

# Living with Disabilities in Austria – With a Special Focus on the Capital

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## ABSTRACT

*Life expectancy, especially in the older age groups, is growing enormously due to better social and medical care. According to published data on disabled people (1997), about 30 % of the total population (7,119,000) in Austria suffer from at least one physical disability. In this study, data from a micro census as well as a report from the Federal Ministry for Social Security and Generations is analyzed to illuminate the situation of impaired people with a focus on the capital Vienna. Among other results, it is anticipated that a large number of disabled people receive no help at all. About every 7th person regularly receives care, every 10th receives daily support. Care intensity increases with age showing a clear progression from the age of 60 onwards. 88% of the main supporting individuals are related to the handicapped person being supported. Women generally exhibit a much higher participation in nursing. The socio-political developments are discussed.*

**Key words:** *physical impairment, disability, nursing, social services, home care, socio-political development*

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## Introduction

In respect to the discussions that took place at the parliament concerning the Federal Disability Act that was put into force in 1990, it was finally agreed upon despite various opinions that the term disability has to be broad enough in order to surmise the special needs of individuals with disabilities in their social dimensions. Two definitions were elaborated and assigned to the responsibility of the

authorities in respect to disability policies: »Disabled individuals are persons of any age that are permanently or to a large extent disabled in a vitally important social relational network in a physical, mental or psychological way. Furthermore, as equally impaired are those individuals that are threatened by such a disability in the near future. Vitally essential social relational networks are in

particular areas such as education, schooling, employment, occupation, communication, habitation and leisure activities.«  
»Individuals that are not able to sustain well-regulated social relations without help from others, who are not able to achieve and engage in a meaningful activity and who are not able to make an adequate and sufficient living are disabled.«

The current study is an attempt to compile data of disabled persons according to age, sex and type of disability originating from different individual data sources available in Austria. Based on this comprehensive data set, the impact of social services, and mainly of the engagement of nursing relatives will be demonstrated.

### Materials and Methods

Data in the study was obtained from a micro census of the Statistics Austria<sup>1</sup>, formerly known as Oesterreichisches Statistisches Zentralamt, a health report from the municipality of Vienna<sup>2</sup>, a report on the situation of disabled people in Austria from the Federal Ministry for Social Security and Generations<sup>3</sup>, a social service report on nursing in Vienna<sup>4</sup>, and a survey for nursing activities from the Statistics Austria<sup>8</sup>. Percentages were calculated according to the raw data from the various sources. Data for Figures 1 to 4 was obtained from ref. 3 and 8.

### The Situation in Austria

According to the results of the last published study from 1997 concerning disabilities in Austria<sup>1</sup> that out of (projected) 7,119,000 individuals, 2,129,000 individuals are impaired in our country that is approximately 30% in who at least have a physical disability. If the multiple entries for multiple disabilities are included then this amounts to 4,135,000 physically impaired individuals.

Vienna's share of disabled individuals amounts to 448,500 that is a 32.6% of the Viennese population<sup>2</sup>. The capital is therefore in the lead only encroached upon by Upper Austria concerning the number of individuals with disabilities in Austria. A main reason for this could be seen in the fact that the mean age of the Viennese population is the highest at 40.3 compared to other province capitals. The largest group with disabilities in Austria is formed in accordance with expectations by individuals with chronic disorders at 1,663,000 individuals. Not less than 366,300 Viennese are inflicted by chronic diseases. On top of the list in the capital (as well as in other provinces) are cardiovascular diseases at 170,100 or 12.3% of the interviewed individuals, followed by spine damage in 131,200 cases (9.5% of the interviewed individuals), furthermore rheumatism, gout, sciatica (4.5%), allergies 55,500 (4.0%), respiratory problems 32,200 (2.3%), diabetes 25,500 (1.8%), skin diseases 12,400 (0.9%), speech impairment, muteness 2,400 (0.2%) and other chronic impairments at 53,400 (3.9%). A clear gender specific difference becomes visible. Whereas 22.1% of all men have chronic diseases, 30.7% of all women suffer from them.

Individuals who suffer from impairments of their musculo-skeletal system form the second largest group in Austria with 476,000 inflicted individuals. In Vienna there are 88,900 people who suffer from such disabilities. Most frequently legs and feet are impaired. This group is 6.5% of the Viennese population with 0.3% being mild impairments while 6.2% are intermediate and severe disabilities.

456,000 (6.4%) Austrians<sup>3</sup> suffer from hearing impairment 9,100 (0.1%) of which are completely deaf in both ears, 177,700 suffer from hardness of hearing in both ears, 41,800 from deafness in one ear, 137,200 from hardness of hearing in one ear, 96,300 from problems of being able to

follow a conversation (two or more people). 43,500 individuals suffer from tinnitus. In Vienna 84,400 individuals were registered with hearing impairments and 2,400 with deafness in both ears, 24,600 suffer from hardness of hearing in both ears, 11,200 from deafness in one ear, 31,100 from hardness of hearing in one ear, 17,600 from problems of being able to follow a conversation (two or more people), 6,900 from tinnitus. In respect to the age distribution, 67% of the inflicted individuals are retired and only 23% gainfully employed.

3.1 million Austrians, that is more than 43% of the population, have visual impairment. A large portion of these people however are able to compensate their visual impairment by glasses, contact lenses or through surgical measures, which leaves 407,400 Austrians that have visual impairments that cannot be compensated. The highest number of inflicted individuals is formed by those that suffer from hypermetropia and presbyopia (a total of 1.5 million, 21% of the population), myopia (1.2 million, 18%, 4 out of 10 of these people are included in the age group »50 to 69 years of age«). Two thirds of the myopic individuals are younger than 50 years of age. 40% of all actually visually impaired individuals are 70 years and older, 12% younger than 30. Almost every third individual with visual impairments is between 50 and 69.

In Vienna 88,300 visually impaired individuals were registered. The largest portion of visually impaired individuals is formed by those suffering from myopia (24,300), hypermetropia (22,300), presbyopia (15,900), combined hypermetropia and presbyopia (38.1%), cataracts (32,600), glaucoma (9,100). Approximately 64,000 (72%) of all registered visual impairments were compensated via optical or surgical measures. The largest portion of repaired visual impairments is comprised by those suffering from myopia (29,930,

33%) as well as hypermetropia and presbyopia (31,530, 35.7%). A nationwide trend demonstrates in absolute numbers the highest prevalence in Vienna, the lowest in Vorarlberg and Burgenland. Individuals suffering from presbyopia are mainly found in Lower Austria (21,000). Blind individuals (both eyes) are mainly found in Lower Austria and Vienna.

#### *Disabled women*

Approximately 31.3% of the female population in our nation<sup>1</sup> is physically disabled in some way or the other. Their portion is therefore higher than that of physically impaired men that amounts to circa 28.4%. The difference can be explained by the higher life expectancy of women. As we know physical disabilities increase with progressing age. In the group of the 5-year olds for instance 5.5% have at least one disability whereas in the group of the individuals older than 80 already 84.9% are inflicted. Therefore women have a higher portion of physical disabilities that increase with higher age for instance due to chronic diseases. A hardly inconsiderable consequence of disabilities is obviously social isolation. While only 11.6% of all disabled men live on their own, in case of disabled women this number increases up to 27.2%. 59% of all women who are older than 80 live on their own. Women find less support for their social needs than men do. A disability deteriorates this scenario manifold. Women are granted a lower amount in unemployment and welfare assistance than men. The situation is even worse for disabled women. In the year 2000 women that were not disabled were granted Euro 532,- in welfare or unemployment assistance per month, whereas for disabled women the amount was lowered to Euro 483,-. In comparison, men that were not disabled were granted on average Euro 641,- per month and men who suffered from a disability Euro 617,-. The lower in-

come for women, particularly that of disabled ones, is also reflected in their lower retirement pay. In order to secure income from gainful employment and later retirement pay a certain number of jobs is required. Due to the difficult situation for people with disabilities on the labor market the Austrian Federal government initiated an employment program with the objective to facilitate the integration and reintegration into the current labor market and to secure protected jobs. The access for individuals with disabilities to the labor market is restricted particularly due to prejudices and reservations. Specifically directed sensitization and creating awareness are supposed to result into a normalized image in the context of the corporate world. As early as 1994 to 1999 the social campaign »Horizon« was launched in collaboration with the European Social capital with the objective to integrate disabled individuals into the labor market. During the planning stages between 2000 and 2005 public relations and creating awareness for eliminating reservations against disabled co-workers are funded from the European social capital. The social initiative EQUAL started its supra-regional operations in 2000 and will operate until 2006 with methods for eliminating discrimination

and inequality of any kind in collaboration with the labor market. The job alliance is a communications and cooperation project of the federal social service department in Austria – county office Styria – in the field of work and disability. Last but not least the »JobOscar« is another special incentive for such activities that aim at accelerating the integration process of disabled individuals into the labor market.

This honor is awarded to corporations that distinguish themselves as particularly social and disabled friendly and that make an effort toward eliminating negative images that are unfortunately still frequently projected onto disabled individuals in an exemplary manner.

### Social Services Presented with the Example of Vienna

Social services are services for satisfying similar, regularly encountered, personal, family related or social needs of those that seek help.

Social services are naturally particularly important for physically impaired individuals. In Vienna such social services are organized in a very efficient way on the basis of the Social Assistance Act.

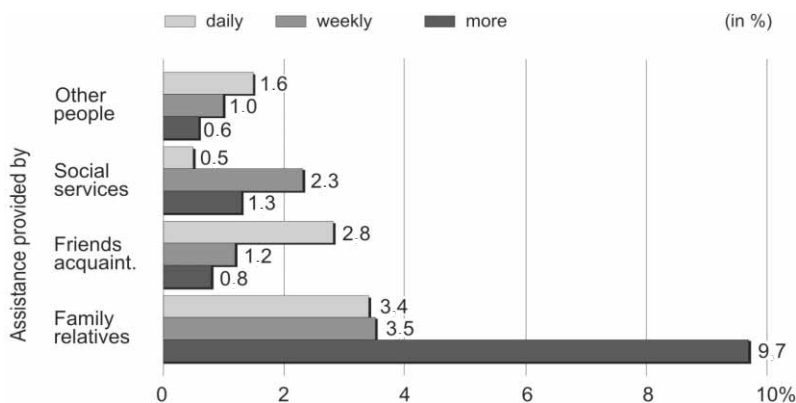


Fig. 1. Who helps the physically impaired and how often<sup>3,8</sup>.

»The objective of such services is to secure life for persons that require help as long as possible in their own household« (Wiener Seniorengesundheitsbericht/Viennese Health report of individuals in older age 1997). The social services are organized and coordinated in Vienna under an umbrella organization »Wiener Pflege- und Sozialdienste/Viennese care taking and social services«. This organization was founded by the magistrate departments 12 and 47 pertaining to the Viennese city council in collaboration with private welfare organizations whose activities are redeemed via contributions originated from public means. The organization »is responsible on behalf of the city of Vienna for coordinating the care taking and social services that were provided by its members for the benefit of patients according to principles of expedience and frugality, furthermore to secure their quality and to support the extension of care taking and social services in Vienna« (MA 47, Verwaltungsbericht/administrative report 1996). These services offered by the city of Vienna are organized by the department for »Social Services« and their outposts, the social bases.

They provide required coordination tasks with private welfare organizations for following services: domestic help, cleaning service, visiting service, laundry service, repair service, family aid, child care at home, meals on wheels and occupational therapy. Furthermore, the hospice service provided by the Caritas pertaining to the archdiocese of Vienna. In collaboration with the health and social centers regional institutions were founded with the tasks of domestic nursing, social services and social work in hospitals and nursing homes as well as district social work for the benefit of the common welfare on a local level.

In order to receive social services the aid receiving individual and his/her relatives who are liable for support may be

required to pay a reasonable contribution<sup>4</sup>. If the aid receiver is granted nursing allowance then this is to be utilized for the required contribution.

Health and social centers that are supposed to facilitate the access to such services are contact points for all those individuals that require relevant assistance<sup>5</sup>, and are also information and consultation centers for issues pertaining to social and nursing services. They are available for those that seek help, their relatives, private aid organizations, practicing doctors, hospitals, other service institutions pertaining to the city council as well as for various helpers in general.

#### *Domestic help*

Domestic help was initiated in order to support clients in maintaining their daily activities, that is for maintaining the household and personal assistance in various activities, such as cleanliness in the kitchen and other rooms, shopping, personal hygiene, housekeeping, warming meals, making beds etc. The training for domestic helpers has been conducted since 1. 9. 1997 according to the Viennese Domestic Help Act and includes 200 hours of theory and 200 hours of practice in nursing facilities or in outpatient facilities. According to the last reported years approximately 3,200 domestic helpers were operating. The requirement for the approval of domestic help is needed for nursing or some sort of disability that does not allow for performing of such daily activities by the individual him/herself and if no one is present in the household who could take care of these activities. Contributions for expenses relating to domestic help are calculated in accordance with social assistance regulations. The application is performed at the social bases that are responsible for a given district.

### *Mobile home nursing*

If prescribed by a doctor, individuals in need of care may utilize this service due to illness, need of care or old age ailments and therefore remain in their familiar environment. Hospital stays can be shortened, nursing home references can be postponed or even avoided altogether. Furthermore, the mobile nursing instructs and coordinates parties that participate in the nursing process. There are 11 bases that accept applications for services that are performed by nursing staff with high expertise. The mobile nursing is operated by the city of Vienna (mobile nurses) and by private welfare organizations in tight cooperation with practicing doctors. Licensed nursing staff (including 12 staff nurses, a head nurse and a matron) at bases throughout Vienna and 3 incontinence-counseling centers.

The solely nursing and therapeutic services also include information and mediation services. During the course of the last reported year 106 female and 4 male licensed mobile health and nursing staff have been operating at 11 bases and 6 incontinence counseling centers. A total of 4,933 patients were attended to and 239,361 home visits were carried out. The service was performed in collaboration with 968 practicing doctors as well as various hospitals.

### *»Meals on wheels«*

This service is available for individuals with disabilities, particularly old and feeble individuals due to a medical certificate who are not able to prepare their own meals and who do not receive any help by third parties (relatives, neighbors, friends etc.) who would provide them with food. Such individuals receive lunch deliveries in the form of frozen food to their apartment. Here 4 alternatives are available:

a) Normal food: plain fare enriched with nutritional preparations.

b) Light whole meals: nutrition based on exclusion of different foods that are not tolerated by individuals with gastrointestinal disorders.

c) Diabetic meals: Prepared according to recommendations provided by the international diabetes association. Soup, main course and dessert are available at standardized portions of 5 BU (bread units). Bread units are listed on nutritional charts thus enabling individual menu preparations in accordance with BU-recommendations.

d) Individual nutrition: during the week vegetarian meals, on weekends normal food and approximately every fortnight a fish dish are available. »Meals on wheels«, that can be subscribed to for the entire week, 5 or 6 days a week assumes a relevant social meaning for people who live isolated. The municipality of Vienna subsidizes the expenses for the food and the delivery according to the degree of social need of a given individual. The magistrate department 47 has appointed welfare organizations such as »Sozial Global«, »Wiener Hilfswerk« and »Wiener Volkshilfe« to be responsible for conducting the service.

### *Cleaning service*

In the case of older people or individuals with disabilities in which are not able to conduct more extensive cleaning activities such as spring cleaning, cleaning of doors and windows, polishing of furniture and floors etc. a cleaning service organized and coordinated by the city of Vienna is available at their service. 10 welfare organizations participate in this organization, namely Caritas pertaining to the archdiocese of Vienna, Wien, Caritas Socialis, Wiener Hauskrankenpflege, Junge Panther, Kleine soziale Netze, Adventmission, Sozial Global, Wiener Sozialdienste/Viennese Social Services, Wiener



Volkshilfe, Wiener Hilfswerk, whereas Sozial Global and the Wiener Sozialdienste/Viennese Social Services provide the largest portion of this service. Approximately 210 are operating in the context of the cleaning service.

### Socio-Political Developments

The first steps toward federal social politics can be traced back to the year 1887, the year of the introduction of the commercial casualty insurance and 1888, the year of establishing health insurance<sup>6</sup>. The end of WWI, that is the beginning of the Republic also marked the first new enactments which were social acts, 1919 the introduction of the invalids compensation act in which was enacted in 1920. Modern social politics in Vienna are rooted in the activity of the anatomist Julius Tandler who was the Viennese city councilor in office for welfare institutions, youth care and health matters between 1918 and 1934. His motto was: »Every needy individual should have a right to assistance provided by society so that he/she does not need to rely on alms.« (H. Drapal) That means no more welfare, relief and provision for the poor but rather social assistance instead. Tandler's assumptions were adopted by the German welfare regulations as early as in 1924 that were also introduced here in Austria in 1938 after the so-called annexation. In 1969 another invalids employment act was passed that has been gradually developed further. In a short time in almost all provinces identical disability acts were enacted between 1964 and 1966 that are based upon the general competence of the provinces according to Art. 15 B-VG. In the year 1977 the Ministry for Social Administration that was responsible at that time presented for the first time a concept for integrating disabled individuals (rehabilitation concept) that focused mainly on matters of rehabilitation

as well as counseling of disabled individuals as well as principles of sheltered workshops. The disability concept of the Austrian federal government bases on the assumption that the consequences of a disability »do not only extend to gainful employment but all other areas of life. Modern disability politics therefore is to be understood as a task that involves the entire society that is to be involved in general political concepts and measures. It has to be based upon a holistic perception of the human being where its physical, mental, psychological, social and cultural needs are taken into consideration« (report about the situation of disabled individuals in Austria, published by the Federal Ministry for Social Security and Generations, 2003). The first concept for the integration of individuals with disabilities, namely the rehabilitation concept in 1977 focused on rehabilitation in the workplace. In 1990 the Federal Disability Act was passed and the Federal Disability Advisory Board was created, which is responsible for advising in matters of disability policies.

### *Federal Nursing Allowance Act*

The Federal Nursing Allowance Act that was enacted on 1. July 1993 (BGBl. Nr. 110/1993) introduced an adjusted nursing allowance<sup>7</sup>. This amount is calculated upon need and independent of income and wealth or the cause of the need for help. The nursing act gives the right to all groups of disabled adults and children or those in need of care, furthermore all those that are mentally, physically or psychologically disabled for nursing allowance. The expense of the federal government for services in accordance to the Federal Nursing Allowance Act amounted in 2001 to 1.4269 billion Euro. In the competence area of the provinces this contribution for services in accordance to the nursing allowance act of the provinces amounted to 269 billion Euro in

2000. In 1999, 330,000 people were registered in the competence area of the federation and the provinces that received nursing allowance (4.1% of the Austrian population).

#### *Disability Employment Act*

This law (BGBl. Nr. 1970/idF BGBl. 1988/721) regulated the obligation for employing at least one disabled individual per 25 employees or the monthly contribution of a compensation tax in case the obligated position remains vacant. Furthermore, financial incentives are regulated that propagate integration such as additional labor costs and position adaptations as well as protection rights and amongst others the dismissal protection. The prerequisite is a degree of disability of at least 50 of 100 and the ability to at least be able to operate in a sheltered workplace. The Federal Disability Employment Act is therefore a central instrument of the Austrian legal system for the occupational integration of individuals with disabilities. The relevance of the law is to achieve the creation and conservation of jobs for individuals with special needs in a sustainable manner through a variety of support and protection measures. On January 1<sup>st</sup> 2002, 80,532 individuals were integrated, 50,697 of them

being men (ca. 63%) and 29,835 being women (ca. 37%). 68% of the integrated disabled individuals were either self-employed or employed.

#### *Discrimination Protection Act*

In July of 1997 an amendment was proposed in the National Assembly with the votes of all parties for this federal constitutional law with the following wording:

»No one should be discriminated against because of a disability. The republic (federation, provinces and municipalities) avows to guarantee the equal treatment of disabled and not disabled individuals in all areas of daily life.« (BGBl. Nr. 87/ 1997).

This marked the beginning of a constitutionally guaranteed right.

#### *Obstacle free construction*

A relevant amount of progress for disabled individuals can be seen in the planning and installation of a built environment that is not based on the requirements of the average, »normal« individual. The basis for an obstacle free construction also for children, old people, disabled, individuals with casts, pregnant women, mothers with strollers in accordance with the ÖNORM B 1600 (Ausgabe 1 August 1994).

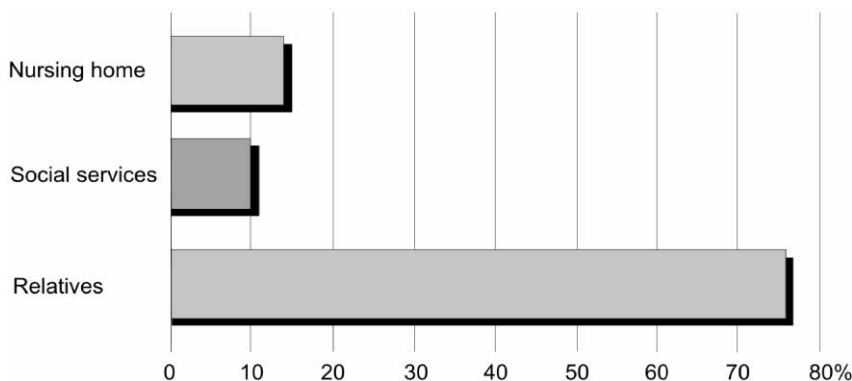


Fig. 2. Distribution according to assistance and nursing care services<sup>3,8</sup>.



### Who helps?

Physically disabled individuals are often restricted in many ways in their activities during daily living and depend on help from others.

Criteria are in such cases the relevant activities of daily living. However, a study demonstrated that a large portion of the afflicted individuals is dealing well without help<sup>8</sup>. At least 3/4 of all physically impaired individuals report being able to perform the investigated activities usually without help. Out of the 2.1 million that are disabled in some way, approximately every seventh is given assistance on a regular basis, however every 10th has daily assistance and 70% of the impaired individuals never receive any assistance at all. After the age of 30 the portion of regular assistance is a little higher for women than for men of the same age. Whereas the intensity of care only increases gradually with age, the values increase clearly after the age of 60. If 8% of the 60 year olds reported receiving assistance on a regular basis, in the age groups between 70 and 79 this number increased to 16% and from the age of 80 one fifth of all interviewed individuals received care. At the time of the study the total was 326,000 individuals who received

assistance on a regular basis. Individuals who were physically disabled and lived alone received assistance almost twice as often as others versus individuals who lived in a household with several members.

A comforting result of all research on the area of disabilities is the fact that a large portion of activity and effort has been invested into work with physically disabled individuals. Another study demonstrated that 88% of all main caretakers are related to the individual who is being taken care of. More than 42% of all care taking activities is performed by the children (particularly by the daughters) for their parents or parents-in-law. 28% of all primary care takers attend to their spouse or partner where daily assistance is provided most frequently and this is the case for both sexes and all age groups by the family or relatives.

A study that was conducted in 2002 on behalf of the Ministry for Social Security and Generations and two insurance companies and was completed by the Austrian Ministry of Health as a report demonstrated that in the domestic area the care that was provided by relatives is up to 76% and is of high quality. In the domestic area the care is performed in more

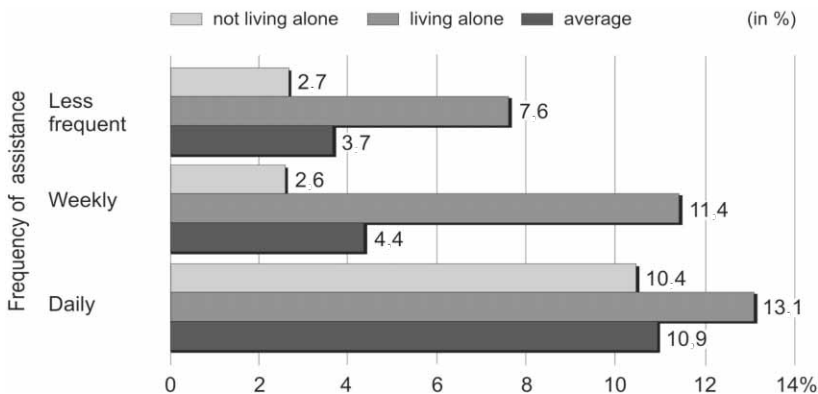


Fig. 3. Physically disabled: Assistance with personal activities and/or activities of daily living<sup>3,8</sup>.

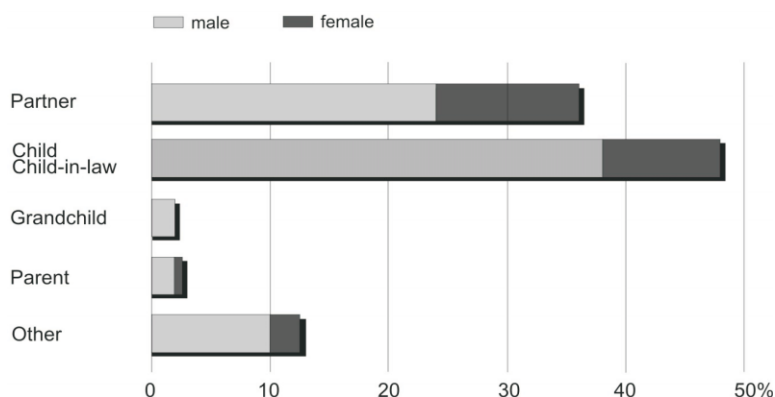


Fig. 4. Private primary care takers according to samples<sup>3,8</sup>.

than 90% of all cases by relatives. Help by friends and acquaintances is extended in comparison to a small extent. 14% of the afflicted individuals are taken care of in nursing homes, 10% are attended to by social services. A relevant source of help for the physically disabled is self help groups. In Austria there are 600 such groups operating in the area of social and health care. Self help groups developed as a result of the insight that people who are impaired by similar disabilities have similar experiences and are able to learn much from one another and can expect support from one another.

Physical disabilities may potentially be a fate that we all share in the end. Every one of us can be in the same situation tomorrow, already 10.9% of all individuals under 30 are inflicted. As proven by statistics the percentage of disabled individuals increases with increasing life expectancy particularly in older age groups. It increases due to considerably improved social and medical conditions. For women who were born in 1961 the mean age in Vienna was 72.84 and for those in 2001 it had already reached 81.68. Men who were born in 1961 could calculate with an expectancy of 66.47 years whereas those that were born in 2001 with 75.91 years.

The Austrian medicine and social politics is characterized by a relevant humanistic tradition. It will for sure be able to also solve the problems of physical impairments in the future in a humanitarian way, because that is what we want.

## Conclusions

Life expectancy, especially in the older age groups, is growing enormously due to better social and medical care. For example, in Vienna the average life expectancy for women born in 1961 was 72.84 years whereas for 2001-born women it was 81.68 years. Men who were born in 1961 could expect 66.47 years, whereas those born in 2001 could expect 75.91 years. The associated demographic shift inevitably requires a further extension of social facilities in the near future.

Adequate politics for disabled people is a challenge for the whole community and has to be integrated into the general political concepts and actions. It therefore must be based on a holistic perspective of humanity, considering the physical, mental, psychological, social and cultural needs of humans (Report on the situation of handicapped humans in Austria<sup>3</sup>).

Among other results, the study revealed that a large number of disabled people receive no help at all. About every 7<sup>th</sup> person regularly receives care, every 10<sup>th</sup> receives daily support. The intensity of care naturally increases with age, showing a clear progression from the age of 60 onwards. The analyzed data emphasizes the fact that most of the nursing capacity derives from relatives, i.e., about 88% of the main supporting individuals are related to the handicapped person being supported. Women generally exhibit a much higher participation in nursing than males.

Though the largest part of the home care for disabled persons is organized privately, thus saving public budget, special attention from governmental side should be paid to this nursing relatives or friends and their personal problems. Intensive nursing activity quite frequently leads to a loss of personal recreational time, social contacts, possibilities for dialogues and leisure activities with the

known consequences of the physical and/or mental distress. Most of the nursing relatives or friends have no specialized knowledge and access to related information because the necessity for a nursing activity emerges unexpectedly in most cases, leaving no time for an appropriate preparation phase. Additionally, the nurses find themselves in a trapped situation with almost no chance for recovery or for a rotating service among several caring persons. At this point, further offers and assistance from public authorities is highly desirable.

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## **ŽIVJETI S INVALIDNOŠĆU U AUSTRIJI – S POSEBNIM OSVRTOM NA GLAVNI GRAD**

### **S A Ž E T A K**

Očekivano trajanje života, posebno u starijim dobnim skupinama, u velikom je porastu zahvaljujući boljoj socijalnoj i zdravstvenoj skrbi. Prema objavljenim podacima o osobama s posebnim potrebama (1997), oko 30% ukupne populacije (7,119,000) u Austriji pati od barem jednog tjelesnog oštećenja. U ovoj studiji, analizirani su podaci iz mikro popisa kao i izvješća Saveznog Ministarstva za socijalnu sigurnosti i generacije, kako bi se osvijetlila situacija u kojoj se nalaze osobe s posebnim potrebama, a posebno smo se osvrnuli na glavni grad Beč. Među ostalim rezultatima, predvidjelo se kako velik broj osoba s posebnim potrebama ne prima nikakvu pomoć. Otprilike svaka 7 osoba redovito prima pomoć, dok je svaka 10. dnevno potpomognuta. Intenzitet njege raste s dobi što pokazuje jasnu progresiju od dobi iznad 60. godina. 88% osoba koje pružaju pomoć rodbinski su vezane s hendikepiranim osobama kojima se pruža pomoć. Žene, općenito sudjeluju u puno većoj mjeri u njezi. Raspravljeno je i o mogućnostima razvoja sa socijalnog i političkog aspekta.