooperation with educational institutions	several Tyrolean districts	in different locations
Erziehungsberatung des Landes Tirol	Tyrolean government – department of child and youth welfare		x	parents, children, adolescents, other carers, professionals that have contact with children (teachers, health professionals etc.)	information and counselling, seminars in schools and kinder-garten, mediation, telephone counselling, specific topics: violence, babies and infants	every Tyrolean district	office-based, other locations
Heilpädagogische Familien GmbH	Gemeinnützige GmbH	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolean district	office-based and families' homes
Initiative Frauen helfen Frauen		x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Innsbruck-Stadt und Innsbruck Land	office and flexible according to needs (families' homes, visiting authorities/ administrations ...)
Kooperative Familienberatung Wörgl	Dr. Engelbert Winkler OG	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Districts Kufstein, Kitzbühel, Schwaz	office-based

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Setting of service provision
		Private non-profit	Public				
Lebens Oart – Verein für Begleitung von Kindern und Jugendlichen	Verein LebensOart	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolean district	
Nestwärme ambulante Familien- und Einzelbetreuung	Nestwärme GmbH für Beratung, Betreuung und Wohnen	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolean district	flexible; preferred in families' homes
Netz ambulant	ABW&SPI – Ambulant Betreutes Wohnen u. Sozialpädagogische Intensivbetreuung	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Innsbruck-Stadt, Innsbruck Land, Imst, Kufstein	non-office based ambulatory services; flexible
Plan be GmbH – Ambulante Familienhilfe Tirol	Plan be gemeinnützige – Ambulante Familien-, Kinder- und JugendarbeitGmbH	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	5 districts (Innsbruck-Stadt, Innsbruck-Land, Imst, Kufstein, Schwaz)	n.a.
Pro Juventute Mobil (Ambulante Familienhilfe)	Pro Juventute Soziale Dienste GmbH	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolean district	flexible (families' homes)
Rainbows „Für Kinder in stürmischen Zeiten"	Bundesverein Rainbows	x		children and adolescents (4-17 years) whos parents get separated or after death of a carer, parents	group sessions and individual counselling for children and adolescents, counselling for parents and child and youth welfare – § 41 TKJHG	an 10 locations in Tirol	office-based
Samariterbund Tirol – Rettung und Soziale Dienste gemeinnützige GmbH	Samariterbund Tirol Rettung und Soziale Dienste gemeinnützige GmbH	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	every Tyrolean district	n.a.
SOS Kinderdorf Imst – Eltern-Kind-Wohnen	Verein SOS Kinderdorf	x		Parents >18 years and their children	Eltern-Kind-Wohnen mit pädagogischer und lebens-praktischer Ausrichtung; child and youth welfare – § 41 TKJHG	Imst	
Vinzenzgemeinschaft Telfs, Familienhilfe	Verein Vinzenzgemeinschaft Telfs Familienhilfe	x		children, adolescents and their families	child and youth welfare – § 41 TKJHG	Imst, Innsbruck-Land	n.a.
Volkshilfe Tirol - Besuchsbegleitung	Volkshilfe Tirol Besuchsbegleitung	x		children, adolescents and their families	attending meetings of children with their parent(s) either organised via the child and youth welfare service or initiated by the parent in cases of divorce, custody conflicts or during out-of-home care of children; child and youth welfare – § 41 TKJHG	every Tyrolean district	flexible

Source [4], child and youth welfare service department regional government Innsbruck; own classification; n.a. information not available

Table 16.1-3: Classification of full parenting services in child and youth welfare in Tyrol (§ 42 TKJHG)

Name of service	Name of provider	Type of provider organisation		n Places	Target group	Region
		Private non-profit	Public			
Landeskinderheim Axams	Land Tirol		x	54 divided into different groups	children and adolescents from 0-18 years, mothers	Head office: Axams (district Innsbruck-Land)
Mama Mia/Part of Landeskinderheim Axams	Land Tirol		x	4 Mothers with their Children	Mothers, Children, zur Stärkung der Erziehungsfähigkeit	Head office: Axams (district Innsbruck-Land)
Sozialpädagogisches Zentrum St. Martin-Schwaz	Land Tirol		x	30 separated into different groups	children (aged 6 to 14) and male adolescents (from 12 to 18 years)	Head office: Schwaz (district Schwaz)
InnHouse-Betreutes Wohnen für Jugendliche und junge Mütter	Einzelunternehmen	x		14 supportet in individual living	adolescents and teenage mothers and young adults with child, aged > 14 years	Head office: Innsbruck-Stadt
Jugendland	Jugendland GmbH, gemeinnütziges Unternehmen für Kinder- Jugend- Betreuung und Förderung	x		62 separated into different groups and locations	children and adolescents from 2-18 (21) years	Head office: Innsbruck-Stadt
Jugendwohnstart	Verein sozialpädagogisch betreuter Wohnformen für Jugendliche in Tirol	x		27 supportet in individual living	adolescents aged 15-18 years	Head office: Innsbruck-Stadt
Kinderwohngemeinschaft Pollingberg	KEG Gstraunthaler	x		9	children aged 3-12 who can stay until 18	Head office: Polling (district Innsbruck-Land)
Kinderzentrum Mariahilf	Innsbruck Soziale Dienste GmbH (ISD)	x		16	children and adolescents aged 5-12 years	Head office: Innsbruck-Stadt
Kinderzentrum Pechegarten	Innsbruck Soziale Dienste GmbH (ISD)	x		10	children and adolescents aged 1.5 to 12 years	Head office: Innsbruck-Stadt
Nestwärme- Sozialpädagogische Wohngemeinschaft für Jugendlich und junge Mütter	Nestwärme – gemeinnützige Gesellschaft für Beratung, Betreuung und Wohnen GmbH	x		15	adolescents and teenage mothers aged 15 to 21 years	Head office: Innsbruck-Stadt
Netz	ABW&SPI – Ambulant betreutes Wohnen & Sozialpädagogische Intensivbetreuung	x		14 supportet in individual living	adolescents aged > 15 years who are too challenging to be cared for in other institutional services	Head office: Innsbruck-Stadt
Pro Juventute – Sozialpädagogische WG, Mikado und Waldhäusl, Kirchbichl	Pro Juventute Soziale Dienste GmbH Salzburg	x		15	children and adolescents fom 6-18 years	Head office: Salzburg; institution: Kirchbichl (district Kufstein)

Name of service	Name of provider	Type of provider organisation		n Places	Target group	Region
		Private non-profit	Public			
Pro Juventute – Sozial-pädagogische WG Trampolin Kirchberg	Pro Juventute Soziale Dienste GmbH Salzburg	x		9	adolescents aged 13 to 18 years	Head office: Salzburg; institution: Kirchberg (district Kitzbühel)
Pro Juventute – Sozial-pädagogische WG Brixlegg	Pro Juventute Soziale Dienste GmbH Salzburg	x		9 + 2 (live independently in own apartment in institution)	adolescents between 6 and 12 years (who can stay until age 18)	Head office: Salzburg; institution: Brixlegg (district Kufstein)
slw Jugendhilfe WG Strass	slw Soziale Dienste GmbH	x		9 + 2 (live independently in own apartment in institution)	children aged 6 and older	Head office: Axams; institution: Strass (district Schwaz)
slw Jugendhilfe WG Fügen I	slw Soziale Dienste GmbH	x		9	children aged 6 and older	Head office: Axams; institution: Fügen (district Schwaz)
slw Jugendhilfe WG Fügen II	slw Soziale Dienste GmbH	x		9	children aged 6 and older	Head office: Axams; institution: Fügen (district Schwaz)
slw Jugendhilfe WG Fiecht	slw Soziale Dienste GmbH	x		9	children aged 6 and older	Head office: Axams; institution: Fiecht (district Schwaz)
slw Jugendhilfe WG Kaltenbach	slw Soziale Dienste GmbH	x		9	children aged 6 and older	Head office: Axams; institution: Kaltenbach (district Schwaz)
SOS-Kinderdorf Imst	Verein SOS Kinderdorf	x		(1)Kinderdorffamilien und Kinderwohngruppen: 59; (2) Krisenwohngruppe: 5; (3) Eltern-Kind-Wohnen: 4 Familien	(1) 0-10 Kinderdorffamilien; 4-12 Kinderwohngruppe; (2) 2-18; (3) parents aged >18	Head office: Innsbruck; institution: Imst and Prutz (district Imst)
SOS-Kinderdorf Jugendwohnen Osttirol, Sozialpädagogische Jugendwohngemeinschaft	Verein SOS Kinderdorf	x		9 + 2 (live independently in own apartment in institution)	children and adolescents	Head office: Innsbruck; institution: Nußdorf-Debant (district Lienz)
SOS-Kinderdorf Jugendwohnen 'Haus am Lohbach'	Verein SOS Kinderdorf	x		8	female adolescents aged 15-18	Head office: Innsbruck; institution: Innsbruck-Stadt
SOS-Kinderdorf Osttirol	Verein SOS Kinderdorf	x		Kinderdorffamilien und Kinderwohngruppen: 38	0-10 Kinderdorffamilien; 4-12 Kinderwohngruppe;	Head office: Innsbruck; institution: Nußdorf-Debant (district Lienz)

Name of service	Name of provider	Type of provider organisation		n Places	Target group	Region
		Private non-profit	Public			
SOS-Kinderdorf Sozialpädagogisch therapeutisches Jugendwohnen Innsbruck	Verein SOS Kinderdorf	x		8 + 2 (live independently in own apartment in institution	adolescents aged 13 and older	Head office: Innsbruck; institution: Innsbruck-Stadt
Sozialpädagogische WG Caritas, Haus Mirjam	Kirchliche Stiftung „Caritas der Diözese IBK" – Körperschaft öffentlichen Rechts			9	children aged 6-14 years	Head office: Innsbruck; institution: Hall (district Innsbruck-Land)
Sozialpädagogische Kinder-WG Caritas, Haus Terra	Kirchliche Stiftung „Caritas der Diözese IBK" – Körperschaft öffentlichen Rechts			9	children aged 6-12 years	Head office: Innsbruck; institution: Landeck (district Landeck)
Sozialpädagogische WG für Mädchen – Cranach WG	Cranach WG – gemeinnützige GmbH	x		9	female adolescents aged 12-21 years	Head office: Mils; institution: Mils (district Innsbruck-Land)
Sozialpädagogische WG Oberland – TUPO	Verein Sozialpädagogische WG Oberland TUPO	x		7	adolescents aged 13-18 years	Head office: KarröstenInstitution: Karrösten (district Imst)
Sozialpädagogische Wohn-gruppen Laura und Amanda, Laurita (BIW); Außenwohnen Sozialpädagogische Pflegestellen	Verein der Don Bosco Schwestern für Bildung und Erziehung	x		18 + 4 (live independently in own apartment in institution	children from kindergarten-age to 14 (Amanda, Laura) and follow-up until 18 (Laurita)	Head office: Vöclabruck, Institution: Stams (district Imst)
XXL-Projekt- Betreutes Wohnen der Kooperative Familienberatung Wörgl	Dr. Engelbert Winkler OG	x		10	adolescents 15 to 18 years	Head office: Wörgl; (district Kufstein)

Source: [4], child and youth welfare service department regional government Innsbruck; own classification; n.a. information not available

Table 16.1-4: Classification of mental healthcare services within the social sector in Tyrol

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Location of service provision
		private non-profit	public				
Gesundheitspsychologische Beratung	regional government		x	people with mental health problems	psychological counselling/advice and referral to other providers and self-help groups	8 Tyrolean districts (Innsbrruck-Stadt, Innsbruck-Land, Kitzbuhel, Kufstein, Reutte, Lienz, Landeck, Schwaz)	office-based
Ambulante Suchtprävention	Verein Innsbrucker Soziale Dienste GmbH*	x		(1) Stelle für ambulante Suchtprävention: people with all types of addictive disorders	(1) psychotherapy, counselling/ advice, psychiatric treatment	Innsbruck-Stadt	(1) office-based;
Obdachlosenhilfe		x		(2) support for homeless people	(2) supported living	Innsbruck-Stadt	(2) accommodation;
Jugendzentrum		x		(3) youth centre	(3) leisure activities, advice on all issues related to adolescence	Innsbruck-Stadt	(3) office-based/ meeting place;
Haus am Seespitz	Therapienetz gemeinnützige GmbH	x		people with addictive disorders (drugs)	inpatient care: different types of therapy, sport and leisure activities, work-related support	Schwaz	accommodation
Suchthilfe – Beratung, Information, Nachsorge	Verein sucht.hilfe BIN	x		people with addictive disorders or relatives	counselling, psychotherapy, smoking-cessation, sport-therapy, preventive work	all Tyrolean districts	office-based, services in different settings (school, workplace)
Verein Emmaus	Caritas	x		homeless and unemployed persons with previous drug or alcohol addiction	employment, supported living, therapy and advice up to one year	Innsbruck-Stadt	accommodation, work in different places
Abrakadabra		x		people with addiction disorders	employment on hourly base (outdoor, creative sector, logistics)	Innsbruck-Stadt and Innsbruck-Land (agricultural site)	office-based and agricultural site
Kinderleicht – Caritas		x		children who have parents with addictive disorders	advice and support of children aged 3+ and their families	2 districts: Kufstein, Kitzbühel (Caritas Salzburg)	flexibel
Mentlvilla Tageszentrum + Notschlafstelle		x		people with addiction disorders	emergency shelter including counseling, needle exchange, health information, referral to further services, warm meals and drinks, shower option	Innsbruck-Stadt	office-based, shelter

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Location of service provision
		private non-profit	public				
Verein für Obdachlose	Verein für Obdachlose	x		homeless people and people at risk for becoming homeless	counselling/advice, supported housing, street-work, provision of clothes, employment related services, day-care	Innsbruck-Stadt	office-based, street-work, accommodation-based
Verein KIT (Kontakt – Information – Therapie)	Verein KIT	x		people with addictive disorders between 18 and 50 years of age	rehabilitation for people with addictive disorders up to 12 to 18 months max.	Schwaz	accommodation
Pro mente psycho-social counselling	Verein Pro mente Tirol	x		people with mental disorders	psycho-social counselling/advice on an outpatient basis: (1) psychosozialer Dienst: outpatient psychosocial service (advice, home visits, crisis interventions, case management, rehabilitation planning); (2) Transkulturelle Sozialpsychiatrie: same as (1)	(1): 7 districts: Innsbruck-Stadt, Kufstein, Schwaz, Imst, Landeck, Lienz, Reutte; (2) Innsbruck-Stadt;	office-based, home visist
Pro mente services for day care		x		people with mental disorders	services for day care: (3) Tageszentren: group activities; (4): Beschäftigungsinitiative: employment; (5) Treffpunkte: leisure activities and communication;	(3) 3 districts: Innsbruck, Landeck, Lienz; (4) 7 districts: Innsbruck-Stadt, Schwaz, Reutte, Landeck, Lienz, Kufstein, Imst, (5) 7 districts: Innsbruck, Imst, Kufstein, Schwaz, Landeck, Reutte, Lienz;	day care facilities
Pro mente services around accommodation/housing		x		people with mental disorders	Services around accommodation/ housing (different types): (6) supported living; (7) shared flat/rehabilitation; (8) shared flat/therapy; (9) rehabilitation;	6) 2 districts: Imst, Landeck; (7) 3 districts: Innsbruck-Stadt, Innsbruck-Land, Kufstein; (8) Innsbruck-Stadt; (9) Innsbruck-Stadt;	accommodation
Pro mente education/employment related services		x		people with mental disorders	education and employment: (10) Berufstraining: training to support employment/occupational integration ; (11) Caravan: employment-related support for people with alcohol addiction; (12) socio-economic companies	(10) 2 distrcits: Innsbruck-Stadt, Kufstein, (11) Innsbruck-Stadt; (12) 2 districts: Innsbruck-Stadt, Imst	office-based and flexible
PSP psycho-social counselling	Verein Psychosozialer Pflegedienst	x		people with mental disorders	(1) advice/counselling (2) individual support/home visists	(1) 5 districts: Innsbruck-Stadt, Innsbruck-Land, Schwaz, Kufstein, Kitzbuhel, (2) Innsbruck-Land;	(1) office-based, (2) flexible (inc. Home visists)

Name of service	Name of provider organisation	Type of provider		Target group	Type of support	Region	Location of service provision
		private non-profit	public				
PSP services around housing/accommodation		x		people with mental disorders	(3) supported living	(3) 2 districts: Innsbruck-Stadt; Innsbruck-Land	(3) accommodation
PSP emplyoment related services		x		people with mental disorders	(4) employment-related services	(4) 4 districts: Innsbruck-Stadt, Innsbruck-Land, Kufstein, Kitzbuehl	Office-based, socio-economic companies, flexible
start pro mente day care and mobile services	Verein Start pro mente	x		people with mental health problems	day care and mobile service: advice and rehabilitation;	Innsbruck-Stadt	office-based and mobile service
start pro mente employment-related services		x		people with mental health problems	emplyoment-related support	Innsbruck-Stadt	office-based (workspace)
Zentrum für systemisch orientierte Beratung, Behandlung und Psychotherapie	Verein	x	No further infor available				
IWO Teilzeitbetreutes Wohnen	Tiroler Verein Integriertes Wohnen	x		people aged 16 +who need support in daily activities	individual support in daily activities/case management;	Innsbruck-Stadt, Schwaz, Imst	flexible
IWO Sozialpsychiatrische Einzelbegleitung		x		people aged 18+ who need support in living	supported living	Innsbruck-Stadt, Schwaz, Imst	accommodation
MOHI Tirol – Sozialintegrative Alltagsbegleitung	MOHI Tirol gemeinnützige GmbH	x		(1) people with mental disorders; (2) disabled people	(1) social psychiatric support (coordination, advice, help in dealing with authorities, support in daily activities)	Innsbruck-Stadt, Innsbruck-Land	flexible
VAGET	Verein außerstationärer geronto-psychiatrischer Einrichtungen Tirols	x		people aged 65+ who need special care because of mental/ neurological disorder	mobile psychiatric services, day care centre, café for relatives, consiliar service	Innsbruck-Stadt, Innsbruck-Land, Kufstein, Kitzbuhel, Lienz, Imst	flexible
Projekt Lama	Verein für Obdachlose	x		people with alcohol addiction	supported agricultural work	Innsbruck-Stadt	agricultural site

Sources: [4], personal communication, web search; n.a.: information not available

** only services that are related to mental health or child welfare are inlcuded (long-term care services etc. are not described)*

Table 16.1-5: Classification of social services within social sector in Tyrol

Name of service	Name of provider organisation	Type of provider		Target group	Focus on mental disorders mentioned	Type of support	Region	Setting of service provision
		private non-profit	public					
Funded at regional level								
ARANEA Mädchenzentrum – Gewaltprävention	Verein zur Förderung feministischer und transkultureller Mädchenarbeit	x		girls and young women	no	girl's centre with possibilities to meet, organising free of charge workshops, training for youth workers (gender-based and transcultural youth work), cooperation with partners	Innsbruck-Stadt	office-based, workshops in different settings,
AIDS-Hilfe Tirol – betreutes Wohnen	AIDS Hilfe Tirol	x		people who are HIV positive	no	supported living	Innsbruck-Stadt with activities in entire Tyrolean region	accommodation
Caritas Bahnhofsozialdienst	kirchliche Stiftung	x		homeless people and other people in need	no	Counselling and (legal) advice, meals, cooperation with other services (referrals), help in dealing with authorities, referral to healthcare, specific services (tickets, telephone)	Innsbruck-Stadt	train station
Caritas Mentlvilla Tageszentrum + Notschlafstelle	kirchliche Stiftung	x		people with addiction disorders	no	emergency shelter including counselling, needle exchange, health information, referral to further services, warm meals and drinks, shower option,	Innsbruck-Stadt	office-based, shelter
DOWAS für Frauen	Verein zur Förderung der DOWAS	x		adult women and their children who are in distress, women with existential problems and homeless women	no	advice for financial problems, help in dealing with authorities, support in finding accommodation, health advice, legal advice, employment-related support, advice on living with children and adolescents	Innsbruck-Stadt	office-based
Dorgenarbeit z6	Verein Z6	x		adolescents and young adults + their friends and families	no	information/advice on drug use, drug checks	Innsbruck-Stadt with activities in entire Tyrolean region	office-based and mobile services at events
Evita – Frauen und Mädchen-beratungsstelle	Verein Evita	x		girls and women	no	legal and psycho-social advice, support in legal procedures (victims of violence), referral to women's shelter, film collection	Kufstein	office-based

Name of service	Name of provider organisation	Type of provider		Target group	Focus on mental disorders mentioned	Type of support	Region	Setting of service provision
		private non-profit	public					
Förderverein bidok Österreich – Gewaltprävention	No information available							
Frauen aus allen Ländern	Verein	x		women who have migrated or fled to Austria	no	educational service (language courses etc.), advice/counselling in different areas, cultural and sports offers	Innsbruck-Stadt	office-based
Frauen helfen Frauen	Initiative Frauen helfen Frauen	x		parents in stressful situations	no	(1) support of daily living: legal advice (in particular on financial support options), debt counselling, financial support (e.g. for holiday activities for children), support employment and housing, coordination with other providers; (2) psychosocial support: childcare, support in parenting, support in crisis situations	Innsbruck-Stadt	office and flexible according to needs (families' homes, visiting authorities/ administrations ...)
Frauenzentrum Osttirol	Verein Frauenzentrum Osttirol	x		girls and women who are in a difficult situation	no	advice in different areas (divorce, economic situations, pregnancy, violence, health)	Lienz	office-based and workshops in schools
Neustart	Verein Neustart	x		criminal offenders, victims	no	help in coping with the problems of criminality and its consequences: probation service, help upon release, prevention	4 Tyrolean districts (Innsbruck-Stadt, Wörgl, Imst, Lienz)	office-based and mobile services
Schuldenberatung Tirol	Verein	x		people in difficult economic situations	no	advice on issues related to finances and economic situation	3 Tyrolean districts (Innsbruck, Wörgl, Imst)	office-based and seminars in other settings (e.g. schools)
Stelle für Ambulante Suchtprävention	Innsbrucker Soziale Dienste GmbH	x		people with all types of addictive disorders	no	psychotherapy, counselling/ advice, psychiatric treatment	Innsbruck-Stadt	office-based
Tiroler Frauenhaus	Verein Tiroler Frauenhaus	x		women and children who are threatened with or affected by pysical, psychological or sexual violence	no	victim protection, crisis intervention, works according to the principles of the Austrian autonomous women's shelters: (1) shelter; (2) counselling, (3) awareness rising/prevention, (4) assisted living and follow-up assistance	Innsbruck-Stadt	shelter

Name of service	Name of provider organisation	Type of provider		Target group	Focus on mental disorders mentioned	Type of support	Region	Setting of service provision
		private non-profit	public					
Tiroler Kinderschutz – Gewaltprävention	Tiroler Kinder und Jugend gmbH	x		children, adolescents, adults	yes	focus is on issues related to violence: (1) child protection services: psychotherapy (focus on children who experienced violence), supervision for professionals, regional and international networking, (2) school social work; (3) supported living for children aged 12-18	offices in 4 districts (Innsbruck-Stadt, Kufstein, Imst, Lienz), school social work: (see 10.3.3); supported living: Kufstein	office-based, accommodation
sucht.hilfe BIN	Verein sucht.hilfe BIN	x		people with addictive disorders or relatives	yes	counselling, psychotherapy, smoking-cessation, sport-therapy, preventive work	all Tyrolean districts	office-based, services in different settings (school, workplace)
Beratungsstelle Frauen gegen Vergewaltigung	Verein Frauen gegen Vergewaltigung	x		females 16+ years	no	Counselling/advice related to sexual violence, helpline, awareness rising, prevention	Innsbruck-Stadt	office-based, work-shops in different settings (school, work-based)
Verein für Obdachlose	Verein für Obdachlose	x		homeless people and people at risk for becoming homeless	no	counselling/advice, supported housing, street-work, provision of clothes, employment related services, day-care	Innsbruck-Stadt	office-based, street-work, accommodation-based
Teestube	Verein für Sozialprojekte Schwaz	x		people in stressful situations	no	meeting place, cheap meals and drinks, shower options, second-hand clothes, advice, help in dealing with authorities, provision of postal addresses	Schwaz	office-based
Verein für Sozial-projekte Schwaz – Außenstelle Zillertal	Verein für Sozialprojekte Schwaz	x		people in stressful situations	no	(legal) advice, cooperation with other services (referrals), help in dealing with authorities	Zillertal	office-based
Suchtberatung Tirol	Verein Suchtberatung	x		people with drug abuse (or at risk) and their families and reference persons		psycho-social and psychological advice and support, help in dealing with authorities, advice for every-day life (housekeeping, financial advice etc.)	all Tyrolean districts	office-based and mobile services (people's homes, institutions etc.)

Name of service	Name of provider organisation	Type of provider		Target group	Focus on mental disorders mentioned	Type of support	Region	Setting of service provision
		private non-profit	public					
DOWAS	Verein zur Förderung des Durchgangsortes für Wohnungs- und Arbeitslose (DOWAS)	x		(1) people at risk of homelesness, people in economic emergency situations, (2) young male homeless persons (3) homeless people or people who have intolerable housing conditions or ar at risk of homelessness; (4) families in acute situations; (5) homeless adults (primarily male)	no	(1) advice, (2) supported living in shared appartment, (3) supported living long-term (18 flats); (4) family shelter (1 4-room appartment up to 4 months); (5) transient supported living (11 places up to 3 months)	Innsbruck-Stadt	office-based, in accommodation
Zentrum für Jungendarbeit z6 Gewaltprävention	Verein Z6	x		adolescents	no	meeting place, advice (extremism),	Innsbruck-Stadt	office-based (meeting place)
Jugendzentren	Verein Innsbrucker Soziale Dienste GmbH	x		adolescents between 10 and 18 years	no	leisure activities, advice on all issues related to adolescence	Innsbruck-Stadt	office-based (meeting place)
Support for homeless people	Verein Innsbrucker Soziale Dienste GmbH	x		homeless people	no	different types of supported living	Innsbruck-Stadt	accommodation
Die Eule	Verein Lebenshilfe	x		Children (and families)	no	different types of therapy for children (and whole family)	Kitzbühel	office-based
ForKids	Diakoniewerk Tirol	x		Children	yes	different types of therapy for chldren with development disorder or behavioural disorders	4 Tyrolean districts (Innsbruck-Stadt, Innsbruck-Land, Schwaz, Wörgl, Lienz)	office-based
Zentrum für Ehe- und Familienberatung	Verein Zentrum für Ehe- und Familienberatung	x		families, couples and individuals	no	counselling on different topics around partnership, school performance of children, preganancy, sexuality, mental health issues, crisis, divorce	4 Tyrolean districts (Innsbruck-Stadt, Innsbruck-Land, Schwaz, Wörgl, Lienz)	office-based

Name of service	Name of provider organisation	Type of provider		Target group	Focus on mental disorders mentioned	Type of support	Region	Setting of service provision
		private non-profit	public					
Kinderbühne	Verein Kinderbühne	x		Children and their parents	no	psychotherapy based on psychodrama with children whose parents get separated or who are in other difficult situations in their life; therapists also work with the parent(s) in separte sessions	3 Tyrolean districts (Innsbrukc-Stadt, Kufstein, Landeck)	Office-based
Familien- und Senioreninfo	Verein Generationen und Gesellschaft	x		Families, couples, individuals	no	hotline, online portal with information on different services for parents and families in Tyrol	online and telephone-service only	Online and telephone-service only
Telefonseelsorge	Diözese Innsbruck	x		Everyone	no	telephone service for people who need someone to talk	Telephone service	Telephone service
Funded at federal level								
Koordinierungsstelle – AusBildung bis 18 Tirol	Arbeitsmarktförderungs gmbH	x		Adolescents	no	information, coordination and monitoring around the theme 'transition from school into work' for adolescents		Office-based and different settings
Jugendcoaching	No organisation; part of a network on employment-related support (NEBA) initiated and funded at the federal level (social affairs)	n.r.	n.r.	Adolescents 15-19 years	yes	Any type of issues for adolescents including support for special needs, chronic illness, mental health problems, disability	All districts	Different settings

Source [4], websearch, personal communication with Tyrolean stakeholders; n.a.: information not available; n.r. not relevant; services marked in grey have been rated as being potentially relevant for COPMIs and/or their families

Table 16.1-6: Overview of psycho-social services in Tyrol 2013

Tirol Gesamt

Versorgungssituation 2013	PSB	PND[1]	WOH gesamt	therap. WOH	WOH mobil	TS	KLUB	EH	AZU	ARB mobil	SHG[2]	AG[2]	LH
Anzahl Plätze			157	157		411		97	15				
Anzahl Einrichtungen (bei SHG und AG Anzahl Gruppen)	19	1	25	25		15	6	4	n. v.	n. v.	7	11	
Anzahl betreute Personen/Jahr	2.189	n. v.	191	191	221	916	130	163	25	n. v.			n. v.
Personalausstattung in Vollzeitäquivalenten (VZÄ)													
Ärzte/Ärztinnen	1,68			0,20	0	0							
Sozialarbeiter/innen	27,18			12,43	5,62	20,48							
DGKP	66,54			13,27	6,03	9,75							
PT / Psychologen/Psychologinnen	37,33			19,32	1,80	18,90							
Sonstige	18,36			2,00	12,80	24,18							
VZÄ gesamt	**151,27**	**n. v.**	**47,22**	**47,22**	**25,40**	**65,31**	**1,80**	**31,33**	**4,00**	**n. v.**			
Anzahl Personen (nur LH)													n. v.

1 PND: der „Verein für individualpsychologische Beratung" versorgt nur die Region Osttirol

2 SHG, AG: Keine genaue Zuordnung auf Versorgungsregionen möglich; wird daher nur auf Bundesland-Ebene dargestellt.

Source: [58]; AG: Angehörigengruppe; ARB mobile: mobile Arbeitsunterstützung; AZU: Arbeitsunterstützung zeitlich unbegrenzt; EH: (berufliche) Eingliederungshilfe; LH: Laienhilfe; PSB: psychosoziale Beratung und Betreuung; PND: Psychosozialer Notdienst; SHG: Selbsthilfegruppe; TS: Tagesstruktur/Tagesbetreuung/Tagesstätte; WOH: Wohnangebot

Table 16.1-7: Overview of psycho-social services in Tyrol central region 2013

Versorgungsregion 71: Tirol–Zentralraum; Bezirke: Innsbruck (Stadt), Innsbruck (Land), Schwaz

Versorgungssituation 2013	PSB	PND	WOH gesamt	therap. WOH	WOH mobil	TS	KLUB	EH	AZU	ARB mobil	SHG	AG	LH
Anzahl Plätze			139	139[1]		274		67	15				
Anzahl Einrichtungen (bei SHG und AG Anzahl Gruppen)	11	0	22	22		9	2	2	n. v.	n. v.	n. v.	n. v.	
Anzahl betreute Personen/Jahr	1.574	0	168	168	123	588	50	113	25	n. v.			n. v.
Personalausstattung in Vollzeitäquivalenten (VZÄ)													
Ärzte/Ärztinnen	1,18	0		0,20	0	0							
Sozialarbeiter/innen	18,58	0		10,80	1,62	12,58							
DGKP	46,44	0		11,11	3,53	8,99							
PT / Psychologen/Psychologinnen	30,33	0		19,32	1,00	11,21							
Sonstige	16,36	0		2,00	9,00	20,29							
VZÄ gesamt	**113,08**	**0**	**43,43**	**43,43**	**14,30**	**45,06**	1	**19,13**	**4**	**n. v.**			
Anzahl Personen (nur LH)													n. v.

1 Inkl. 4 Wohnplätze in der Einrichtung Psychiatrische Rehabilitation Bregenz GmbH

Source: [58]; AG: Angehörigengruppe; ARB mobile: mobile Arbeitsunterstützung; AZU: Arbeitsunterstützung zeitlich unbegrenzt; EH: (berufliche) Eingliederungshilfe; LH: Laienhilfe; PSB: psychosoziale Beratung und Betreuung; PND: Psychosozialer Notdienst; SHG: Selbsthilfegruppe; TS: Tagesstruktur/Tagesbetreuung/Tagesstätte; WOH: Wohnangebot

Table 16.1-8: Overview of psycho-social services in Tyrol Western region 2013

Versorgungsregion 72: Tirol-West; Bezirke: Imst, Landeck, Reutte

Versorgungssituation 2013	PSB	PND	WOH gesamt	therap. WOH	WOH mobil	TS	KLUB	EH	AZU	ARB mobil	SHG	AG	LH
Anzahl Plätze			1	1[1]		58		6	0				
Anzahl Einrichtungen (bei SHG und AG Anzahl Gruppen)	3	0	n. v.	n. v.		3	2	1	0	n. v.	n. v.	n. v.	
Anzahl betreute Personen/Jahr	170	0	n. v.	n. v.	49	140	40	10	0	n. v.			n. v.
Personalausstattung in Vollzeitäquivalenten (VZÄ)													
Ärzte/Ärztinnen	0,30	0			0	0							
Sozialarbeiter/innen	5,00	0			2,00	3,60							
DGKP	0	0			2,00	0							
PT / Psychologen/Psychologinnen	5,00	0			0	5,00							
Sonstige	0	0			0,80	2,00							
VZÄ gesamt	**10,30**	**0**	**n. v.**	**n. v.**	**4,80**	**10,60**	**0,4**	**2**	**0**	**n. v.**			
Anzahl Personen (nur LH)													n. v.

1 Anteil Wohnplätze in der Einrichtung Psychiatrische Rehabilitation Bregenz GmbH

Source: [58]; AG: Angehörigengruppe; ARB mobile: mobile Arbeitsunterstützung; AZU: Arbeitsunterstützung zeitlich unbegrenzt; EH: (berufliche) Eingliederungshilfe; LH: Laienhilfe; PSB: psychosoziale Beratung und Betreuung; PND: Psychosozialer Notdienst; SHG: Selbsthilfegruppe; TS: Tagesstruktur/Tagesbetreuung/Tagesstätte; WOH: Wohnangebot

Table 16.1-9: Overview of psycho-social services in Tyrol North-East region 2013

Versorgungsregion 73: Tirol-Nordost; Bezirke: Kitzbühel, Kufstein

Versorgungssituation 2013	PSB	PND	WOH gesamt	therap. WOH	WOH mobil	TS	KLUB	EH	AZU	ARB mobil	SHG	AG	LH
Anzahl Plätze			11	11[1]		58		24	0				
Anzahl Einrichtungen (bei SHG und AG Anzahl Gruppen)	4	0	2	2		1	1	1	0	n. v.	n. v.	n. v.	
Anzahl betreute Personen/Jahr	385	0	13	13	29	158	20	40	0	n. v.			n. v.
Personalausstattung in Vollzeitäquivalenten (VZÄ)													
Ärzte/Ärztinnen	0,10	0		0	0	0							
Sozialarbeiter/innen	2,60	0		0,13	1,00	2,00							
DGKP	19,60	0		2,16	0	0,76							
PT / Psychologen/Psychologinnen	1,00	0		0	0,80	1,69							
Sonstige	2,00	0		0	3,00	1,89							
VZÄ gesamt	**25,30**	**0**	**2,29**	**2,29**	**4,80**	**6,35**	**0,2**	**10,2**	**0**	**n. v.**			
Anzahl Personen (nur LH)													n. v.

1 Inkl. 1 Wohnplatz in der Einrichtung Psychiatrische Rehabilitation Bregenz GmbH

Source: [58]; AG: Angehörigengruppe; ARB mobile: mobile Arbeitsunterstützung; AZU: Arbeitsunterstützung zeitlich unbegrenzt; EH: (berufliche) Eingliederungshilfe; LH: Laienhilfe; PSB: psychosoziale Beratung und Betreuung; PND: Psychosozialer Notdienst; SHG: Selbsthilfegruppe; TS: Tagesstruktur/Tagesbetreuung/Tagesstätte; WOH: Wohnangebot

Table 16.1-10: Overview of psycho-social services in Tyrol Eastern-Tyrol 2013

Versorgungsregion 74: Osttirol; Bezirke: Lienz

Versorgungssituation 2013	PSB	PND	WOH gesamt	therap. WOH	WOH mobil	TS	KLUB	EH	AZU	ARB mobil	SHG	AG	LH
Anzahl Plätze			6	6		21		0	0				
Anzahl Einrichtungen (bei SHG und AG Anzahl Gruppen)	1	1	1	1		2	1	0	0	n. v.	n. v.	n. v.	
Anzahl betreute Personen/Jahr	60	n. v.	10	10	20	30	20	0	0	n. v.			n. v.
Personalausstattung in Vollzeitäquivalenten (VZÄ)													
Ärzte/Ärztinnen	0,10			0	0	0							
Sozialarbeiter/innen	1,00			1,50	1	2,30							
DGKP	0,50			0	0,5	0							
PT / Psychologen/Psychologinnen	1,00			0	0	1,00							
Sonstige	0			0	0	0							
VZÄ gesamt	**2,60**	**n. v.**	**1,50**	**1,50**	**1,5**	**3,30**	**0,2**	**0**	**0**	**n. v.**			
Anzahl Personen (nur LH)													n. v.

Source: [58]; AG: Angehörigengruppe; ARB mobile: mobile Arbeitsunterstützung; AZU: Arbeitsunterstützung zeitlich unbegrenzt; EH: (berufliche) Eingliederungshilfe; LH: Laienhilfe; PSB: psychosoziale Beratung und Betreuung; PND: Psychosozialer Notdienst; SHG: Selbsthilfegruppe; TS: Tagesstruktur/Tagesbetreuung/Tagesstätte; WOH: Wohnangebot

16.2 Specific services for COPMI outside Tyrol

Lower Austria

KIPKE – Beratung von Kindern mit psychisch kranken Eltern
https://www.caritas-stpoelten.at/hilfe-angebote/menschen-mit-psychischen-erkrankungen/beratungsangebote/kipke/

Styria:

Miteinander Leben/Diakonie de la Tour/Styria Vitalis Patenprojekt
http://www.miteinander-leben.at/angebotleistungen/patenschaft-kinder/;
https://styriavitalis.at/entwicklung-innovation/patenfamilien/

Austrian-wide services

HPE Austria: project ‚VeRRückte Kindheit'

The self-help group HPE has initiated a project that addresses children of parents with mental disorders. As part of the project information material and an online portal are provided. Additionally, counselling and advice are offered and training for professionals on how to deal with topic in their settings is provided (https://www.verrueckte-kindheit.at/de/infos/).

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