Care for a Living or Life in Care?

Housing and independent living for persons with disabilities in Austria.
A sub-national comparison

Master's Thesis
to confer the academic degree of
Master of Social Sciences
in the Joint Master's Programme
Comparative Social Policy and Welfare
Sworn Declaration

I hereby declare under oath that the submitted Diploma degree thesis has been written solely by me without any third-party assistance, information other than provided sources or aids have not been used and those used have been fully documented. Sources for literal, paraphrased and cited quotes have been accurately credited.

The submitted document here present is identical to the electronically submitted text document.

Linz, March 2019

Melanie Schaur
Abstract

For persons with disabilities, the offer and design of assistance and the form of housing can determine whether equality, self-determined life and participation are achieved. These objectives have become increasingly important in recent years, not least due to the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) (see, inter alia, Article 19). This master thesis examines the extent to which deinstitutionalization through the decline of residential forms of living as well as independent living through e.g. personal assistance and mobile services find implementation in law and practice.

A case study was conducted to investigate whether the development of service offerings in selected federal provinces (Upper Austria, Styria, Carinthia, Vorarlberg and Tyrol) in the period from 2008 to 2018 has come closer to the requirements of the UN-CRPD normatively (in the law) and quantitatively (in data). The sub-national comparison revealed differences and similarities between the federal provinces and the different offers.

The normative comparison bears similarities in the definition of disability, the objectives of disability services¹, and services in the area of housing and independent living. Despite differing definitions, residential care, mobile services and personal assistance are offered in a similar form in the chosen federal provinces. Development trends towards the expansion of residential settings, mobile support, assistive services or cash benefits are observed, albeit with country-specific differences: while monetary offers dominated in Styria, there are no additional cash benefits in Upper Austria. In the area of deinstitutionalization, the results show a convergence with the requirements of the UN-CRDP, with a decreasing supply and use of mobile, assistive or monetary services increases and the number of residents in homes for the disabled. Nevertheless, it cannot be said that the requirements of Article 19 have been met, because personal assistance in the federal provinces is far too little developed. However, it should be noted that the regional differences in data availability and data preparation make comparisons difficult or – in certain cases – do not permit comparisons.

Key words: disability policy, housing, Convention on the Rights of Persons with Disabilities, independent living, residential settings

¹ Behindertenpolitik und -hilfe.
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<th>Description</th>
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<td>BMASK</td>
<td>Bundesministerium für Soziales, Arbeit und Konsumentenschutz (Federal Ministry of Social Affairs, Labour and Consumer Protection)</td>
</tr>
<tr>
<td>BMF</td>
<td>Bundesministerium für Finanzen (Federal Ministry of Finance)</td>
</tr>
<tr>
<td>BMG</td>
<td>Bundesministerium für Gesundheit (Federal Ministry of Health)</td>
</tr>
<tr>
<td>BMUKK</td>
<td>Bundesministerium für Bildung, Wissenschaft und Forschung (Federal Ministry of Education, Science and Research)</td>
</tr>
<tr>
<td>BGBI</td>
<td>Bundesgesetzblatt (Federal Law Gazette)</td>
</tr>
<tr>
<td>CTN</td>
<td>Carinthia</td>
</tr>
<tr>
<td>e.g.</td>
<td>for example</td>
</tr>
<tr>
<td>i.e.</td>
<td>id est</td>
</tr>
<tr>
<td>LEP</td>
<td>Land Etapping Plan</td>
</tr>
<tr>
<td>S</td>
<td>Styria</td>
</tr>
<tr>
<td>T</td>
<td>Tyrol</td>
</tr>
<tr>
<td>VBG</td>
<td>Vorarlberg</td>
</tr>
<tr>
<td>UA</td>
<td>Upper Austria</td>
</tr>
<tr>
<td>UN-CRPD</td>
<td>UN Convention on the Rights of Persons with Disabilities</td>
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Table 1: list of abbreviations
1. Introduction

For some time, the concept of “Daseinsvorsorge”\(^2\) has been revived in scientific and political events. Originally, the term derived from jurisprudence, whereas now it is also used in social sciences. Essentially, one can distinguish between municipal and social services of general interest: the latter concept is important for the provision of people with care needs, to which – inter alia – persons with disabilities count. After the introduction of the UN Convention on the Rights of Persons with Disabilities (UN-CRPD) more than ten years ago, it seems sensible to check whether the demands of the convention – i.e. deinstitutionalization, participation, inclusion and independent living – are implemented in social welfare services and whether changes over a longer period can be considered. Specifically, this master thesis evaluates the range of housing services offered by the disability policy and politics regarding the requirements of the UN-CRPD.

In the introduction (Chapter 1) of this master thesis, a description of the problem, the initial situation, the state of research and the research goals is provided. Chapter 2 refers to the methodological approach, while Chapter 3 presents the conceptual framework. Chapter 4 refers to the case studies of selected federal provinces (Upper Austria, Styria, Carinthia, Tyrol and Vorarlberg). The final part (Chapter 5) includes results, comparisons between federal provinces, comparisons of benefits and then conclusions and challenges (Chapter 6).

1.1. Research Issue

The term “Daseinsvorsorge” seems to be a German-speaking peculiarity. However, upon closer examination, comparable concepts can be found in almost all industrialized countries that identify with the core elements of services of general interest, such as “public service” in the United Kingdom or “service public” in France (Neu 2009: 9).

The concept of “Daseinsvorsorge” sees core competencies in a politically-intended securing of benefits that hold everyday significance for every individual in society. The ensuring state represents the role of a service provider, although this role is not mandatory (Schulz-Nieswandt 2012: 91). Different definitions of this concept circulate at present. In the Gabler Wirtschaftslexikon, services of general interest are generally described as:

“[…] die Sicherung des öffentlichen Zugangs zu existentiellen Gütern und Leistungen entsprechend der Bedürfnisse der Bürger, orientiert an definierten qualitativen Standards und zu sozial verträglichen Preisen. Welche Güter und Leistungen als existentiell notwendig anzusehen sind, ist durch die politische Ebene zeitbezogen zu ermitteln […] In einen allgemeinen Kanon dieser existentiellen Leistungen gehören Energieversorgung, Post, Telekommunikation, Verkehr, Wohnungswirtschaft, Wasserversorgung, Abwasser- und Müllentsorgung, Bildung, Gesundheit und öffentliche Sicherheit”\(^3\) (Schäfer 2018: online).

Public services of general interest are also described by the German Institute of Urban Affairs as:


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\(^2\) Services of general interest.

\(^3\) “[…] securing public access to existential goods and services according to the needs of citizens, oriented to defined qualitative standards and at socially acceptable prices. Which goods and services are to be regarded as existentially necessary is to be determined by the political level […] In a general canon of these existential achievements include energy supply, post office, telecommunications, traffic, housing, water supply, sewage and waste disposal, education, health and public safety”. 

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This institute thus formulated a municipal definition, which is mainly settled in economic and legal disciplines. This master thesis distinguishes municipal from social services of general interest, with the latter being the focus of the investigation. The components of social services include – among other things – the provision of an accessible health care system, education, rehabilitation, nursing and housing (Schulz-Nieswandt 2012: 91-92).

Living can be identified as one of the basic needs of our society. Therefore, an adequate and affordable housing supply not only has social entitlement but also a high priority within society (Von Einem 2016). Due to this high relevance of housing, housing provision is used as a subject of investigation as a component of social services of general interest for this work.

Living is closely linked to principles of autonomy, self-determination and privacy (Kulig/Theunissen 2016: 7, Günther 2015: 9-10). Accommodation situations that do not meet these principles are usually temporary and legitimated by medical or military needs. For people with care needs, these principles are often not given, especially in the case of residential settings. There may be conflicts in the implementation of the right to privacy, independent living, inclusion and participation. Persons with disabilities who depend on their individual needs for assistance in coping with everyday life are particularly affected (Kulig/Theunissen 2016: 7).

The UN-CRPD formulates a definition of disability, which refers to the individual impairment of a person while also considering the social barriers created by structural, institutional or cultural conditions in a society. This definition includes both factors and their interaction. It is a holistic definition and guiding for this master thesis:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations 2006: article 1).

Politics for persons with disabilities should have been subject to a paradigm shift, with Schwalb/Theunissen (2018: 7) having observed a highly dynamic change. In the past, the goals of disability policy and politics were rehabilitation and integration, while the current focus is on inclusion, participation and empowerment. There is also talk of deinstitutionalization and self-determination. Above all, this development supports the UN-CRPD, since it provides a normative frame of reference and influences support services in their design and assessment (Wansing/Windisch 2017: 12). Austria signed the convention in October 2008 and subsequently ratified it in November (BGBl. III 155/2008: Part III). In the course of an amendment, the German translation adopted in Austria was corrected in 2016 (BGBl. III 105/2016).

Of relevance to the area of social services is Article 19, which articulates the call for independent living and inclusion in the community. Moreover, this article requires equal choices, especially for life in society. Of even greater importance is Article 22, which deals with respect for privacy and states that housing should be the same. Furthermore, as mentioned in Article 28: Criteria for an adequate standard of living and social protection, the aim is to secure access to adequate support

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4 "Activities of the state, which serve a basic supply of the population with essential goods and services. In some cases, this also refers to "livelihood security" or "basic civilization services". The classic areas of public services include tasks such as waste disposal, the supply of water, gas and electricity and the operation of public transport".
services, including in the area of housing, as well as contributing to poverty reduction. Article 28 is relevant to the subject matter of the investigation in so far as the sole offer of services is not sufficient but must also meet a certain standard.

The contracting states – including Austria – have undertaken to recognize the rights of persons with disabilities through the signing and ratification of the UN-CRPD. This also applies to the area of living. However, housing needs of this group of people have not always been perceived or fulfilled. The desire for their own living space was already sometimes completely agreed or assumed to be insignificant (Günther 2015: 9-10). In addition, in the past, large homes for the disabled were often set up in rural or poorly-connected regions, which supported the separation (Wegscheider 2010: 10). Nowadays, developments should counteract this situation, aiming at a steady improvement in the housing situation of persons with disabilities (Günther 2015: 9-10, Wansing/Windisch 2017: 12).

Austria has also committed itself with the UN-CRPD to the free choice of living, ensuring access to community support (including personal assistance) and ensuring accessibility to institutions and services in general. Currently, changes in structures and institutions in disability care can be observed, although there are only a few scientific publications available. The aim of the present work is to contribute to the analysis and evaluation of the services residential care, mobile services and personal assistance within Austria.

1.2. Research Focus

The present work refers to services for persons with disabilities in the field of housing and independent living in the welfare state Austria, which can be categorized as conservative-corporatist according to Gosta Esping-Andersen. Typical for such a system is the high level of de-commodification and the low level of stratification. Furthermore, there is no universal right to social protection, although the welfare state offers alternatives to market dependency and thus employment dependence. The welfare state mix focuses on the market, the state and the family or charities (Esping-Andersen 1990).

“Status preservation via earnings-related transfer payments, a lack of social services and the preservation of the male breadwinner model are core elements of the Austrian social security system giving rise to strong stratification effects in terms of gender and occupational status” (Obinger/Tálos 2010: 101).

Referring to the above quote, the Austrian welfare state is characterized by income-based transfer payments in the event of a loss of employment, a low supply of social benefits, and the dominance of the male-breadwinner model. These core elements mean that despite a generally low level of stratification according to Esping-Andersen, high stratification effects occur between gender, employed and unemployed persons. It follows that the role of the state has a strong influence on the status preservation, whereby it is attributed a strong distributive character (Obinger/Tálos 2010).

Austrian disability policy is strongly oriented towards individual performance (Naue 2009, Wegscheider 2015). Until the 1990s, the concept of rehabilitation was dominant. If the implementation of this concept failed, then "integration" was sought by institutionalization according to the nature of the impairment. However, this approach led to segregation (Badelt/Österle 2001: 11). Persons with disabilities who are not in the first labour market, under any social security law or who have increased support and care needs are often highly dependent
on the distributive nature of the state. Current developments in disability policy and politics therefore have an impact on welfare state benefits and thus on people's lives.

Given that the term disability is value-laden, values and orientation patterns in the design of the welfare state must be observed (Wegscheider 2010: 24). Only after the values and norms prevailing in a society are presented is it possible to adequately analyse and evaluate existing services for persons with disabilities. There are three idealistic orientations that characterize the design of disability policy, which are presented below:

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Rehabilitation</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Supply linked to the solidarity community</td>
<td>• Provision by the community, which acts as a utilitarian, instrumental association or institution</td>
<td>• Orientation to the citizenship</td>
</tr>
<tr>
<td>• Family as a typical place of supply</td>
<td>• Insurance benefits as a typical instrument</td>
<td>• Distribution of goods takes place on the basis of the principle of equality or through rights</td>
</tr>
<tr>
<td>• Distribution of goods based on individual needs, concept of need is in the foreground</td>
<td>• Benefits are determined equivalent to contributions</td>
<td>• Inequalities produced by the market are compensated by citizenship</td>
</tr>
<tr>
<td>• Persons with disabilities are cared for in the family or in state institutions, the principle of caring is in the foreground</td>
<td></td>
<td>• Persons with disabilities are entitled to state benefits, regardless of their ability to work</td>
</tr>
</tbody>
</table>

Figure 1: Ideal types in disability policy (based on Maschke 2008 in Wegscheider 2010)

The illustrated ideal types are based on normative guidelines, which in turn are guided by welfare state paradigms and the prevailing values within society. In the Austrian disability policy, one cannot assume a single ideal type, but rather an interaction of livelihood security, rehabilitation and equality.

“Politis für Menschen mit Behinderung ist nicht als klar abgrenzendes Politikfeld zu sehen, sondern es existiert vielmehr als komplexer Policy Mix im Spannungsfeld von Existenzsicherung (sozialpolitische Absicherung), Rehabilitation (Arbeitsmarktinintegration) und Gleichstellung (Bürgerrechtspolitik)” (Wegscheider 2010: 25).

The provision of housing and independent living accounts for a large share of disability benefits. Residential settings and mobile support as well as personal assistance can be seen as core services. Subsequently, this thesis deals with these services at the sub-national level, taking a closer look at Upper Austria, Styria, Carinthia, Tyrol and Vorarlberg. A selection had to be made as the observance of all federal provinces would exceed the scope of the master thesis. On the one hand, the selection represents rural areas with similarities as well as differences. On the other hand, it seemed legitimate to study federal states and compare the results, which are not so frequently observed in comparative studies. Upper Austria was used as a reference in the analysis, as the most comprehensive reporting system was found in this federal province. Regarding the UN-CRPD, an evaluation of the legal framework conditions, the legal regulations and the framework guidelines takes place.

5 “Policies for persons with disabilities should not be seen as a clearly defined policy field, but rather exists as a complex policy mix in the field of livelihoods (social policy protection), rehabilitation (labour market integration) and equality (civil rights policy)”.
1.3. Literature Review

Statistical data on persons with disabilities are only available to a limited extent in Austria. This is due to the inaccurate or fluid definition and heterogeneity of the disability feature, as well as the lack of interest in developing and introducing measuring instruments that would be useful and to best measure disability in its diversity.

Ultimately, microcensus surveys\(^6\) have aimed to increase the data for disabled people in Austria. The last survey took place in the fourth quarter of 2015, in which a total of 14,328 randomly-selected persons aged 15 and over took part. The focus was on a deficit-oriented view of individuals with at least six months of impairment. The survey revealed an impairment rate of 18.4\(^{\text{a}}\) for 2015 (BMASK 2016: 239). Although according to these statistical surveys extrapolated 1.3 million persons with disabilities or according to the report of the Austrian Disability Council\(^7\) of 2018 even 1.4 million (Österreichischer Behindertenrat 2018: 3) live in Austria, there are hardly any empirical studies that coincide with a differentiated representation of the situation of this group of people.

Empirical studies and research at the international level primarily investigate the topics of work and employment as well as integration into the primary labour market. Housing and independent living is dealt with in German-speaking literature and the literature about German-speaking countries mainly in and for Germany. A study by Monika Seifert describes housing and living conditions about inclusion in Berlin. The main areas of research lie in analyzing the quality of current services in the living area, the degree of social space orientation and the participation of persons with disabilities in the planning of offers (Seifert 2010). A diploma thesis produced at the Hamburg Fern-Hochschule deals with the implementation of the UN-CRPD in Germany and its possible effects on housing provision with a special focus on residential facilities. The thesis describes the situation of persons with disabilities in Germany in 2009 as well as the situation of persons who live in residential facilities. Possible effects on residents, financing and management requirements are shown (König 2013). Some publications also describe best practice examples in Germany. For example, an anthology includes writings on housing projects in Germany, dealing with the inventory, the normative guidelines, transformation processes, the housing situation of people with complex or high support needs, the issue of self-determination and case studies (Kulig/Theunissen 2016). Another anthology refers to conceptual as well as normative developments and describes case studies from Germany (Wansing/Windisch 2017). In Austria, housing and independent living for persons with disabilities have been little studied to date. For example, a diploma thesis prepared at the University of Salzburg examines the quality of life of persons with disabilities based on the living area of the Lebenshilfe Salzburg. Accordingly, a sociological approach to the subject matter is applied and different underlying concepts of disability, needs and quality of life at present in general as well as in relation to housing. The survey methodology was peer interviews, referring to an interview situation in which persons with disabilities perform as interviewers and as interviewees. The use of this relatively recent method was a central element of the work (Breinlinger 2011). Another diploma thesis prepared at the Leopold-Franzen-University Innsbruck deals with the performance of personal assistance. It discusses the underlying concepts of self-determination, empowerment and identity and describes the model of personal assistance. As part of a qualitative research approach, data on the everyday life of assistants were collected and evaluated (Schiefer 2010).

\(^6\) These surveys are commissioned by the Federal Ministry of Labour, Social Affairs and Consumer Protection.

\(^7\) Österreichischer Behindertenrat.

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An article by Plangger and Schönwiese (2010) – published in an anthology – deals with the topic of housing for persons with disabilities in Tyrol and South Tyrol and analyses developments since 1950 on an international level in disability policy and politics. The phases of residential care for persons with disabilities in general are described and the situation especially for Tyrol is presented. It also addresses the concept of the total institution of Erving Goffman (1972) and illustrates the situation in Austria through an interview with an affected person. In addition, reference is made to the normalization principle and described for the area of housing provision (Plangger/Schönwiese 2010). The Federal Ministry of Labour, Social Affairs and Consumer Protection has presented the situation of persons with disabilities in its reports, although (above all) the current report of 2017 dealt with the issues of employment and employment.

1.4. Research Objectives and Research Question

The research goals of this work are as follows:

- **Analyse the normative framework of disability policy** with a focus on residential care, mobile services and personal assistance. In selected federal provinces, the legal regulations were examined. However, since the legal basis alone cannot give any indication of how the implementation is structured, current developments were also considered.
- **Provide a descriptive presentation of the different services at the sub-national level and the analysis using the criteria elaborated in the conceptual framework.** Following the descriptive presentation of the services, an evaluation has been carried out regarding the UN-CRPD, which serves as a normative framework for the rights of persons with disabilities. A section of this paper was therefore concerned with the convention to establish indicators that would enable an evaluation. For this purpose, the relevant articles for the examined area were presented.
- **Compare at the sub-national level** and identify similarities and differences in the services offered by the selected federal provinces. However, a comparison alone would not meet the requirements of this thesis, so reasons for deviations were also sought and discussed.

Since the selected research focus is extremely extensive and complex, areas that are not relevant for achieving the goals or are not in the interest of the work have been disregarded:

- **No detailed (time) historical developments** in the selected area of social services are shown. Only the changes necessary for a better understanding were described descriptively.
- There are **no complete investigations** of the subject of the research, but rather the identification of current developments in the selected federal provinces. In many cases, the data was not available or was not released for this investigation.
- There are **no differentiated descriptions of the situation of persons with disabilities**, due to the different definitions and perspectives on disability. However, attempts have been made to pick up and analyse any differences or similarities. A presentation of the situation of persons with disabilities could only be provided in an abstract way by analyzing the benefits.
The research objectives formulated above were addressed along the following research questions:

- Which services are to be found in the selected Austrian federal provinces in the field of housing and independent living and which normative guidelines are they subject to?
- What is the extent of these benefits and how many places per 10,000 inhabitants are offered or used?
- How has the offer changed since the UN-CRPD was signed?
- To what extent can the services for housing and independent living be combined with the demands of the UN-CRPD?

2. Research Design

The theoretical considerations made relate to definitions of the heterogeneous term disability, achievements in the selected area of social services and theoretical concepts of housing, normative conditions and current and future developments in this area. Thus, an inductive approach is followed, which is then used to develop theories for what has been found (Hennink/Hutter/Bailey 2010).

Due to the federal structures in Austria or in the field of disability policy and politics in Austria as well as the social services of general interest for persons with disabilities, a selection of federal provinces was made to facilitate a sub-national comparison. This access to research requires a qualitative research method to fulfil the largely exploratory character. Explorative research is used when little is known about causes and relationships and once gaining insight into unstructured situations (Wirtschaftspsychologische Gesellschaft 2018: online). This thesis has an exploratory character because there are no or only poor investigations at the sub-national level for housing and independent living for persons with disabilities. Thus far, no comparison has been made between the offers and the UN-CRPD-compliant implementation of these services in Austria.

2.1. Sub-National Comparison and Case Study Design

For this work, a comparative research design was applied at the sub-national level. This approach enabled identifying and analyzing differences and similarities in the selected area of social services in the five selected Austrian federal provinces. In addition, an evaluation of the implementation of the UN-CRPD – especially for the articles of the convention selected and relevant for the subject of research – shall be carried out in the individual sub-national units.

According to Richard Snyder (2001), a sub-national comparison offers advantages, such as recognizing heterogeneity within the national level, increasing the number of cases within an investigative unit, and facilitating the analysis of policy developments and influences at the national level. A higher number of cases increases the empirical evidence. Two approaches can be distinguished: on the one hand, the representation of national units within a country, and on the other, the transnational representation of national units (Snyder 2001: 94-97). This work compares selected Austrian federal provinces, which corresponds to the first mentioned approach.

The sub-national comparison was based on pre-prepared case studies in the federal provinces Upper Austria, Styria, Carinthia, Tyrol and Vorarlberg. Several cases were described and reconstructed in multiple case studies. According to Robert Yin (2009), a case study can be defined as an empirical study examining current phenomena within their real context. This approach is particularly useful in cases where the boundaries between the phenomenon and the
context are unclear (Yin 2009: 18). The comparative case-by-case study aims to present the individual cases separately and then conduct cross-case analysis. Ultimately, an attempt is made to derive comprehensive generalizations based on the results of the case studies.

“The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis” (Yin 2009: 18).

The present work followed this design. First, individual case studies were worked out and then the results were compared. The individual federal provinces and the compared examination units (= services) were selected with care. Selection criteria of the federal provinces were regional proximity, rural area as well as the number of inhabitants and the area (small and large area and/or number of inhabitants). The selection of comparable units was in the foreground and supported the greatest possible objectivity of this work. In addition, federal provinces were examined and compared with each other, which are rarely the focus of the study or compared with each other. Benefits were chosen that influence the way in which persons with disabilities organize their living. Essentially, the work focuses on all offers for residential care, mobile services and personal assistance. The results of the individual cases in comparative design made it possible to identify and critically question similarities and differences (Yin 2009: 60). Robert Yin (2009) states that the application of a case study requires consideration of the phenomenon from different perspectives, whereby in the course of the analysis the data will converge in a triangulating form (Yin 2009: 18).

2.2. Methods of Data Collection and Evaluation

In order to meet the primarily exploratory character of this work, a qualitative research approach was chosen, because

“[w]issenschaftliche Forschung im allgemeinen, naturwissenschaftliche wie auch geisteswissenschaftliche, sozialwissenschaftliche im besonderen soll dann qualitativ vorgehen, wenn die Gegenstände und Themen, nach allgemeinen Wissensstand, nach Kenntnis des Forschers oder auch nur nach seiner Meinung, komplex, differenziert, wenig überschaubar, widersprüchlich sind oder wenn zu vermuten steht, daß [sic!] sie nur als „einfach“ erscheinen, aber – vielleicht – Unbekanntes verbergen” (Kleining 2012: 16).

The chosen topic has a social science context, which has a high complexity, large scope and differentiated views. Among other things, this results from the heterogeneity of the term disability, which can lead to disagreements and contradictions. Therefore, the sole analysis of quantitatively-provided data is insufficient; rather, an interpretative representation of provided and collected data must be made.

The term qualitative research is a collective term for very different theoretical and methodological approaches to social reality, whereby a detailed description of how the empirical methodology is designed is required (von Kardorff 2012: 3). Heuristic is a basic strategy, whereby the goal is the realization of the research subject. Prior knowledge and understanding should be formed to reconstruct what has been found and represent it using languages and data (Kleinring 2012: 16).

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8 “[…] scientific research in general, scientific as well as humanities, social science in particular should then proceed qualitatively if the objects and topics, according to general knowledge, to the knowledge of the researcher or even in his opinion, complex, differentiated, little manageable, are contradictory or if it is to be presumed that they appear only as “simple”, but - perhaps - hide the unknown.”
At the beginning of the qualitative research process, a literature review was conducted. This part has already been presented. A demonstration of the existing publications, investigations and the current state of research was necessary to identify research gaps and pick up any open points from previous research.

### 2.2.1. Collected Data

For a general, descriptive presentation of the services in the selected area of social services of general interest, documents on this topic were analyzed. In addition, legal documents were used to classify normative guidelines in the field of disability services\(^9\) in the respective federal provinces. The following materials were used for the analysis:

- Legal basis and framework guidelines
- Social reports of the countries
- Documents in the field of disability services or social services of general interest
- Results of previous evaluations, transcripts of phone calls and e-mails

In order to analyse key figures on demand coverage, the number of persons in respective services and available places, existing data was used. These data were taken from the social reports of the selected federal provinces or collected at the responsible state offices. For further inquiries or information on abnormalities, the responsible state offices were contacted.

### 2.2.2. Content Analysis

In order to analyse the information, the qualitative content analysis was suitable, because this leads to a systematic processing of data material (Mayring 2012: 209, Gläser/Laudel 2010: 199). For this purpose, a procedure based on the summative content analysis based on Mayring was chosen. The material is reduced to a manageable short text that contains the essential content (Mayring 2012: 211). Since above all it offers a descriptive representation of the developments and the information necessary for understanding, the summative content analysis meets the requirements of this work.

The following figure depicts the sequence of summative content analysis based on Mayring (2012):

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\[^9\] Behindertenhilfe.

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The rules of the summative content analysis are as follows:

- **Paraphrasing:** All non-content or less content-bearing components in the text are deleted. This concerns especially embellishments, repetitions and contents for clarification. Thereafter, the remaining text passages are brought to the same language level and grammatical short form.

- **Generalization:** The objects contained in the paraphrases are now generalized to a defined level of abstraction. No content should be lost, and thus the newly-formulated objects must contain the old ones. The same procedure applies to the sentence statements.

- **First reduction:** meaning paraphrases within an evaluation unit are deleted. Paraphrases that are considered non-content-rich can be deleted at the new level of abstraction. Paraphrases that are (still) judged content-bearing can be adopted.

- **Second reduction:** Paraphrases with the same or similar object are grouped together. The same thing happens with paraphrases with several statements about the same object to construct or integrate them. Paraphrases with the same or similar object but different statements are summarized and constructed or integrated.

In cases of doubt, theoretical assumptions are used to help (Mayring 2012: 211).

### 3. Conceptual Framework: Definitions and Specifications

Today's understanding of disability has changed dramatically in recent decades and has been subject to a paradigm shift many times. Even today, imprecise or vague definitions and classifications of disability are found. Moreover, prejudice or misjudgements lead to discrimination, which is why disability concepts within a society need to be analyzed and identified to identify social and cultural exclusion factors (Wegscheider 2010: 11).

The implementation of disability policy and politics in the past century was strongly influenced by institutionalization and the resulting isolation. According to the understanding at that time, a separation should help to meet the needs of persons with disabilities. Erving Goffman coined the term "total institution" in his work "Asyle" (1972). The main features are resolved barriers between areas of life, heteronomy in everyday life, isolation from the community and undifferentiated treatment of residents of the institution (Goffman 1972: 7-17). After the identification of this total institution and the general developments in the 1970s, independent living initiatives became active and stood up for their rights for the first time. This was followed by a long road to recognition of the self-determination of persons with disabilities, which finally resulted in the UN-CRPD (Schachner 2012: 22-23).

The third part of this work develops a conceptual framework to shed light on basic perspectives and normative requirements. For this purpose, a rapprochement to the group of persons with disabilities was attempted by defining the term and presenting dimensions of disability. A description of the UN-CRPD as well as the implementations in the Austrian disability policy and relevant terminology were defined.
3.1. Definition of Disability

In common usage, the group of persons with disabilities refers to their different physical, mental and intellectual characteristics. At the same time, these are devalued and connoted with actual or attributed non-functioning and increased need for support. The categorization of disability – unlike age or gender – is highly blurred (Waldschmidt 2010).

Different forms of discrimination at the personal, institutional or structural level related to disability can be identified. The barriers are diverse and can be constructional, communicative, social, intellectual, financial or even institutional. Barriers in the public sphere mean that this group of people is increasingly facing social exclusion, which in turn influences non-normalized handling of the topic of disability. Although awareness of barriers is steadily growing and attempts at equality are propagated, persons with disabilities are still subject to restrictions in a wide variety of areas (Wegscheider 2010: 10-11).

Dis/ablism not only refers to the separation of healthy and sick people or bodies, but also questions the structural, cultural and social elements that create and build barriers to persons with disabilities (Schmitz 2016: online, Goodley 2011: 8-9). The possibility of being an individual in a performance-oriented society itself “verwerten, darstellen, konkurrieren und […] bewähren”10 is often not the case for persons with disabilities (Maskos 2015: online). Such persons experience a devaluation because they cannot meet the ideas of normality. In addition, the general opinion is that impairments are to be countered by means of therapies and rehabilitation.

The current social approaches to disability are diverse and influenced by historical developments in Austria. Everyday and scientific perspectives on life with permanent disability, the development of the welfare state and the dynamics of development in disability policy, politics and its institutions cannot be considered separately. Socio-political strategies and concepts in dealing with disability are to be explained. The demands made by persons with disabilities on politics and social benefits are subject to change and are influenced by changing social values and norms (Flieger/Schönwiese/Wegscheider 2014).

The field of disability and disability policy knows different and contradictory definitions. The terminology used is influenced by both temporal changes and modern management models from the new public management approach. Terms are subject to change and should be reviewed regularly for their importance as well as their appropriateness, which is why this section deals with the definitions of disability in various current legislation. In addition, the dimensions of disability are explained in detail to derive an analysis framework for housing, mobile services and personal assistance. Disability is a cross-cutting legal issue in Austria (Wegscheider 2010), which is why disability is defined in various laws at the national and sub-national levels. The definitions of disability are presented in the law at the federal level below, while the definitions in the state laws are described in the later descriptive part of the selected federal provinces.

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10 “utilize, represent, compete […] and prove”
The Austrian Disability Equality Act\(^\text{11}\) and the Austrian Employment Law for People with Disabilities\(^\text{12}\) define disability as:

“ [...] die Auswirkung einer nicht nur vorübergehenden körperlichen, geistigen oder psychischen Funktionsbeeinträchtigung oder Beeinträchtigung der Sinnesfunktionen, die geeignet ist, die Teilhabe am Leben in der Gesellschaft zu erschweren. Als nicht nur vorübergehend gilt ein Zeitraum von mehr als voraussichtlich sechs Monaten”\(^\text{13}\) (BGBl. I 32/2018: §3).

“Behinderung im Sinne dieses Bundesgesetzes ist die Auswirkung einer nicht nur vorübergehenden körperlichen, geistigen oder psychischen Funktionsbeeinträchtigung oder Beeinträchtigung der Sinnesfunktionen, die geeignet ist, die Teilnahme am Arbeitsleben zu erschweren. Als nicht nur vorübergehend gilt ein Zeitraum von mehr als voraussichtlich sechs Monaten”\(^\text{14}\) (BGBl. I 32/2018: §3).

Both laws refer to a medical and deficient concept of disability that is based on individual impairment. (Naue 2006: online) This view of disability is no longer up-to-date and does not appeal to all people who might – according to a more open view – belong to this group of people.

A more open and external view of disability is provided by the definition of the UN-CRPD, which addresses the understanding of disability not only at the medical and individual level, but also more closely integrates the environment and places the barriers in the foreground:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations 2006: article 1).

The individual impairment of a person is seen in interaction with different barriers as a disability for a full, inclusive and equal participation in society (Uerpmann-Wittzack 2016: 188). The definition of disability formulated in Article 1 thus aims to counteract the medical, individual model of disability and is based on the social model of disability.

Disability Studies is dominated by three major disability models that address different aspects of stigma and discrimination:

- The **individual model** of disability is strongly based on the medical classification and considers only physical, functional or psychological characteristics that individuals have to deal with individually. The society is considered as given in the individual model, but not further included (Waldschmidt 2005: online).
- The social component, on the other hand, is identified as the cause of the **social model of disability**, because “Behinderung ist kein Ergebnis medizinischer Pathologie, sondern das Produkt sozialer Organisation”\(^\text{15}\) (Waldschmidt 2005: online). Only socially-established barriers limit the participation of persons with disabilities (Waldschmidt 2005: online). Disability is defined as the result of social construction, because the negative labeling of this feature leads to obstacles and disability is seen as a causally caused phenomenon of society (Wegscheider 2015: 334).

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\(^{11}\) Bundes-Behindertengleichstellungsgesetz.
\(^{12}\) Behindertenstättengesetz.
\(^{13}\) “[…] die Auswirkung einer nicht nur vorübergehenden körperlichen, geistigen oder psychischen Funktionsbeeinträchtigung oder Beeinträchtigung der Sinnesfunktionen, die geeignet ist, die Teilhabe am Leben in der Gesellschaft zu erschweren. Als nicht nur vorübergehend gilt ein Zeitraum von mehr als voraussichtlich sechs Monaten”.

\(^{14}\) “Disability within the meaning of this Federal Act is the effect of a not only temporary physical, mental or psychological functional impairment or impairment of the sensory functions, which is likely to complicate participation in working life. Not only a temporary period of more than expected six months”.

\(^{15}\) Disability is not the result of medical pathology but the product of social organization.
Furthermore, norms governing the definition of disability are constructed through the social system and therefore influence the view of deviation or normality within a society (Schramme 2003: 58-59).

- The cultural model of disability questions this categorization process. Disabled and non-disabled individuals are complementarities that interact with each other and are tangent. The process of stigmatization, which ultimately leads to segregation, is considered as an object of investigation and should reveal the cultural character of the phenomenon. The cultural approach is therefore concerned with society as a whole and how normality or deviation patterns are determined (Waldschmidt 2005: online).

These disability perspectives support the analysis of residential care, mobile services and personal assistance in this paper.

Excursus - Other models of disability

There are other models of disability that present different perspectives on the phenomenon. Two of them are listed below:

The Anglo-Saxon minority model defines disability as the result of a social construct. It sees persons with disabilities as members of a minority group facing discrimination, social isolation, economic dependency, high unemployment, difficult-to-reach housing, and institutionalization (Goodley 2011: 12-13).

The Nordic relational model, on the other hand, refers to the dynamic interaction of body (or mind) and environment. Three triggers of disability can be identified: mismatch between the person and the environment, disability as a situational or contextual phenomenon, and disability as a relative construct (Goodley 2011: 15-17).

3.2. The Convention on the Rights of Persons with Disabilities

On 13.12.2006, the United Nations adopted the Convention on the Rights of Persons with Disabilities (UN Disability Convention or UN-CRPD for short). Within a very short time, numerous ratifications were made and ten years after even a universal validity can be spoken of, given that in addition to a total of 165 signatory states the European Union also signed and ratified the convention (Appelbaum 2016: 366, Degener 2015: 55, Uerpmann-Wittzack 2016: 182). In October 2008, the international treaty was signed by Austria and ratified by the national council in November 2008 (BGBl III 155/2008: Part III).

The convention was inspired by the Americans with Disabilities Act, recognized as law in 1990. However, the scope of the UN-CRPD covers much more than the provision of anti-discrimination rights for persons with disabilities and equal access to a wide range of social and support services should also be guaranteed by the contracting states. “In parts of the world where people with disabilities are routinely subjected to neglect and abuse, the convention, if implemented faithfully, embodies hope for a vast improvement in the conditions of life” (Appelbaum 2016: 366). Despite existing anti-discrimination laws, the human rights of persons with disabilities have been violated or simply ignored in many states. The UN-CRPD wants to make visible how human rights apply to persons with disabilities. The UN-CRPD refers to the General Charter of Human Rights of the United Nations, which recognizes human dignity and emphasizes equal rights and the inalienable rights of every individual. This understanding of a society is implied, which attributes respect, tolerance and self-determination to people with and without disabilities (Schwalb/Theunissen 2018: 7-8, Schulze 2012: 26).
The contracting states undertake:

“to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (United Nations 2006: article 1).

The purpose described in Article 1 is essential and can be considered as guiding the entire convention. General principles are formulated in Article 3, which inter alia addresses the issues of non-discrimination, respect for dignity, self-determination, equal opportunities and “[r]espect for difference and acceptance of persons with disabilities as part of human diversity and humanity” (United Nations 2006: article 3). Prominent is the principle of “[f]ull and effective participation and inclusion in society” (United Nations 2006: article 3) This principle extends to a wide variety of areas of life and society as well as service systems, such as cultural institutions, leisure, work and housing. The convention can be seen as a critical corrective on this point as it addresses barriers, difficult or even denied approaches that affect persons with disabilities. This requirement is explicitly emphasized with full accessibility. In this context, the denial of supported living in one’s own home by referring to residential care (Schwalb/Theunissen 2018: 8) is also considered as contrary to human rights.

The UN-CRPD does much more than translate human rights into the situation of persons with disabilities. It sets out basic principles and the obligations of states parties that support the recognition of the dignity and rights of persons with disabilities. It combines inclusion with personal freedom of choice, which not only equates to an equal but to a liberal inclusion concept. Self-determination is seen as a social category and thus linked to society and community. This in turn must ensure the possibility of individuality, self-realization and self-determination through inclusion and participation (Schwalb/Theunissen 2018: 8). The UN-CRPD uses the social model and sees disability as an interaction between the individual and the environment. It is divided into a total of 50 articles. The three articles of relevance to this work are briefly explained below.

- **Article 19: Living independently and being included in the community**

“States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community […]” (United Nations 2006: article 19)

Full and effective participation of persons with disabilities within society is the fundamental idea of the UN-CRPD. Freedom of choice over the form of housing and the elimination of segregating institutions are, in this context, important components for the dissolution of barriers. Article 19 identifies three concepts that aim to reduce these barriers: "independent living", "personal assistance" and "community-based services" (Schulze 2010: 113). The first concept refers to a self-determined lifestyle. However, this does not mean that persons with disabilities must cope with their everyday lives alone and in isolation, but rather the right to equal choice and self-determination. Personal assistance should serve as support for coping with everyday life and enable an independent life. The third concept is based on a comprehensive strategy involving persons with disabilities and society. The main objective is to ensure equal participation (Schulze 2010: 113-114).
In summary, Article 19 is relevant to the subject matter of this thesis, as it defines the need for choices regarding living; rather, this part of the convention obliges states parties to guarantee persons with disabilities the freedom to choose their form of housing without imposing a form of residence on them, securing access to community-based benefits, including personal assistance, and making services and institutions accessible and equitable (United Nations 2006: article 19).

- **Article 22: Respect for privacy**

  “No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks” (United Nations 2006: article 22).

  The respect for privacy is mentioned in several articles of the UN-CRPD, the reference to the form of living is articulated in Article 22 (Schulze 2010: 123). Since the protection and respect for privacy are of relevance to housing, Article 22 is also important for analysis and evaluation.

- **Article 28: Adequate standard of living and social protection**

  “States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability” (United Nations 2006: article 28).

  Article 28 requires not only an adequate standard of living and social protection but, rather, the right to adequate services of general interest within the meaning of:

  “[...] ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other assistance for disability-related needs […]” (United Nations 2006: article 28).

  In addition, this article calls for access to housing programs that are publicly funded (United Nations 2006: article 28).

3.3. Implementation in Austria

An implementation of the guiding principles aims and contents of the UN-CRPD as well as the monitoring of the developments belong to the tasks of the contracting states. In the following, the first state report of Austria (BMASK 2010) and the report of the Austrian Disability Council (Österreichischer Behindertenrat 2018) on the implementation are explained in further detail. Subsequently, the implementation in Austria is described in the framework of the National Action Plan Disability (BMASK 2012).

3.3.1. Austrian State Report on the Convention

The state report of Austria was prepared by the Federal Ministry of Labour, Social Affairs and Consumer Protection in 2010. The basis for this is state and non-governmental contributions, submitted by the parliament, supreme courts, federal ministries, the federal provinces, the community and city union, social partners as well as representatives, disability organizations, providers of disability services and various contact points for persons with disabilities. The introduction mentions that the report is an inventory and illustration of the Austrian disability policy,
with reference to the preparation of the National Disability Action Plan (NAP) to improve the situation of persons with disabilities (BMASK 2010: 1-2). The state report reflects the republic's view of disability policy and the provision of social services. An inventory, other future objectives and actions, as well as civil society statements are included in the report. The articles relevant to the subject of this master thesis were presented and explained in the state report in 2010 as follows:

For Article 19, long-term care and social services for persons with disabilities were cited and described. Long-term care is a direct cash benefit that is based on the individual needs of a person. This transfer will enable persons with disabilities to access social services without falling into financial dependency or poverty. The care allowance can therefore be obtained regardless of income, assets or cause of the disability. The report refers to the issues and challenges of long-term care. In this context, there is less talk of persons with disabilities, but more of people with care and nursing need or caregivers or cared people (BMASK 2010). The long-term care allowance and the associated data also include older people who are not part of the subject of the study. Therefore, no reference is made to this information provided. In the state report, social services are understood as mobile, ambulant and residential measures. When pricing, the income situation of service users is considered. The state report explains that there are developments in the direction of an independent living in progress. In the government program, federal funding for the federal provinces - in accordance with the available budget funds - was planned for the expansion of social services (BMASK 2010: 28).

The state report also refers to the exemptions and regulations in tax law. For example, special regulations in the income tax law should offer the possibility to compensate for the disadvantage in the determination of the income tax. In addition, transfers and benefits under the Federal Disability Employment Act are tax-free. Reference is also made to the turnover exempted from turnover tax by providers of disability services and the associated tax-free use of benefits. A link with the requirements of Article 19 is not established regarding the specific rules in tax law (BMASK 2010: 29).

Personal assistance at the workplace is also discussed in the state report. This service should enable independent living (BMASK 2010: 29). It is highlighted that according to the disability lawyer's office and civil society, the target group for this service is too limited. In addition, the view of the federal provinces is shown in the state report. At the sub-national level, personal assistance is highly welcomed and the extension to the non-professional area, e.g. mobile services for single apartments and shared apartments, home support, home nursing, meals on wheels, family relief and family support, housing and leisure assistance are considered as enriching (BMASK 2010: 30). Civil society criticizes that low financial resources and services for persons with disabilities make self-determined living difficult. In addition, this benefit is decisive for the fulfillment of Article 19, but too little focused in the Austrian disability policy:

"Manche behinderte Menschen würden in großen Behindertenheimen oder sogar in Alters- und Pflegeheimen leben, obwohl das nicht ihren persönlichen Vorstellungen entspreche. Eine mangelnde Planungsbereitschaft der Bundesländer im Bereich Deinstitutionalisierung wird ebenso kritisiert wie eine zu starke Orientierung an einem Pflege- und Altenhilfeparadigma" (BMASK 2010: 30).

16 "Some disabled people live in large homes for the disabled, or even in retirement and care homes, although that does not match their personal beliefs. A lack of planning readiness of the federal states in the area of deinstitutionalization is criticized as well as an over-orientation on a nursing and old-age care paradigm".
With reference to **Article 22**, the state report mentions in the data protection law in Austria, sensitivity in the health sector and the confidential counseling of persons with disabilities and their families by the Federal Social Welfare Office. Critical issues raised by civil society are mentioned in the report on residential care, which questioned the adequate protection of personal data (BMASK 2010: 33). Providers of residential settings have now also to comply with the provisions on data protection of the General Data Protection Regulation.

For **Article 28**, reference is made to the introduction of needs-based minimum income support designed to support people in distress, regardless of a disability, who cannot cover the necessary livelihood on their own. In addition, the care allowance, which should enable a self-determined and needs-oriented life, is discussed again. In addition, the state report notes that disability services are mainly provided at the sub-national level. The aim is to introduce a set of services and support measures aimed at ensuring decent living conditions for persons with disabilities. The federal provinces highlight that there are already various services. The criticism of civil society is that the measures to secure a livelihood are regulated differently and there is too little knowledge about the requirements and entitlements (BMASK 2010: 46-47). The new regulations on needs-based minimum income protection are now being discussed at the political level, and the first drafts point to a deterioration for persons with disabilities.

### 3.3.2. Report of the Austrian Disability Council

The Austrian Disability Council published another report in 2018, the second report on the implementation of the UN-CRPD in Austria, which was drafted in German and English. The Austrian Disability Council is the umbrella organization of organizations representing the disabled and independent-living-groups and currently comprises 80 members. The report was prepared in cooperation with the umbrella organization “Selbstbestimmt Leben Österreich” and civil society (Österreichischer Behindertenrat 2018: 3). It essentially addresses the recommendations of the committee from the first state examination and describes problems in this context, which either still exist or have even exacerbated. The report referred exclusively to Article 19, while Article 22 and Article 28 remain unmentioned.

To comply with Article 19, measures of deinstitutionalization, personal assistance and personal assistance at the workplace are mentioned. In the view of the Austrian Disability Council, measures of deinstitutionalization can be regarded as non-existent, since neither plans nor valid data are available. “There are no unified legal provisions across the whole of Austria concerning assisted living in one’s own apartment” (Österreichischer Behindertenrat 2018: 15). Among other things, heterogeneous and inadequate housing regulations mean that hundreds of young persons with disabilities are still accommodated in old people’s or nursing homes (Österreichischer Behindertenrat 2018: 15).

Regarding personal assistance, reference is made to the desire for national standardization of the different rules and – at the same time – to note that the working group set up in 2011 has so far yielded no results and that those involved were not included. In addition, the massive limitation of the hours that can be used, or the (sometimes) precarious financial coverage of the service is criticized. "The limited hours, the hourly payment rate is too low, or both, poses a serious problem" (Österreichischer Behindertenrat 2018: 16). The focus of care needs is based on the individual model of disability.
The report of the Austrian Disability Council points to some weaknesses that are diametrically opposed to the demands in Article 19. According to the Austrian Disability Council, personal assistance at the workplace, despite harmonization in 2004, has some weak points. For example, while this service is provided for the workplace or apprenticeship at a university, it does not provide assistance during job search. In addition, access to this service is made more difficult for certain groups, such as those with learning difficulties, because they either do not have the necessary level of care or are not yet able to work in the primary labour market. It is further criticized that in the federal provinces, the convening of an assistance conference is indeed possible, but this instrument for the self-representation of the assistants is hardly used. It is also critically noted that the care allowance, which is to be used to finance care-related additional expenses, has been inadequately valorized since its introduction in 1993, causing the long-term care recipients to lose value by 30% (Österreichischer Behindertenrat 2018: 17-18).

3.3.3. National Action Plan Disability

The National Action Plan Disability (NAP) – which was approved by the Council of Ministers on 24th July 2012 – contains strategies of the Austrian Federal Government for the implementation of the UN-CRPD in Austria. It defines a total of 250 measures that are to be implemented by 2020 (BMASK 2017: 104). The overarching goals of the NAP are to enable a self-determined lifestyle, inclusion and participation in society, anti-discrimination, anti-stigmatization and the elimination of obsolete perspectives on disability (BMASK 2012: 1-23). In doing so, the NAP follows the main objectives of the UN-CRPD.

Since October 2012, there has been an accompanying group to the NAP, which includes representatives of the Federal Ministries, federal provinces, social partners, science, organizations for persons with disabilities, the Monitoring Committee and the Disability Attorney. The meetings of the group take place two to three times a year. Previous topics included the preparation of data and statistics, the preparation of a priority list of the individual measures, the development of target setting indicators, the implementation of the UN-CRPD by individual federal provinces, accessibility and the preparation of an interim balance for 2012 to 2015. The interim report summarizes the extent to which additional measures are required to reach the targets by 2020 (BMASK 2017: 104).

The draft of the NAP is accompanied by an opinion from the Monitoring Committee. In its work as a controlling body, the Monitoring Committee is independent, free from directives and monitors compliance with the UN-CRPD by the Federal Public Administration (Monitoring Ausschuss 2018: online). The Monitoring Committee highlights that while the measures to implement the UN-CRPD in Austria represented a major step in the direction described by the convention, it criticizes the title "National Action Plan Disability". This gives the impression that this is an action plan exclusively for persons with disabilities. Instead, the Monitoring Committee wants to consider that the rest of the population must also be considered to comply with the principle of inclusion and reduce social barriers. It is also criticized that the participation requested by the UN-CRPD in the process of drawing up the action plan was not fulfilled, as the textual development was not adequately participative. In addition, the possibilities for submitting an opinion were not satisfactory e.g. no easier-reading variant was offered, and the deadline was too short. Other criticisms were the inadequate consideration of the social model of disability and the unsatisfactory and catchy use of disability mainstreaming. According to the opinion of the Monitoring Committee, the human rights approach is not consistently pursued, and the convention is mentioned only sporadically in the text. Critically, minorities, e.g. linguistic, cultural and sexual nature are completely excluded from the action plan. The process of verifying achieving targets by means of
indicators is poor, and the time horizon also seems too far for the Monitoring Committee. The wording of the measures is questioned because they are not sufficiently concrete. Particularly serious is that in view of Austrian federalism, the federal provinces are not adequately included in the action plan or this was only insufficiently considered. This circumstance requires a renegotiation and the Monitoring Committee recommends that federal structures be used in the context of disability services (Monitoring Ausschuss 2012: online).

Rather, the NAP could have been used to reform the partially obsolete and inefficient system of disability services. Particularly in the area of housing and personal assistance, there seems to be a need for reform. On the topic of independent living, the NAP highlights that the situation in housing provision cannot be clearly assessed. On the one hand, benefits such as personal assistance, long-term care or social services have been developed over the past 20 years, while on the other hand (in 2010) about 13,000 persons with disabilities live in residential settings. The NAP criticizes the link between housing and support, as it contradicts the demands of the UN-CRPD for self-determination. Residential care falls within the competence of the federal provinces (BMASK 2012: 71). Personal assistance enables self-determined and independent living in an own chosen form of housing, with responsibility for this area falling to the federal provinces. As a result of this organization, different regulations have arisen in the federal provinces, which manifest themselves in e.g. different objectives, prerequisites, authorized groups of persons or form of organization. Only personal assistance at the workplace or apprenticeship is the responsibility of the federal government and is uniformly regulated (BMASK 2012: 74).

The objectives in the area of living with a special focus on independent living in general are formulated in the NAP as follows (BMASK 2012: 71-72):

- Independent living and participation in society through adequate support services
- Self-determination also in relation to partnership, marriage and family formation
- Variety of offerings to meet the different needs and life stages of persons with disabilities
- Comprehensive measures for deinstitutionalization in the federal provinces, dismantling of large-scale institutions, creation and free choice of support services, enabling independent living
- Financial and organizational support to self-advocacy groups of people with learning disabilities
- Support and development of peer counseling
- Target group orientation to enable a self-determined life

The NAP defines the number of home places, places to live and supported self-representations as indicators for achieving the goals (BMASK 2012: 72).

The objectives for personal assistance are set by the NAP as follows (BMASK 2012: 74):

- Expansion of this service, receipt for all persons with disabilities
- Nationwide standardization of the different regulations
- Continued performance in apprenticeship; extension of performance to all training areas
- Fair working conditions and adequate remuneration for assistants

The number of persons using this service is used as an indicator of achieving the goal (BMASK 2012: 74).
The NAP defines the following measures for personal assistance:

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conception of a uniform regulation for personal assistance at the sub-national level and for all areas of life</td>
<td>2014</td>
<td>BMASK, federal provinces</td>
</tr>
<tr>
<td>Consideration of performance in financial equalization</td>
<td>2015</td>
<td>BMF</td>
</tr>
<tr>
<td>Creation of guidelines for the use of the service also at federal schools</td>
<td>2012 – 2020</td>
<td>BMASK, BMUKK</td>
</tr>
</tbody>
</table>

Table 2: Measures personal assistance (BMASK 2012: 74-75)

**Social services** ensure social welfare for persons with disabilities, support deinstitutionalization and independent living. In the NAP these services include mobile as well as residential care, day care facilities, short-term care in residential care institutions, alternative living arrangements and case and care management. The services are carried out by qualified personnel and are within the competence of the federal provinces (BMASK 2012: 75).

The objectives for social services are defined as follows (BMASK 2012: 75):

- Federal special purpose subsidies are intended to expand social services, build up the offer and give them the opportunity to continue receiving benefits after 2014\(^\text{17}\)
- A care services database should be set up to ensure the improvement of transparency, planning and control

To order to achieve objectives in this area, no indicators were formulated in the NAP.

The measures catalog contains the following content:

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concept for a reconciliation of the long-term care model after 2014</td>
<td>2012</td>
<td>BMASK, BMF, federal provinces</td>
</tr>
<tr>
<td>Creation of a care services database</td>
<td>2012</td>
<td>BMASK</td>
</tr>
</tbody>
</table>

Table 3: Measures social services (BMASK 2012: 76)

The **care allowance** contributes to a self-determined lifestyle and secures the freedom of choice as a cash benefit. The goal of this service is to cover additional expenses in connection with nursing and can be used individually. The payment is staggered in seven stages and is based on the care needs of a person. Since 2012, care allowance has been entirely within the competence of the federal government.

The objectives for the performance are as follows (BMASK 2012: 76-77):

- A controlling system for monitoring the number of care allowance recipients and the distribution of care levels
- Further development of the assessment by qualified nurses
- Provision of accessible information

No indicators for target achievement were set in the NAP.

\(^{17}\) In 2014, a comprehensive austerity package was launched.
The following measures were formulated in the NAP:

<table>
<thead>
<tr>
<th>Content</th>
<th>Time</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of the care allowance assessment</td>
<td>2012 – 2013</td>
<td>BMASK</td>
</tr>
<tr>
<td>Monitoring the development of the long-term care allowance and the distribution of care levels</td>
<td>2012 – 2020</td>
<td>BMASK</td>
</tr>
<tr>
<td>Efforts for health promotion and prevention for those affected</td>
<td>2015</td>
<td>BMASK, BMG, federal provinces</td>
</tr>
<tr>
<td>Prepare a lighter-reading version of the information about care allowance</td>
<td>2012</td>
<td>BMASK</td>
</tr>
</tbody>
</table>

Table 4: Measures care allowance (BMASK 2012: 77)

3.4. Housing and Independent Living for Persons with Disabilities in Austria

The concept of “soziale Daseinsvorsorge” is closely linked to securing a livelihood, individual security within a society and adequate living standards. A guarantee of this security should be provided by the administrative state - there is also the term "Leistungsstaat" (Kersten 2005). For example, Frank Schulz-Nieswandt describes social services of general interest as providing healthcare, education, rehabilitation, care, and housing (Schulz-Nieswandt 2012: 91-92). Housing is therefore one of the central basic needs of the people, therefore, the housing and living arrangements of persons with disabilities as a component of social services of general interest is considered closer.

In the western world, decent housing is associated with a private home, be it a home or a home of one’s own (Kulig/Theunissen 2016: 7). An own home is more than an accommodation: it is a retreat; a place where social contacts are maintained, a place of self-expression and self-realization (Kulig/Theunissen 2016: 7, Günther 2015: 9-10). Individual freedom is greatest in one’s own home, and one can pursue one’s own needs with almost no sanction (Günther 2015: 9-10). The particularities of housing are also considered in laws, e.g. Article 12 of Human Rights and Article 8 (1) of the European Convention on Human Rights set the inviolability of the privacy in one’s own home (Kulig/Theunissen 2016: 7). Other forms of housing, such as student dormitories, follow the basic idea of private space through separate residential units. Accommodation situations that leave the principle of privacy are temporary and necessities (e.g. medical or military) are legitimated (Kulig/Theunissen 2016: 7). Conflicts in the implementation of this right to privacy arise especially in the case for people with care needs. In western societies, this applies particularly to two groups of persons: the elderly and persons with disabilities. Both groups are often dependent on everyday support due to their individual needs, which can make living in their own home problematic without support (Kulig/Theunissen 2016: 7).

Persons with disabilities lived in old people’s and care homes or in special (large) institutions outside of larger cities or metropolitan areas, unless they lived or were cared for by their families (Wegscheider 2010: 10, Kulig/Theunissen 2016: 10). These institutions were characterized by a charitable care and curative education concepts that promoted medicalization and psychiatry (Plangger/Schönwiese 2010: online). In Austria only towards the end of the 1970er years different groups began to question these facilities.

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18 Social services of general interest.
19 Benefit state.
In Scandinavia and America, the normalization principle developed to correct inhuman forms of accommodation (Kulig/Theunissen 2016: 10-12). This principle is based on a normal daily rhythm, the separation of work, leisure and living, a normal annual rhythm, a normal life, the respect of individual needs, appropriate contacts between men and women, normal economic standards and adequate standards of facilities (Plangger/Schönwiese 2010: online).

Social science studies in institutions such as those of Erving Goffman from the 1970s show the prevailing conditions there. The resulting criticism of the conditions also finally led to a psychiatric reform in Austria. The reform process promoted de-hospitalization, deinstitutionalization, and a distinction between mental and intellectual impairment. Above all, the process of deinstitutionalization still lasts until today and cannot yet be considered complete (Kulig/Theunissen 2016: 10-12).

In Austria, there are different services in the area of living for persons with disabilities. One can distinguish between residential care, mobile services and personal assistance. The offers of the disability services are almost exclusively provided by private service providers. Many persons with disabilities still live with their parents or partners today, who take care. Furthermore, the personal budget would fall into this area, since this is not yet nationwide or was introduced in all provinces (Hofer 2013: online), this performance is not included in the analysis. In the following, various forms or offers of assistance in the area of housing are explained.

### 3.4.1. Residential Settings

Residential settings are associated with dependency, institutionalization and care. Residential living arrangements are also associated with the term home in German. On the one hand, "home" is commonly associated with security, comfort and homecoming, on the other hand, the term is associated with institutions in which people with care needs are permanently cared for, rehabilitated or kept in custody. This form of living is strongly linked to a medical concept of disability, that is, the individual model of disability. In this model, disability is seen as a physical, functional or mental dysfunction that the affected person must deal individually, or which should be best alleviated or cured by the residential facility. The society is considered as given - but not further included (Waldschmidt 2005: online). The institution is responsible for the care if the residents are in the institution. Part of the responsibility is given for residential care. This can also be a source of support for alternative forms of housing, as in most cases the responsibility remains with those affected and thus more self-determination is possible (Kastl 2010: 4).

### 3.4.2. Mobile Services/Assisted Living Arrangements

Mobile services are for persons with disabilities who live at home or in their own form of housing. The service is carried out by specialist personnel such as health and nursing staff, nursing assistants, specialist social workers or home help. If required, services on Sundays and public holidays are also offered. This understanding of mobile services is the same in all selected federal provinces (Grabner et al 2010: 8). The aim of mobile services is to enable self-responsible and self-determined living in one's own space (Riedmann 2003: online). If mobile services are provided by the authority, service users task organizations which offer mobile measures. Prerequisite for this possibility is first the free choice of the form of living; those affected choose individually between living in the family or in their own form of housing (Riedmann 2003: online). The services are carried out by specialists, in particular the nursing sector. This further points to a medical view of disability and thus to an orientation towards the individual model of disability. Through the free choice of housing, the possibility of a self-determined life and the retention of responsibility among the service users, this model is not as focused as in residential housing.
3.4.3. Personal Assistance

Personal assistance can be seen as part of the social service of general interest, because it supports independent living in one's own living space. The assistance is provided by assistants and includes day-to-day and home-based activities. In addition, this service also includes trips to authorities, errands, accompaniment to medical institutions and support in the realization of own ideas in the context of recreational activities, cultural and social encounters (Persönliche Assistenz GmbH n.d.: 3, Brozek 2008: 234). Personal assistance breaks through the dependency dogma and the assistive person determines the daily routine (Vernaldi 2015: 241). Assistance takers organize their support themselves, guide the assistants and – as experts in their own cause – organize their lives in a self-determined and self-responsible manner. The assistants are selected and enrolled in the context of an application process by the person concerned (Persönliche Assistenz GmbH 2018: online). In personal assistance, two systems can be distinguished: the assistance model and the employer model. In the case of the employer model, the administrative burden lies with those affected; the assistance organization only appears as support in the administration in some cases. The employment contract is concluded between the assistance taker and the assistant (Schachner 2012: 27, Frevert 2017: 95). Despite the high independence of this model, there are many persons with disabilities who do not want to or cannot handle the administrative work themselves. For those persons there is the possibility to include an assistance organization (Schachner 2012: 27). The assistance takers are customers of the organization in this model. In the course of the personnel competence, there are usually two possibilities: Either the assistants themselves are selected, independently of the assistance organization, or they come from a pool of personnel of the organization (Franz 2002: 45-46).

In the case of personal assistance, one can speak of a distancing from the individual model of disability, because disability is no longer regarded as a dysfunction that has to be dealt with individually. On the contrary, those affected are experts on their own behalf and should overcome the barriers of the environment or society with the help of adequate support. Therefore, personal assistance is based on an orientation to the social model of disability.

4. Multiple Case Study: Housing and Independent Living

The following chapter contains case studies from the federal provinces Upper Austria, Styria, Carinthia, Tyrol and Vorarlberg. The case studies provide the preliminary work for the subsequent comparative sub-national analysis. To enable an objective comparison, each federal province was examined based on predefined analysis criteria (see Chapter 4.1). Currently, different laws apply in the federal provinces, which specify the offer and the design of the services in the area of housing and independent living:

<table>
<thead>
<tr>
<th>Federal province</th>
<th>Law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burgenland</td>
<td>Burgenländisches Sozialhilfegesetz 2000</td>
</tr>
<tr>
<td>Carinthia</td>
<td>Kärntner Chancengleichheitsgesetz 2010</td>
</tr>
<tr>
<td>Tyrol</td>
<td>Tiroler Teilhabegesetz 2018</td>
</tr>
<tr>
<td>Vorarlberg</td>
<td>Chancengesetz Vorarlberg 2006</td>
</tr>
<tr>
<td>Upper Austria</td>
<td>Oberösterreichisches Chancengleichheitsgesetz 2008</td>
</tr>
<tr>
<td>Lower Austria</td>
<td>Niederösterreichisches Sozialhilfegesetz 2000</td>
</tr>
<tr>
<td>Vienna</td>
<td>Chancengleichheitsgesetz Wien 2010</td>
</tr>
<tr>
<td>Styria</td>
<td>Steiermärkisches Behindertengesetz 2004</td>
</tr>
<tr>
<td>Salzburg</td>
<td>Salzburgerisches Behindertengesetz 1981</td>
</tr>
</tbody>
</table>

Table 5: Currently valid disability laws in Austria
At sub-national level, there are different legal issues, because disability policy is in the implementing legislation and implementation in the competence of the federal provinces and they are influenced by specific regional traditions and local initiatives (Flieger/Schönwiese/Wegscheider 2014: online). Care, support and rehabilitation services for persons with disabilities were spun off from general social assistance in many provinces from the 1960s onwards and subsequently bundled in their own laws (e.g. in Upper Austria with the Upper Austrian Disability Act, LGBl. 11/2007). In a few provinces, such as Burgenland or Lower Austria, the special benefits for persons with disabilities remained in the Social Assistance Act. The current Disability Act from Salzburg dates to 1981 but was heavily amended in 2016 (LGBl. 64/2016). It is interesting that from the 2000s, all federal provinces – the first 2000 and the last 2018 – rewrote the legal regulations for persons with disabilities. The different normative conditions within the sub-national level of Austria show that the federal provinces reacted in a differentiated way to the social changes and the introduction of the UN-CRPD. The analysis of the title of a law does not say anything about the structure of the benefits in the law, yet it raises certain expectations and ideas.

4.1. Analysis Criteria for the Multiple Case Study

The benefits of the disability services in the area of housing and independent living were evaluated with the help of an analysis grid. For the presentation of residential care, mobile services and personal assistance, the social reports and other official documents provided by the federal provinces as well as disability laws and related amendments applicable in the federal provinces were used. The sources enabled a content analysis of the documents as well as a secondary data analysis.

The analysis criteria for the case studies are divided into a general and a specific level, shown in Figure 3:

![Figure 3: Analysis criteria federal provinces](image-url)
The general level of analysis – including the disability perspective and the selected services – looked at the following:

- First, the selected federal provinces were represented in population numbers, total area and population density.
- The second step was to analyse which normative specifications include services for persons with disabilities.
- Subsequently, the definition of disability used in the law was examined. This step was necessary because the groups of persons with disabilities favored by law are not the same in all provinces.
- The next step was to identify what services are available for persons with disabilities in the area of housing and independent living. Subsequently, the services were described regarding their normative requirements.

The specific level in the case studies included the analysis in terms of scope of services, extent of offers and development since ratification of the UN-CRPD. The following criteria were examined:

- Data on residential care in federal provinces provided information about the service provider landscape.
- The benefits were described in the reports of the selected federal provinces. A comparison with the normative specifications was made.
- The representation of the extent of the service users, the needs and the places in relation to inhabitants of the selected federal provinces represented the scope of services.
- Resources used in terms of staff units, actual staff numbers and hours worked provided an overview of the staffing structure of the offers.
- The range of service costs allowed an insight into the budget structure.
- The personnel structure was analyzed with the help of a number matrix and a corresponding diagram over time. As the developments since the ratification of the UN-CRPD were analyzed, 2008 was chosen as the starting point.
4.2. Upper Austria

Upper Austria has a total area of around 12,000 km² (Digitales Oberösterreichisches Raum-Informationssystem 2018: online) and as of 01.01.2018 a total of 1,473,576 inhabitants (Statistik Austria 2018 online), which corresponds to a population density of rounded 123 inhabitants per km².

4.2.1. Coverage and Service Recipients

The Upper Austrian Equal Opportunities Act\(^\text{20}\), which has been in force since 2008 in Upper Austria replaced the former Disability Act Upper Austria\(^\text{21}\) (LGBl. 11/2007) and contains welfare and rehabilitation benefits. Disability is seen as a result of the restriction in the vital environment due to an existing impairment (LGBl. 55/2018: §7 (4)) and is defined as follows:

“Als Menschen mit Beeinträchtigungen im Sinn dieses Landesgesetzes gelten Personen, die auf Grund körperlicher, geistiger, psychischer oder mehrfacher derartiger nicht vorwiegend altersbedingter Beeinträchtigungen in einem lebenswichtigen sozialen Beziehungsfeld, insbesondere im Zusammenhang mit ihrer Erziehung, ihrer Berufsbildung, ihrer Persönlichkeitsentwicklung und Persönlichkeitsentfaltung, ihrer Erwerbstätigkeit sowie ihrer Eingliederung in die Gesellschaft wegen wesentlicher Funktionsausfälle dauernd erheblich behindert sind oder bei denen in absehbarer Zeit mit dem Eintritt einer solchen Beeinträchtigung zu rechnen ist, insbesondere bei Kleinkindern\(^\text{22}\) (LGBl. 55/2018: §2 (1)).

The law tries to avert social emergencies and contains preventive medical and therapeutic measures. Compared to the former law an extension of the detected group of people (people with psychosocial impairments as well as people who acquire an impairment only in the foreseeable future now count to the group persons with disabilities), the service catalog (e.g. personal assistance was expanded) and the legal entitlement to benefits were expanded. The provision of services is based on the needs of persons with disabilities and should be community-oriented (Grausgruber et al 2017: 11-12).

Persons with disabilities have a legal right to actually available, offered and free services, but not to a special service (LGBl. 55/2018: §8 (2)). The legal claim is limited by the availability of the service, which is expressed in waiting lists. The goal of the provincial law is to prevent the occurrence of impairments and disabilities and sustainably support persons with disabilities. According to the legislator, they should be able to lead a "normal" life and be integrated into society (LGBl. 55/2018: §21 (2)). The services are the design of the Main Service Regulation\(^\text{23}\) (LGBl. 20/2018a) and in the assumption of costs by the Contribution Ordinance\(^\text{24}\) (LGBl. 66/2018b).

\(^{20}\) Chancengleichheitsgesetz.
\(^{21}\) Oberösterreichisches Behindertengesetz.
\(^{22}\) “People with impairments in the sense of this Provincial Act are persons who, due to physical, mental, psychological or multiple such not primarily age-related impairments in a vital social relationship field, in particular in connection with their education, their vocational training, their personal development and personal development, their employment as well as their incorporation into the company due to significant functional failures are permanently significantly impeded or in the foreseeable future is expected to occur such an impairment, especially in infants”.
\(^{23}\) Haupteistungsversorung.
\(^{24}\) Beitragsverordnung.
4.2.1. Services in the Field of Housing and Independent Living

In the Upper Austrian Equal Opportunities Act, there are definitions for the benefits short-term housing, personal assistance, transitional living, shared housing and residential care (LGBl. 55/2018: §7). The services are defined as follows:

- **Short-term housing** is defined as temporary housing, to support the immediate family and social environment of persons with disabilities (LGBl. 55/2018: §7 no. 15).
- **Personal assistance** is aimed at those with disabilities who have the competence of choosing the personal assistants, the division of services, the guidance of personal assistants and the determination of the place where the service is provided (LGBl. 55/2018: §7 no. 17a).
- **Transitional living** is a form of temporary housing, supervised or accompanied housing for people with psychosocial care needs - especially after hospitalization - with the provision of assistance in the development of new future perspectives, which serve as a bridge to other forms of care and housing (LGBl. 55/2018: §7 no. 23).
- Under **shared housing** a housing offer with a part-time care offer for persons with disabilities in a shared apartment is understood (LGBl. 55/2018: §7 no. 24).
- **Sta** is an offer with full-time care, including lodging (LGBl. 55/2018: §7 no. 25).

In §12 **Housing** is formulated that persons with disabilities should be given the opportunity for free and self-determined choice of housing. Paragraph 2 defines the following measures (LGBl. 55/2018: §12):

- Living in flats or shared flats in which depending on the nature of the impairment the necessary care and help is available.
- Living in a residential facility with the care and assistance required depending on the nature of the impairment, should no other form of living be possible.
- Short-term housing.

**Personal assistance** is in §13 regulated. Paragraph 1 defines the goal, which is the enabling of independent living. The law supports areas of basic services, housekeeping, mobility, leisure and communication. Medical, therapeutic or work accompaniment areas are explicitly excluded. Paragraph 2 limits the benefit to those persons who have chosen a form of accommodation according to §12 paragraph 2 and who can achieve independent living. Paragraph 3 defines the right to freely choose a suitable person for the provision of services (LGBl. 55/2018: §13).

In §14 **mobile care and support**, a benefit is defined, which is aimed at those people who need professional staff due to their impairment for the settlement of everyday matters under § 13 paragraph 1. Paragraph 2, in turn, restricts the circle of entitled persons to those who use a form of living in accordance with §12 paragraph 2 and are in principle capable of obtaining a self-determined life (LGBl. 55/2018: §14).

In all three paragraphs reference is made to the limitation of the scope of the claims by ordinances of the provincial government, which concern on the one hand the maximum extent of the measure and on the other hand the temporal limitation of the claim.

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25 Wohnen.
26 Persönliche Assistenz.
27 Mobile Betreuung und Hilfe.
4.2.2. Data Analysis

Data for housing and independent living is provided by the social report for Upper Austria. The social reporting is intended to represent social measures and provide information on the social situation, legal provisions and social benefits in this federal province (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: online). The social report presents data on housing, mobile care and support as well as personal assistance. The eligibility requirements for the services are based on the normative requirements. The social administration introduced the concept of the customer for persons with disabilities in the use of services from the Upper Austrian Equal Opportunities Act. The term "clients" comes from the new public management and was introduced in the field of administration to contribute to an opening and service orientation (Rybnicek 2014: 66).

4.2.2.1. Housing

In the case of housing, the social report refers to the Upper Austrian Equal Opportunities Act. The offers include fully-assisted living, apartments or shared flats, short-term housing and temporary housing (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 31). The service providers of housing are divided into different areas. Table 6 shows which service provider performs which offer:

<table>
<thead>
<tr>
<th>Immediate relief</th>
<th>Caritas für Menschen in Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soziales Wohnservice Wels</td>
<td></td>
</tr>
<tr>
<td>Sozialverein B 37</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnen Steyr</td>
<td></td>
</tr>
<tr>
<td>Wohnunglosenhilfe Mosaik</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day care centers</th>
<th>Barmherzige Schwestern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caritas für Menschen in Not</td>
<td></td>
</tr>
<tr>
<td>Evangelische Stadt- DIAKONIE Linz</td>
<td></td>
</tr>
<tr>
<td>Soziales Wohnservice Wels</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnen Steyr</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile home care</th>
<th>ARGE Obdachlose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caritas für Menschen in Not</td>
<td></td>
</tr>
<tr>
<td>Soziales Wohnservice Wels</td>
<td></td>
</tr>
<tr>
<td>Sozialverein B 37</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnen Steyr</td>
<td></td>
</tr>
<tr>
<td>Wohnunglosenhilfe Mosaik</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transitional housing</th>
<th>Caritas für Menschen in Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soziales Wohnservice Wels</td>
<td></td>
</tr>
<tr>
<td>Sozialverein B 37</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnen Steyr</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnplattform</td>
<td></td>
</tr>
<tr>
<td>Wohnunglosenhilfe Mosaik</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dorm</th>
<th>Caritas für Menschen in Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sozialverein B 37</td>
<td></td>
</tr>
<tr>
<td>Verein Wohnen Steyr</td>
<td></td>
</tr>
<tr>
<td>Soziales Wohnservice Wels</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day structure</th>
<th>ARGE Obdachlose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caritas für Menschen in Not</td>
<td></td>
</tr>
</tbody>
</table>

Table 6: Provider housing Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 30)
In 2016, a total of 4,508 people received housing benefits, 139 of came from other federal provinces and 193 were cared for in residential facilities in other federal provinces. The age of the beneficiaries ranges from four to more than 80 years, so children and adolescents are included in the analysis. The structure of the personnel comprises 4,095 employees or 2,691.70 staff units, whereby the care key is 1.67 persons per staff unit (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 31-33). By using the full-time equivalent, a statement can be made about the extent of employment. Accordingly, many part-time or marginally employed persons work in residential facilities. This can be seen from the high number of staff compared to the staff units. The budget was 192.396.842 euros (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 31-33). Compared to the Upper Austrian population up to 31 places per 10,000 inhabitants in the area of housing are available.

As at 31.12.2016, a total of 3,689 beneficiaries were earmarked for residential settings, including 2,422 for a home with full care, 1,228 for a place to live with part-care in an apartment and 39 persons for temporary housing. 491 persons were registered for several measures at that time, which is why the adjusted waiting list number is 3,198. 10.9% of the persons on the waiting list had a very urgent need (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 34).

The following table shows the degree of coverage on 31.12.2016:

<table>
<thead>
<tr>
<th>Demand coverage according to urgency</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate need/very urgent</td>
<td>92.9%</td>
</tr>
<tr>
<td>Need in a ½ year</td>
<td>89.9%</td>
</tr>
<tr>
<td>Need in a year</td>
<td>82.8%</td>
</tr>
<tr>
<td>Need in 2-3 years</td>
<td>79.0%</td>
</tr>
<tr>
<td>Total demand (without multiple answers)</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

Table 7: Demand coverage housing in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 34)

Table 7 shows that immediate demand is almost entirely covered at 92.9%. If persons with disabilities need an urgent place to live, this can be guaranteed in most cases. The situation is different in terms of covering demand in one or two to three years, because from today's perspective only eight out of ten interested persons can be awarded a service. The entire demand coverage also shows a different picture, because the demand can be covered only to 58.9%, whereby almost every second claimants receives no place to live.

Figure 4 shows the development of residential care since 2008. The values are taken from the social reports of recent years. The bars provide information on the number of recipients (adjusted numbers were used as of 2014), the line shows the development of the employees in this area.
In the above figure, 2008 was chosen as the first year, as the UN-CRPD was ratified here and this date defines the starting point in the analysis criteria. At the same time and independent of this is the Upper Austrian Equal Opportunities Act came into force. Since 2008, there has been an increase in performance: on the one hand, there are 617 more residential care recipients in 2016, and on the other, staff numbers have increased by 1,047 persons. In percentage terms, this represents an increase of 15.86% of service recipients and 34.35% of the staff. The almost twofold increases in the number of staff allow a number of interpretations, including an improvement in the quality of care, an increase in part-time employees or increased need for help of the residents.

It should be noted in the analysis that there is no differentiation between different services, which can lead to double counting. This applies in particular to temporary housing, a temporary service with a large change of residents (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2016: 29). The caregivers in the field of psychiatric pre- and after-care are in the social reports specifically mentioned. The analysis summarizes the service users in residential settings. Family care is listed in social reports until 2012. Family care is a measure to support families living with persons with mental health problems (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2012: 34). However, total numbers of assisted families could not be deduced from the social reports. From the year 2013 (reporting year 2014), this benefit is no longer explicitly stated in the reports (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2014).

4.2.2.2. Mobile Care and Support

The objectives of mobile care and support are to help persons with disabilities in their own homes. It represents an alternative to residential settings to relieve the relatives and enable a self-determined and integrated life in a self-chosen way of life. The execution of the service is agreed individually, which is reflected in the varying duration and extent of supervision (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 35).
Service provider of mobile care and support can be found in Table 8:

<table>
<thead>
<tr>
<th>Mobile care and support</th>
<th>ARCUS Sozialnetzwerk gGmbH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assista Soziale Dienste GmbH</td>
</tr>
<tr>
<td></td>
<td>Caritas für Betreuung und Pflege</td>
</tr>
<tr>
<td></td>
<td>Caritas für Menschen mit Behinderung</td>
</tr>
<tr>
<td></td>
<td>Evangelisches Diakoniewerk</td>
</tr>
<tr>
<td></td>
<td>EXIT-sozial</td>
</tr>
<tr>
<td></td>
<td>Institut Hartheim gGmbH</td>
</tr>
<tr>
<td></td>
<td>Lebenshilfe OO</td>
</tr>
<tr>
<td></td>
<td>Miteinander GmbH</td>
</tr>
<tr>
<td></td>
<td>Neue Wege gGmbH</td>
</tr>
<tr>
<td></td>
<td>Pro mente OO</td>
</tr>
<tr>
<td></td>
<td>Schön für besondere Menschen GmbH</td>
</tr>
<tr>
<td></td>
<td>Sozialverein B 37</td>
</tr>
<tr>
<td></td>
<td>Volkshilfe Lebensart GmbH</td>
</tr>
</tbody>
</table>

Table 8: Provider mobile care and support in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 30)

In 2016, a total of 1,593 people receive this service. For four persons, another federal province/country pays, two persons use this service in another federal province. The age of the beneficiaries ranges from four to over 70 years, children and adolescents are included in the data. For the provision of the service 447 employees or 170.4 staff units are used. It is interesting that the number of employees is considerably higher than the number of staff, which is why a high proportion of part-time employment can be assumed for this service as well. The total number of hours is 207,245 - this gives an average value per customer per month of 10.9 hours. An employee also looks after several recipients - rounded off is a care key of 1: 4. In the mobile services, such multiple care can mean shortage of time for the specialist staff. The budget spent on this service in 2016 is around 10 million euros (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 35-37). Compared with the Upper Austrian population rounded 11 places per 10,000 inhabitants are available. The social report 2011 presents the data of mobile care and support on the one hand for people with intellectual, physical and/or multiple impairments and on the other hand for people with psychological disabilities (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2012: 37-38). It is striking that the number of psychological impaired recipients is almost twice as high. A sub-division was not made in the follow-up reports.

Table 9 shows the degree of coverage according to urgency:

<table>
<thead>
<tr>
<th>Demand coverage according to urgency</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate need/very urgent</td>
<td>89.9%</td>
</tr>
<tr>
<td>Need in ½ year</td>
<td>78.5%</td>
</tr>
<tr>
<td>Need in a year</td>
<td>68.5%</td>
</tr>
<tr>
<td>Total demand (without multiple answers)</td>
<td>52.7%</td>
</tr>
</tbody>
</table>

Table 9: Demand coverage mobile care and support in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 38)
The demand coverage of the service is at a very urgent or immediate need at 89.9% and is therefore 2% lower than in residential settings. About one in ten people will not receive the benefit immediately. Overall, demand coverage is 52.7%, which corresponds to the claim of every second beneficiary.

The development in mobile care and support since 2008 is shown in Figure 5. The values are the social reports of Upper Austria taken. The bars show the recipients, the line indicates the employees in this area:

![Figure 5: Development mobile care and support in Upper Austria](image)

In general, an increase of service users and employees can be observed in this area. In 2016, 447 employees are responsible for 1,593 people. The increase in recipients between 2008 and 2016 amounts to a total of 44.2%. In contrast, the increase in employees from 2008 to 2016 is much higher by 200%.

In the analysis, it should be noted that in 2008 and 2009 many beneficiaries from the area of psychiatric pre-and post-care services were assigned to housing, which in the previous years belonged to mobile care and support (Amt der OÖ. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2011: 83). In addition, the massive increase in 2008 and 2009 is traced to a pilot project of the Upper Austrian “Lebenshilfe” (Amt der OÖ. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2011: 81). Furthermore, it should be noted in the analysis, that two service providers (“pro mente” and “EXIT”) made an agreement on a flexible framework with the Department for Social Affairs. Subsequently, a shift of standard costs the last ten years can be recognized (Amt der OÖ. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2012: 38). This agreed flexible framework applies to benefits for people with psychiatric problems.
Table 10 shows this shift. From 2010 to 2011, the increase in the number of employees and budget can be seen:

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service recipients in Upper Austria</td>
<td>820</td>
<td>811</td>
<td>712</td>
<td>765</td>
</tr>
<tr>
<td>Hours</td>
<td>40,047</td>
<td>46,018</td>
<td>82,663</td>
<td>84,387</td>
</tr>
<tr>
<td>Staff (unit)</td>
<td>24.3</td>
<td>36.8</td>
<td>35.5</td>
<td>73.5</td>
</tr>
<tr>
<td>Staff (persons)</td>
<td>38</td>
<td>57</td>
<td>47</td>
<td>142</td>
</tr>
<tr>
<td>Budget in euros for service recipients from Upper Austria</td>
<td>1,279,887</td>
<td>1,279,887</td>
<td>1,279,887</td>
<td>7,127,118</td>
</tr>
</tbody>
</table>

Table 10: Distortion psychosocial area in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2012: 38)

The analysis summarized the services of mobile care and support for people with intellectual, physical and/or multiple disabilities and mobile care and support for people with psychological problems.

4.2.2.3. Personal Assistance

Personal assistance enables a self-determined and self-responsible life with remaining in the familiar environment and represents any form of personal help (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 39). In Upper Austria, two models of personal assistance are offered: the assistance model since 2008 and the employer model since 2014. Organizational competence lies with the assistance taker in the second model, while the organization is taken over by the first model by providers.

The service providers are as follows:

<table>
<thead>
<tr>
<th>Personal assistance</th>
<th>Persönliche Assistenz GmbH.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Volkshilfe Lebensart GmbH.</td>
</tr>
<tr>
<td></td>
<td>SLI – Selbstbestimmt Leben Initiative OÖ(^{28})</td>
</tr>
</tbody>
</table>

Table 11: Provider personal assistance in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 30)

In 2016, 202 people receive personal assistance, six of them outside their own federal province, one from another federal province. Altogether nineteen persons used the service within the framework of the client model. Children and adolescents are included in the analysis because the age of the assistants ranges from seven to more than 70 years (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 39-41). Compared to the Upper Austrian population rounded one place per 10,000 inhabitants is available.

If both models are considered together, there are 440 assistants and 126.6 staff members in 2016. Overall, 191,453 hours are provided. On average, there are two assistants per person, who work each month for a total of 79.4 hours. For personal assistance, a budget of 7,102,652 euros is spent (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 40).

\(^{28}\) The “SLI – Selbstbestimmt Leben Initiative” Upper Austria was dissolved in 2018 by fraud of the chairlady.
Per 31th December 2016, 312 persons have been pre-registered for the service, of which 50 are pre-registrations according to the client model. 35 people are earmarked for both services, which results in an adjusted requirement of 277. An immediate or very urgent need has 11.6% or 32 people registered.

Table 12 shows the degree of urgency coverage:

<table>
<thead>
<tr>
<th>Demand coverage according to urgency</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate need/very urgent</td>
<td>86.3%</td>
</tr>
<tr>
<td>Need in ½ year</td>
<td>66.2%</td>
</tr>
<tr>
<td>Need in a year</td>
<td>61.4%</td>
</tr>
<tr>
<td>Total demand (without multiple answers)</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

Table 12: Demand coverage personal assistance in Upper Austria (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 42)

Demand coverage for personal assistance is lower than for the previous two services. While cover for immediate or very urgent needs is around 90% for residential settings as well as for mobile care and support, the coverage of 86.3% is lower for this service. The total cover at 42.2% is also significantly lower - this means that four out of ten beneficiaries cannot receive personal assistance. This requirement coverage level results from the lack of resources for this service.

Figure 6 shows the development of personal assistance since 2008. The bars represent the assistants, while the line represents the assistants:

Since 2008 fluctuations and an increase in the number of recipients and staff can be recognized. The number of assistance takers increased by 28.66%, which is equivalent to 45 people. The increase in assistants is 52.78%, which corresponds to 152 more assistants. The number of staff has risen higher than the number of beneficiaries: as a rule, one assistance taker has more than one assistant.
The target group of personal assistance has been since the Upper Austrian Equal Opportunities Act extended (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 39), which probably contributed to the increase in assistance takers. The decline in 2015 to 2016 is related to the fact that more resources were necessary for the existing customers, which meant that fewer customers could be assisted in 2016 (Amt der Oö. Landesregierung, Direktion Soziales und Gesundheit, Abteilung Soziales 2017: 40).

4.2.3. Conclusion

In Upper Austria, a Disability Act was introduced in 2008, which refers to the understanding of disability on the individual impairment and the associated disability in the social environment of a person. This orientation still refers to the individual model of disability, which is no longer contemporary, but also perceives the disabling environmental conditions.

The services in the area of living and self-determined life are regulated in §12 housing, §13 personal assistance and §14 mobile care and support in the Upper Austrian Equal Opportunities Act. The services mobile care and support as well as personal assistance are dependent on the use of housing, as these measures can be taken only if a form of living according to §12 comes into question and those affected are able to lead a self-determined life. The assumption of costs as well as the organization of the benefits are specified in regulations and thus easily changeable for the legislator.

The analysis of the arrangement of the offers regarding service provider landscape, service users, personnel structure and budget reveals the dominance of residential settings with 4,508 persons, 4,095 employees and the high number of care facilities. Personal Assistance, with 202 assistance users and 440 assistants, is the least achievable service. It is interesting that on average two assistants support one person. In mobile care and support, on the other hand, with 1,593 recipients and a workforce of 447 people, one employee works for several persons.

The analysis of the development since the UN-CRPD was based on the secondary data published in the social reports from 2011 to 2017. The performance of housing recorded with an increase in the residents of 15.86% and the staff of 34.35% the lowest increase. In mobile care and support, the highest increase can be seen with an increase of 44.29% of service users and 200% of employees. It should be noted; however, a distortion exists which results from a so-called flexible framework in 2010 to 2011.

Regarding the UN-CRPD, the development of housing and independent living is (reasonably) in line with the requirements of the convention, because the services mobile care and support and personal assistance have been expanded more than residential care. However, contrary to the goals and demands of the UN-CRPD is the high waiting list places for the services and the restriction according to availability and financial means are to be seen.

4.3. Styria

Styria has a total area of 16,398.80 km² (Land Steiermark 2018: online) and per 01.01.2018 a population of 1,240,214 (Statistik Austria 2018: online), which corresponds to a population density of 76 rounded inhabitants per km².
4.3.1. Coverage and Service Recipients

In Styria, a separate law for disabled persons came into force in 1964, which dissolved the special benefits for persons with disabilities from the Social Welfare Act (GMK Research & Consulting 2017: 14). The current, completely revised law came into force in 2004 (LGBl. 63/2018) and replaced the previous law. In addition to the Styrian Disability Act, there were also a Performance and Remuneration Ordinance\(^ {29}\) (LGBl. 70/2017), a Contribution Ordinance\(^ {30}\) (LGBl. 53/2016) and a Guideline Ordinance\(^ {31}\) (LGBl. 102/2017).

The law aims to support persons with disabilities in such a way that they can participate in society in the same way as people without disabilities and beyond that a self-determined life is possible (LGBl. 63/2018: §1 and Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 28).

To achieve the goal, the law is equipped with social assistance benefits, more precisely monetary benefits to compensate for additional costs, and assistance, and defines disability as follows:

“Menschen mit Behinderung sind Menschen, die aufgrund einer nicht nur vorübergehenden Beeinträchtigung ihrer physischen Funktion, intellektuellen Fähigkeit, psychischen Gesundheit oder Sinnesfunktionen an der Teilhabe am Leben in der Gesellschaft benachteiligt sind”\(^ {32}\) (LGBl. 63/2018: §1a (1)).

At the heart of this definition is the individual disability that hinders participation, which more closely matches the individual disability model. A period of more than six months is not considered temporary (LGBl. 63/2018: § 1a (2)). chronic illnesses, age-related impairments and illnesses with a still modifiable disease course are not considered to be impaired, whereby mental illnesses are excluded (LGBl. 63/2018: §1a (4) and Office of the Styrian Provincial Government Department 11 Social Affairs, Labour and Integration 2018: 28).

A legal claim to benefits according to the individual need for assistance, which is determined by the authority, exists (LGBl. 63/2018: §2). The claim is subject to the principle of subsidiarity and expires if a similar benefit is claimed by a higher authority (LGBl. 63/2018: §2). The award is made by district administrative authorities (GMK Research & Consulting 2017: 15). The benefits may be mobile, ambulatory, residential or monetary, whereby persons are entitled to choose among the similar facilities and services eligible for their needs (LGBl. 63/2018: § 4 (4)). A limiting factor is that mobile care is preferable to residential care, as long as this does not exceed the costs of inpatient care (LGBl. 63/2018: §14 (1)).

4.3.2. Services in the Field of Housing and Independent Living

The Styrian disability law contains definitions for residential, semi-stationary, ambulatory, mobile services and cash benefits. These definitions generally refer to all services, whereby housing and independent living are included.

**Full-time use of residential care** describes a 24-hour activity in a facility for persons with disabilities, whereby several partially stationary services may also result in full-time residential care (LGBl. 63/2018: §4 (2) no. 1). **Semi-stationary services** refer to measures taken by persons

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\(^{29}\) Leistungs- und Entgeltverordnung.

\(^{30}\) Beitragsverordnung.

\(^{31}\) Richtsatzverordnung

\(^{32}\) “Persons with disabilities are people who are disadvantaged in participating in society because of not only a temporary impairment of their physical function, intellectual capacity, mental health or sensory function”.
in a facility for at least four hours a day (LGBL. 63/2018: § 4 (2) no. 2). **Ambulatory services** are used by the hour and are not covered by the term stationary services. **Mobile services** refer to all remaining measures taken in or outside the home (LGBL. 63/2018: § 4 (2) no. 2). A **cash benefit** describes an offer rendered in monetary value (LGBL. 63/2018: § 4 (2) no. 5).

§9 **livelihood**\(^{33}\) is a help for daily living. If not all costs for livelihoods are covered by a full-time residential care, the person with disabilities receives pro-rata monetary support (LGBL. 63/2018: §9 (2)). This corresponds to the expenses for the regularly given needs to live a dignified life (LGBL. 63/2018: §9 (3)) and makes up the amount that supplements the total income to the standard rate (LGBL. 63/2018: §9 (4)). The standard rates are regulated in §10 and are determined by the state government by means of regulations (LGBL. 63/2018: §10). The total income is defined in §11 as the sum of all income. This excludes subsidies granted either by federal or provincial laws, care-related cash benefits, the support of legal persons, a due maintenance, pocket money from an employment measure or care allowance regulations and special payments (LGBL. 63/2018: §11).

The law prescribes eligibility requirements:
- Completion of the eighteenth year of life
- No care in a full-time residential facility
- Current claim or claim in the last six years to the extent of at least twelve months of the benefit §8 participation in employment in the world of work, §16 day care, §18 housing institutions or §21 support to housing
- No exceeding of the level of income

§18 **residential care facilities**\(^{34}\) regulates the assumption of fees for accommodation as well as care in stationary institutions (LGBL. 63/2018: §18). In the Performance and Remuneration Ordinance full-time residential care, partially-assisted housing and training apartment for persons with disabilities are described in further detail. Residential settings for psychological disabled persons include full-time and part-time housing. Assisted living communities are assigned to social-psychiatric services (LGBL. 70/2017).

§19 **Payment of fees in homes for the disabled**\(^{35}\) is granted if at the time of applying for at least twelve months, assistance according to §18 or §21 is available and a place in a home will be required (LGBL. 63/2018: § 19).

People with a significant movement impairment and the associated increased space requirement are entitled to **§20 rental allowance**\(^{36}\). The beneficiaries must have reached the age of 18, are the owner of an apartment and their total income is less than one and a half times the amount of the standard rate. Rent also includes the annuities to be paid for condominiums, private homes and co-operative housing and the operating costs in terms of the rental law provisions (LGBL. 63/2018: §20).

Mobile services are regulated in **§21 supported housing**\(^{37}\). Eligible persons are those who live alone or in a shared flat. This offer is intended to support and qualify service users to carry out their everyday lives independently. 10% of the monthly costs for this service are borne by the service user; in cases of hardship, this contribution can be reduced or eliminated entirety (LGBL. 63/2018: §21).
According to §22a personal budget\textsuperscript{38} people with a sensory and/or a significant movement impairment should be able to lead a self-determined life outside a residential setting. Care-related benefits are used in granting this benefit to determine the amount of the personal budget (LGBl. 63/2018: §22a).

4.3.3. Data Analysis

The data basis for the analysis was the social report of the Office of the Styrian Provincial Government, Department of Social Affairs, Labour and Integration, Department of Social Affairs and Employment. The services for persons with disabilities are presented separately in the report (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018). Nevertheless, the data provided only limited information, as current projects in the year under review as well as expenditure or income in the field of disability services are presented, but the presentation of more detailed figures on the structure of residents, personnel structure and provider landscape is missing.

In addition, the recent report – which shows 2015 to 2017 – does not include a breakdown of the budget, so there is no expenditure and income in the areas of housing and independent living. This leads in the analysis that the development can only be considered until 2014.

However, the Office of the Styrian Provincial Government has commissioned a Demand and Development Plan, which includes a review of the expansion plan for residential care. The data are collected in the social databases of the provincial state, the databases of the Graz Municipal Authority and approval lists for in-patient services (GMK Research & Consulting 2017: 28). This report presents figures on residential settings. Still-needed data was requested from the Office of the Styrian Provincial Government, although it lacks a process to make such a request for resources, so the feedback from the competent body (feedback from 14.08.2018 to the e-mail request of 12.08.2018).

Regarding housing, the social report refers to the law and the extensive measures mentioned therein (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 28). For the field of independent living, the personal budget is called, which was anchored by the amendment LGBl. 62/2011 by law. The personal budget can be used as financing for personal assistance. Covering the livelihood is not mentioned under the item housing but receives its own paragraph (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2016: 26). Since this makes life outside of residential care facilities possible, this offer is also part of independent living.

As of March 31, 2016, a total of 12,511 persons were entitled to make a claim under the Styrian Disability Act (GMK Research & Consulting 2017: 17).

4.3.3.1. Livelihood\textsuperscript{39}

In order to provide low-income or income-free persons an allowance, the Styrian Disability Act knows the livelihood. In the social report, this performance is described as monetary support to cover one’s livelihood (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 29).

\textsuperscript{38} Persönliches Budget.
\textsuperscript{39} Lebensunterhalt.
The revenue and expenditure can be found in the social reports for 2008 to 2014, whereby Figure 7 shows the development during these years:

![Figure 7: Development budget livelihood in Styria](image)

The development of expenditure shows a steady increase. While 3 million euros was raised in 2008, it was already more than 7.5 million euros in 2014, which corresponds to a percentage increase of 158.16%. On the revenue side, an increase can be observed, with some fluctuations. From 2010 to 2011, there is a significant increase of around 71%. In 2008, no revenue data are available, which is why the increase can only be shown from 2009 to 2014, corresponding to 69.72%.

4.3.3.2. Residential Care Facilities

According to §18 Styrian Disability Act, residential care facilities are identified in the Demand and Development Plan as stationary services and they include types of benefits such as part-time residential care, training living and full-time residential care (GMK Research & Consulting 2017: 26). Figure 8 shows the number of service recipients of residential care facilities since 2008:

![Figure 8: Development residential care facilities in Styria](image)
In 2008, 1,278 places were taken up (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2009: 228). As of March 31, 2016, a total of 1,395 places were approved and the demand-adjusted or adjusted degree of care was 96.7% (GMK Research & Consulting 2017: 30), which is why a shortage of residential settings can be identified (GMK Research & Consulting 2017: 7). In contrast to the Styrian total population, twelve places (rounded) per 10,000 inhabitants are available. An increase in places of 9.15% within eight years can be observed.

Disability services expenditures for this area were fully available between 2008 and 2014, thus making an analysis of budgetary developments possible. In 2008, no information on the revenue of disability services could be found in the social report, while in the other years both records were available. The following figure shows the developments of the expenditure and revenues in the observation years 2008 to 2014:

![Figure 9: Development budget residential care facilities in Styria](image)

In terms of expenditure, a significant increase between 2008 and 2014 of 70.14% is recognizable, which corresponds to an increase of almost 30 million euros. On the revenue side, there is also an increase of 55.18%, which corresponds to over 2.8 million euros. This development suggests that performance has increased as more budget has been spent on it. Consequently, it can be assumed that the number of service recipients and/or personnel has also increased.

4.3.3.3. Payment of Fees in Homes for the Disabled

The social report cites the payment of the fees in homes for the disabled under the heading housing. The law states that this benefit is granted at the expense of disability services under certain conditions (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 28). The Demand and Development Plan does not refer to this service, whereby the data analysis used 2008 to 2014 and 2009 to 2014 revenue in the social reports.
Figure 10 shows the development since 2008:

Expenditure increased by 35.95% in the years under review. It should be noted that there are some fluctuations in the years under review: in 2008 to 2010 and 2012 to 2013, expenditures increased, while in 2010 to 2011 and in 2013 and 2014 they declined again. As a result of these fluctuations, it can be interpreted that the number of recipients also varies greatly between the years of observation. This can be explained on the one hand by a change of service from service recipients or by acceptance of the approved requests. On the revenue side, there is an increase of 23.93%. It should be noted that the revenue in the years of observation have not increased steadily but rather decreased from 2010 to 2012 and then increased again.

### 4.3.3.4. Rental Allowance

The rental allowance is listed in the social report under the item housing and granted to persons with a strong movement impairment (and the associated increased space requirement). It is a financial subsidy to the housing costs (O Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2016: 25) and the principle of self-determination is taken into account (GMK Research & Consulting 2017: 15). The rent allowance is used in the Demand and Development Plan as an instrument of self-determination and flexibility; the report does not provide any further information, which is why the social report is used for data analysis. It shows the revenues and expenditures of 2009 to 2014.
The development over this period is shown in Figure 11:

Expenditure increased by 19.24% between 2009 and 2014. On the revenue side, an increase can be seen in 2009 to 2013, while there was no revenue from 2013 to 2014.

With expenditure of around 385,000 euros, the rent subsidy is the smallest measure compared to the other benefits. Explanations can be found in the restricted circle of beneficiaries as well as the requirement that the client has to be the owner of their own apartment according to legal requirements. However, this often leads to conflicts in connection with a need for assistance, because on the one hand recipients usually need support in their everyday life due to their disability, while on the other hand there must also be sufficient funds available to finance their own home. In summary, in relation to rental allowance, a dependency on another benefit can be identified, namely personal assistance or its funding through personal budget.

### 4.3.3.5. Supported Housing

Supported housing is mentioned in the social report under the item housing and is a service in which people receive mobile care in their own apartment (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 28). In 2008, a total of 308 ambulatory/mobile services were offered (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2009: 228). Compared to the Styrian population 2.48 places are offered per 10,000 inhabitants. In subsequent social reports, no mention was made of recipients, which is why an analysis of the development in the years of observation is not possible. However, the revenues and expenditures for this service were mentioned in the social reports of the past years, which is why the development of the budget can be shown in the years of observation. The expenditures were presented for 2008 to 2014, while the revenues for 2009 to 2014 could be cited.
Figure 12 shows the development of the budget:

![Budget supported housing](image)

Expenditure for this service increased by 19.81% in the years under review, while revenue fell by 86.34%. On the revenue side, large fluctuations can be observed, as there were no revenues in 2010 and 2011. It is striking that in 2013 very high revenues of around 106,000 euros were made.

4.3.3.6. Personal Budget

The personal budget is cited in the social report under the item independent living and is described as a measure to enable people with sensory impairments and/or significant disabilities to live as independently as possible (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 30). Since 2011, there is a legal claim to this benefit, which with the amendment LGBl. 62/2011 of Styrian Disability Act was enshrined in law. This is a cash benefit that can be used to finance personal assistance to lead a self-determined life outside of residential settings (Amt der Steiermärkischen Landesregierung Abteilung 11 Soziales, Arbeit und Integration 2018: 30).

The personal budget, expenses and revenues were not presented in the social report for 2013 and 2014. In general, an analysis of the developments since 2008 for this service is not possible because the legal entitlement to the benefit was only enshrined in law since 2011.

4.3.4. Conclusion

In 1964, the Styrian Disability Act came into force, which released the benefits for persons with disabilities from the Social Welfare Act. Since 2004, before ratification of the UN-CRPD, a completely revised version of this law exists. Additional regulations were issued in which the structure of the services is defined. Consequently, regulations can be more easily adapted by the legislator. The normative definition of disability refers to the impairment that prevents a person from participating in society. This formulation closely follows the individual model of disability, which sees impairment as a medical defect.

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44 Persönliches Budget.
The Styrian Disability Act generally defines residential care, ambulatory and mobile services and cash benefits. The offers are referred to help, so service users are identified as persons with a need for help. Benefits in the field of housing and independent living can be found in §9, §18, §19, §20, §21 and §22a. The service catalog is more extensive than the one in Upper Austria and with a total of six measures, even the widest range of services is offered in Styria (in comparison with the other selected federal provinces). It is striking that monetary benefits dominate. Furthermore, some services are limited to certain groups, whereby – for example – the rental allowance correlates with movement disabilities and a resulting increased space requirement. In addition, dependencies to other benefits could be found, both directly and indirectly. §9 and §19 are linked in the law with the use of another measure. In addition, the rental allowance regulated in §20 is indirectly linked to personal assistance, as this allowance is granted to owners of an apartment. On the one hand, living in one's own form of housing requires sufficient funds and, on the other hand - especially for people with a need for assistance - third-party support.

An analysis of the services was carried out at a general level. At a special level, the description of services in social reports has been presented, but these are brief definitions. A complete analysis, i.e. a description of the development of the service recipients, personnel structure or provider landscape, was not possible due to the data situation. The data could not be made available after consultation with the competent authority of the provincial Government Office of Styria, as there are no resources for this, so the reasoning of the requested authority. The development since the ratification of the UN-CRPD could only be imprecisely sketched out, since the revenues of the achievements were not mentioned in the reporting year 2008. Notable in the social reports of the past years was that the preparation for 2007/2008 was much more extensive than in the subsequent reports. In addition to the budget, service recipients and the number of providers were shown.

In the years of observation, the highest increase can be seen in the performance §9. Expenditures increased by 158.16% from 2008 to 2014. Since this benefit promotes above all independent living for persons with disabilities, this development corresponds to the demands of the UN-CRPD for more self-determination.

4.4. Carinthia

Carinthia has a total area of 9,538 km² (Wirtschaftskammer Kärnten 2016: online) and as of 01.01.2018 a population of 560,898 persons (Statistik Austria 2018: online), which corresponds to a population density of rounded 59 inhabitants per km².

4.4.1. Coverage and Service Recipients

The Disability Act in Carinthia is the Law on Equal Opportunities for Persons with Disabilities from 2010. The current normative requirement replaces the Carinthian Social Assistance Act 1996 (LGBl. 30/1996) and targets in contrast to its predecessor purposefully persons with disabilities. The goal is to ensure equal participation in social life as well as to enable a self-determined life (LGBl. 85/2013: §1 Abs. 1). Here disability is defined as follows:
“Menschen mit Behinderung sind Personen, deren physische, geistige oder psychische Funktion oder deren Sinnesfunktion nicht nur vorübergehend wesentlich beeinträchtigt ist und deren Teilhabe am gesellschaftlichen Leben dauerhaft wesentlich erschwert wird” (LGBl. 85/2013: §2 (1)).

A period of at least six months is understood to be a non-temporary period. Mainly age-related functional impairments are explicitly excluded from the definition. Benefits that are claimed in nursing homes for people with age-related functional impairment, in institutions for psychosocial rehabilitation or in those for the after-care of alcohol or drug addiction are not to be understood as performance within the meaning of this Act (LGBl. 85/2013: §2).

A legal claim to benefits exists, whereby this expires with equivalent use of other measures. The Carinthian Minimum Funding Law (LGBl. 85/2013: §5 Abs. 3) is excluded from this regulation. Own resources - including income or recoverable assets of the persons affected as well as benefits of third parties - are to be used in the provision of benefits (LGBl. 85/2013: §6). A limitation of the legal claim for certain measures also represents the actual availability of resources. This addition is explicitly mentioned in the law (LGBl. 85/2013: § 7 (2)). The offers are based on the individual needs and in the design, they should strengthen the support for self-help, self-determination and personal responsibility. In addition, reasonable wishes of persons with disabilities should be taken into account as far as possible (LGBl. 85/2013: § 7 (3)).

4.4.2. Services in the Field of Housing and Independent Living

The use of a service can be mobile, ambulatory, residential or monetary. Residential care is granted with the consent of the disabled person or his/her representative if other types of benefits are not possible or if there is an unreasonable additional expense involved (LGBl. 85/2013: § 7 (5)).

Those recipients who meet the requirements of the Carinthian Minimum Funding Law are entitled to §8 allowance for living46. This cash benefit is intended to cover the need for life and adequate housing needs. While the regularly recurring expenditure for food, clothing, personal care, household, heating, electricity and other personal needs such as the appropriate social and cultural participation describes the need for life, (LGBl. 85/2013: §8 Abs. 1) sets housing needs are composed of expenses for rent, operating costs and taxes. A short-term need for support is a one-time cash benefit, while with ongoing need for support monthly cash benefits provide a living, provided that non-personal assistance or benefits in kind to cover the livelihood come into question (LGBl. 85/2013: §8 (2)).

§12 assistance services for participation in social life47 is available to those who are entitled to care allowance. The purpose of this service is to provide the necessary support to lead a self-determined life in society. The offer includes personal assistance, leisure assistance and family assistance. Personal assistance is considered more closely due to the research interest. When claiming this benefit, a deductible has to be paid by the assistant users. The law entitles the federal province to use assistance services of third parties. The scope, in particular the maximum extent and the time limit for the utilization, is regulated in further detail in regulations (LGBl. 85/2013: §12 (3)).

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45 “Persons with disabilities are persons whose physical, mental or psychological function or their sense function is not only temporarily significantly impaired and whose participation in social life is permanently considerably more difficult.”

46 Hilfe zum Lebensunterhalt.

47 Assistenzleistungen zur Teilhabe am gesellschaftlichen Leben.
For services according to §13 accommodation in residential care facilities\textsuperscript{48}, the Carinthian Minimum Funding Law is taken into account. If accommodation, meals, care and assistance are available in a residential institution, recipients have a claim to pocket money (LGBl. 85/2013: §13 (2)). A more detailed description of the performance according to §13 is not to be taken from the Carinthian Disability Act.

4.4.3. Data Analysis

The basis for the following data analysis is the Carinthian Landetapping Plan (LEP), the evaluation of the Requirement and Development Plan from 2015, a list of the offer of residential settings and inquiries by e-mail to the authority. In the reply, the competent authority referred to the above documents and stated that the Carinthian Landetapping Plan was in the process of being updated in the autumn of 2018. Other data are, so the information, not available and a provision would cause too much staffing or administrative burden (feedback from 13.08.2018 to the e-mail request of 12.08.2018). The Carinthian social report itself was unable to extract the necessary data.

The LEP is based on the Requirement and Development Plan or was used as a basis for work (Amt der Kärntner Landesregierung 2015: 6). The chapter on independent living first presents the starting point in Carinthia and states that persons with disabilities often lack self-confidence or the will to assert themselves to live self-determined. Attention is drawn to the inadequate or lack of provision for rehabilitation in the mental health sector and a low level of full or partially mentored services for people with mental health problems in the rural area. Furthermore, problems due to a slowly progressing deinstitutionalization and bureaucratization are identified (Amt der Kärntner Landesregierung 2016: 113).

4.4.3.1. Allowance For Living\textsuperscript{49}

There is no information on this performance in the Requirement and Development Plan evaluation report and in the LEP, therefore the analysis for this benefit cannot be made.

4.4.3.2. Assistance Services for Participation in Social Life\textsuperscript{50}

The evaluation report cites people with physical disability and/or sensory impairment as recipients and personal assistance is any type of support that enables persons with disabilities to live independently and in the greatest possible degree of independence (Amt der Kärntner Landesregierung 2015: 50; 54).

The service is managed by the Service Center for Personal Assistance within the project BASIS - Office for Assistance, Information & Service:

\begin{center}
\begin{tabular}{ll}
\textbf{Personal Assistance} & Beratungs-, Mobilitäts- und Kompetenzzentrum (BMKz) \\
\end{tabular}
\end{center}

Table 13: Provider personal assistance in Carinthia (Amt der Kärntner Landesregierung 2015: 54)

In the reporting year 2014, 26 assistant users took advantage of the service (Amt der Kärntner Landesregierung 2015: 50). Compared with the Carinthian population, this corresponds to 0.46 assistant users per 10,000 inhabitants.

\textsuperscript{48} Unterbringung in Einrichtungen.
\textsuperscript{49} Hilfe zum Lebensunterhalt.
\textsuperscript{50} Assistenzleistungen zur Teilhabe am gesellschaftlichen Leben.
There were 17,000 assistance hours, although the total number of assistant users is not listed. The service has been offered since 2007. A comparison with the starting year was not possible because the report refers only to a survey from 2005/2006 (Amt der Kärntner Landesregierung 2015: 42). Personal assistance is cited by the province of Carinthia as an important criterion for independent living demanded by the UN-CRPD (Amt der Kärntner Landesregierung 2015: 67).

4.4.3.3. Accommodation in Residential Care Facilities

In the evaluation of the Requirement and Development Plan, a distinction is made between full-time residential care and half-time residential care. An offer with an overnight stay is spoken in full-time residential care, whereas half-time residential care is offered excluding an overnight stay. The second variant mainly refers to day activity and employment, day care or occupational integration (Amt der Kärntner Landesregierung 2015: 9).

Table 14 shows the service provider landscape in the area of residential care facilities according to the offer:

| Community-oriented living | autArK Soziale Dienstleistungs GmbH |
| Outside supervised single living | Diakonie de La Tour gBetriebsGmbH |
| | Caritas. Team Lebensgestaltung |
| Externally-managed shared flat | autArK Soziale Dienstleistungs GmbH |
| Residential houses for adults | Lebenshilfe Kärnten gBetriebsGmbH |
| | Heimstätte Birkenhof |
| | Soziale Einrichtungen der Barmherzigen Schwestern Zams BetriebsGmbH |
| | ABC Service und Produktion GmbH |
| | Diakonie de La Tour gBetriebsGmbH |
| | Verein Camphill Sozialtherapeutische Werk- & Wohnstätte |
| | Wurzerhof gGmbH |
| | AVS – Arbeitsvereinigung der Sozialhilfe Kärnten |
| | St. Anna-Hilfe für ältere Menschen gGmbH |
| | Caritas. Team Lebensgestaltung |
| Residential houses for children and adolescents | Soziale Einrichtungen der Barmherzigen Schwestern Zams |
| | Diakonie de La Tour gBetriebsGmbH |
| Shared apartment for children and adolescents | Diakonie de La Tour gBetriebsGmbH |
| Assisted living | pro mente kärnten GmbH |
| training apartments | Diakonie de La Tour gBetriebsGmbH |
| Partially-assisted living | Diakonie de La Tour gBetriebsGmbH |

Table 14: Provider accommodation in residential care facilities in Carinthia (Amt der Kärntner Landesregierung 2016a)

In 2014, 885 recipients benefited from full-time residential care, including 13 kindergarten and 82 schoolchildren (Amt der Kärntner Landesregierung 2015: 16). A total of 48 persons were not taken into account at the time of the survey, but only after that, whereby a corrected value of 933

51 Unterbringung in Einrichtungen.
beneficiaries results (Amt der Kärntner Landesregierung 2015: 37). Compared with the Carinthian population, this corresponds to 17 recipients per 10,000 inhabitants. The total number of full-time equivalent employees amounted to 537.71 units (Amt der Kärntner Landesregierung 2015: 20). Further statistics on personnel in this area have not been provided. For this reason, no statement can be made about the scope of employment.

Figure 13 shows the development of full-time residential care. The data was taken from the evaluation report, which refers to full-time residential care recipients (Amt der Kärntner Landesregierung 2015: 19). A first survey took place in 2006, i.e. before ratification of the UN-CRPD, while the others were conducted in 2014. In between, no further surveys were made.

In 2006, 809 people used residential settings, while in 2014 a total of 933 people (corrected number according to the evaluation report) were assigned to this area. This represents an increase of 15.33% within eight years. The number of staff also increased by 51.68% during this period. The increase in the full-time equivalent may mean that care in residential facilities has been massively expanded.

4.4.4. Conclusion

The Disability Act in Carinthia came into force two years after ratification of the UN-CRPD and replaced the Carinthian Social Welfare Act in the area of disability. The actual law explicitly refers to persons with disabilities, while the Social Welfare Act leads a broader group of people as recipients. Although the normative definition of disability mentions individual impairment, it does not see it as the sole reason why societal participation is limited and persons with disabilities are disadvantaged. This formulation is more in line with the definition in the UN-CRPD. The law has a subsidiary effect and stipulates that in the case of existing income or recoverable assets, own resources are used to cover the benefits. In addition, the availability of resources limits the use of services.

The services in the area of housing and independent living are specified in §8, §12 and §13. These are monetary, assistive or residential care services. Assistance benefits according to §12 are available to persons who receive a care allowance, which is why they are dependent on another
benefit. In §13 reference is also made to the Carinthian Minimum Funding Law, the dependency with another measure may also exist in the accommodation in residential care facilities.

It should be highlighted that only an analysis was possible on a general level; in detail, the area of housing and independent living could not be observed. The necessary data was not published in the reports. Furthermore, an analysis of allowance for living could not take place, this performance is not mentioned in the documents. The assistance services according to §12 could only be analyzed in an overview, in the first survey this service was not yet offered. There was no detailed analysis for residential care either because the existing data did not meet the requirements of the previously defined criteria. Moreover, there was insufficient presentation on developments since the UN-CRPD, as the first survey period in the report refers to 2006 and the second to 2014 (August 2014). Nevertheless, attempts were made to approximate the development over this period. There was also no description of the personnel structure in accordance with the analysis criteria, as only full-time equivalent employees were mentioned in the evaluation. The budget spent and the needs coverage could not be analyzed either.

The activity report of the Carinthian Disability Advocacy for Disabled Persons shows that increasingly more young persons with disabilities are not being accommodated in the existing institutions for persons with disabilities, but in care homes for the elderly (Anwaltschaft für Menschen mit Behinderungen Kärnten n.d., probably 2017: 80). For a number of reasons, this type of accommodation is not suitable for meeting the needs of the persons with disabilities, because they often have to submit to the structures prescribed in such institutions, contrary to the principle of self-determination required by the UN-CRPD. In the opinion of the legal profession, this negative development has intensified since the last reporting period (2011 to 2013). The rationale for this type of accommodation is that persons with disabilities would have a high need for care and the appropriate nursing assistance could be offered in the old people’s and nursing homes (Anwaltschaft für Menschen mit Behinderungen Kärnten n.d., probably 2017: 81). However, accessibility and design are not designed to meet the needs of persons with disabilities. The accommodation in care homes for the elderly or in centers for psychosocial rehabilitation is also criticized, because only a placement in the use of an institution of disability services represents a benefit from the Carinthian Disability Act and is thus recorded. The accommodation in one of the above-named institutions represents a benefit from the Carinthian Minimum Funding Law, which does not include many benefits from the Carinthian Disability Act (Anwaltschaft für Menschen mit Behinderungen Kärnten n.d., probably 2017: 81-84).

4.5. Tyrol

In Tirol, on 01.01.2018 there were a total of 751,140 inhabitants (Statistik Austria 2018: online) on a total area of 12,649,75 km² (Amt der Tiroler Landesregierung 2018: online), which corresponds to a population density of rounded 60 inhabitants per km².

4.5.1. Coverage and Service Recipients

The Tyrolean Participation Act (LGBl. 58/2018), which came into force on 01.07.2018, replaces the Tyrolean Rehabilitation Act 1983 (LGBl. 26/2017). The previously valid law focused on the rehabilitation of persons with disabilities and aimed at integration or re-integration into society (LGBl. 26/2017: §1). The law aims a full, effective, equal and non-discriminatory participation of persons with disabilities in social life which enables self-determination (LGBl. 58/2018: §1 (1) lit. b). Barriers that make this participation difficult should be overcome with the help of support (LGBl. 58/2018: §1). The law defines disability as follows:
“[…] ein Mensch, der langfristige körperliche, psychische, intellektuelle Beeinträchtigungen oder Sinnesbeeinträchtigungen hat, die ihn in Wechselwirkung mit verschiedenen Barrieren an der vollen und wirksamen Teilhabe, gleichberechtigt mit anderen, an der Gesellschaft hindern können”52 (LGBl. 58/2018: §3 lit. a).

There is a legal claim to the granting services, not the scale, the provision by a certain service provider or a certain place. If a comparable service can be claimed, the legal claim expires. In addition, mobile services are preferable to residential care. In addition, the law stipulates that the available funds should, if possible, be used sparingly, economically and expediently (LGBl. 58/2018: §2). These attributes are not discussed in further detail.

The conditions specify that it will be possible to use the benefits if there is a prospect of actually being able to strengthen social participation (LGBl. 58/2018: §4).

4.5.2. Services in the Field of Housing and Independent Living

The law contains definitions for residential care and mobile services. Residential settings include those offers that are provided in a care facility and that provide housing (LGBl. 58/2018: § 3 lit. f), whereby a care facility is defined as local and temporal bounded institution, which is used for provision of residential care or ambulatory services (LGBl. 58/2018: § 3 lit. h). In contrast, a mobile service is provided in the home environment of persons with disabilities (LGBl. 58/2018: §3 lit. d).

Services according to the law:

“[…] haben dazu beizutragen, dass Menschen mit Behinderungen zwischen Unterstützungsleistungen für ein selbstständiges Wohnen im häuslichen Umfeld oder Wohnen in organisierten Wohnformen der Behindertenhilfe wählen können”53 (LGBl. 58/2018: §2 (1) lit. e).

In §6 mobile support services54 is formulated that a self-determined life in the home environment and in society should be made possible (LGBl. 58/2018: §6 (1)). Offers are provided by the hour either in or out of the home environment and include personal assistance, family support for children and adolescents, mobile support, and individual social-psychiatric assistance/case management. The family support is not discussed because it is not relevant to the subject of the study. The definition of the respective benefits is formulated as follows:

- Personal assistance is granted to those who are able to live independently. This service can be used for those activities that cannot be performed due to the disability or not without assistance.
- Mobile support provides professional guidance to live independently in an apartment and support an independent design of life.
- Social-psychiatric individual accompaniment/case management is aimed at people with mental problems and significant limitations of their psychosocial abilities and aims for an independent life in everyday life.

52 “[…] a person who has long-term physical, psychological, intellectual or sensory impairments that, in interaction with various barriers, can hinder him in the full and effective participation, equal to others, in society”.

53 “[…] help to ensure that persons with disabilities can choose between support services for independent living in a home environment or living in organized living arrangements for persons with disabilities”.

54 Mobile Unterstützungsleistungen.
In §12 Housing is formulated that service recipients should be given the opportunity to choose an adapted to their support needs living in an appropriate form of housing in an institution. The following offers are defined in law:

- Housing exclusive of vocational training is aimed at those persons who take advantage of vocational training according to §11. For the duration of this service a living opportunity is offered with immediate vicinity of the vocational training institution.
- Supported housing in a shared flat should promote the acquisition and maintenance of self-determination and contribute to autonomy.
- Housing exclusive of day structure is granted to people who require permanent support and assistance. With this measure, they should receive support in the areas of private life.
- Supported housing exclusive day structure - social psychiatry is intended to support people with mental problems and essential limitations of their psychosocial skills in independent living in everyday life and in social participation.
- Supported housing inclusive of day structure - social psychiatry is designed for people with mental problems and significant limitations of their psychosocial skills. An independent life and everyday guidance should be promoted by offers in the living area and daily structuring offers. Recipients should also receive support in their participation.

In §5 of the service catalog, paragraph 2, there is the remark that the services can also be granted in the form of a personal budget.

4.5.3. Data Analysis

The social, child and youth welfare report is issued by the Office of the Tyrolean Provincial Government every two years. It documents all measures in this area and also represents their financing, which fulfills an information function vis-à-vis the system partners and the public. The report illustrates the development in this area as well as ways of dealing with current challenges and also serves as a basis for planning and evaluation activities (Amt der Tiroler Landesregierung n.d., probably 2017: 1). The disability services receive its own section. In terms of persons with disabilities, it is spoken by clients. The services are sub-divided into four broad sections: mobile support, specific support services, day care in institutions and residential care in facilities (Amt der Tiroler Landesregierung n.d., probably 2017: 102-103). This chapter of the report contains definitions of these subsections, key performance indicators, cost trends in recent years and projects in the reporting years. The report does not provide detailed data; despite a requested demand, the provision of information due to the considerable workload was rejected (feedback from 28.08.2018 to the e-mail request of 14.08.2018).

In the reporting years 2015-2016, more attention was paid to the self-determination and freedom of choice demanded by the UN-CRPD: a greater support for services in the mobile sector and the expansion of small-structured, residential care offers has preceded this Amt der Tiroler Landesregierung n.d., probably 2017: 104).

4.5.3.1. Mobile Support Services

Mobile support services are listed in the report under the mobile support sub-section. Adults can use the two services mobile support and personal assistance. For people with mental health problems or a mental or psychosocial impairment, the service is offered as a single mobile accompaniment. Addicts with successfully completed physical withdrawal will be provided with
mobile follow-up services. Early intervention offers by experts in cooperation with parents should encourage and ensure the development and education of children in need of support. In addition, children from the age of six will be provided with mobile support if no day-structuring offer is claimed (Amt der Tiroler Landesregierung n.d., probably 2017: 102-103).

In order to illustrate the development for the sub-area of mobile accompaniment, Figure 14 should serve. It shows the changes between 2008 and 2016:

Expenditure on mobile support services has increased significantly since 2008, with a total increase of 89.65%. The significant increase in expenditures on this measure suggests that this area has been massively expanded since 2008. Although the data on the recipients could not be taken from the social reports, it can nevertheless be assumed at this point that the number of services users has also increased. This development corresponds to the demands of the UN-CRPD, because through mobile support services a self-determined life in a specially selected form of living can be guaranteed.

4.5.3.2. Housing

Housing is cited in the report under the section residential care in facilities. This means an offer of full-time or part-time supported forms of living, which are geared to the individual need for assistance of the recipients. It should offer them the opportunity to live independently according to their individual housing needs and abilities (Amt der Tiroler Landesregierung n.d., probably 2017: 103). A temporary accommodation in residential settings is also offered to relieve relatives with care activities. For children and adolescents, full-time boarding is supported (Amt der Tiroler Landesregierung n.d., probably 2017: 103).
Figure 15 illustrates the development of housing expenditures since 2008:

Since 2008, housing expenditures has increased by 21.22%. Compared with mobile support services, around 10 million euros more was spent on residential settings. However, this performance has increased almost 70% less than mobile offerings. Here, again tendencies can be discovered that are almost in line with the requirements of the UN-CRPD. Although deinstitutionalization cannot be identified in this federal province, the greater increase in mobile support service can be considered positive.

4.5.4. Conclusion

The Tyrolean Participation Act came into force in 2018 and replaces the former Tyrolean Rehabilitation Act. The law aims to develop an inclusive society. This approach is in line with the requirements of the UN-CRPD as stated in Article 3. The definition of disability or persons with disabilities is closely related to the definition of the convention or partially taken over in its entirety. The view of disability in the actual law is therefore strongly oriented to the social model of disability, which is strongly oriented towards elimination of social barriers. The individual impairment is seen as given, albeit only in interaction with these barriers.

There is a legal claim to the benefits of the disability services. This expires if a similar or similar measure can be claimed or there are private law claims against third parties. There is no legal claim to the extent and provision in any particular form, whereby the law provides for a possible restriction. In addition, the freedom of choice of persons with disabilities is limited because there is the right to benefits, but not the choice of the service organization or the place of service (Amt der Tiroler Landesregierung n.d., probably 2017: 102).

The services in the area of housing and independent living can be found in §6 and §12. A direct restriction or dependency on another service cannot be identified. However, there is the approach "mobile before stationary" in the law, which corresponds to the demands in Article 19 of the UN-CRPD for a self-determined life. In addition, measures and grants under the law contribute to enabling persons with disabilities to choose between support services for independent living in a
home environment or living in organized forms of residential disability services (LGBl. 58/2018 §2). Article 19 of the UN-CRPD calls for persons with disabilities to have freedom of choice as to their whereabouts, a requirement that the Tyrolean Participation Act meets.

In the design of offers, an analysis was made at a general level. Due to the lack of detailed data, the specific level could only be analyzed poorly. Upon request, the necessary information could not be provided by the competent authority, as this would require a large amount of work, according to the information. Nevertheless, the development since the ratification of the UN-CRPD is presented: In the social reports expenditures of the disability services were arranged by services, whereby changes could be analyzed. The service descriptions in the social reports were also used. However, due to the missing data, the service provider landscape, the personnel structure and the service recipient structure could not be included in the analysis.

The development of expenditures shows that mobile support services rose much faster than residential settings. Even though spending on residential care is generally even higher than for mobile services, this trend can be seen as having a tendency towards UN-CRPD conformity. In the normative guidelines, a choice between residential care or mobile service is defined and valid. On the other hand, the high expenditures in the mobile sector shows that support in the domestic environment or in one's own form of living is actually strongly focused by Tyrol.

4.6. Vorarlberg

Vorarlberg has a total area of 2,601.47 km² (Amt der Vorarlberger Landesregierung 2018: online) and a population of 391,741 inhabitants (Statistik Austria 2018: online). Thus, this results in a population density of rounded 151 inhabitants per km².

4.6.1. Coverage and Service Recipients

The Law for the Promotion of Equal Opportunities for Persons with Disabilities, in short Opportunities Act (LGBl. 39/2018), replaces the Disability Act of 1994 (LGBl. 26/2004). The currently valid law aims to enable persons with disabilities to enjoy equal living conditions (LGBl. 39/2018: §1 (1)). The country provides integration assistance to achieve these goals. Municipalities contribute financially to this through the federal province and offer support for recipients in official matters (LGBl.39/2018: §1 (2)).

Disability is defined as follows:


Non-temporary is understood as a period of more than six months. The legal definition of integration assistance means a form of support that strengthens participation in social life. The principles formulate that they should be geared to the individual need for assistance and that the ideas of the person with disabilities should be taken into account as far as possible (LGBl. 39/2018: §3 (1)). In addition, the services must be designed in such a way that self-determination, personal responsibility and help for self-help are strengthened. The support contributes to the fact that

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58 "For the purposes of this act, "disabled person "means a person who is impaired in his or her participation in society by not merely temporarily impairing his or her physical function, mental capacity or mental health"."
persons with disabilities are as integrated as possible in the family and social environment (LGBl. 39/2018: §3 (3)) and that achieving goals is sustainable. In addition, the effort involved in the measure should be proportionate to the desired success (LGBl. 39/2018: §3 (5)). A closer definition of this requirement is not found in the law, which is why the country is granted much room for maneuver by the open-ended wording. A legal claim to the measures under the law exists, if it is not possible to ensure the necessary services from own income, assets or other financing. The extent to which one's own resources must be taken into account is laid down in regulations (LGBl. 39/2018: §5).

4.6.2. Services in the Field of Housing and Independent Living

Services in the area of housing and independent living are mentioned in §8 subject of integration assistance. This includes the service in paragraph 1 lit. d) formulated participation in social life, living and leisure. The measures are defined in further detail in the Integration Assistance Ordinance (LGBl. 32/2018). It mentions the services in §4 integration assistance to participate in social life. According to this, offers under the law should offer the possibility of achieving a maximum of independent living (LGBl. 32/2018: §4). Performance groups are listed that make it possible to achieve the goals. In the area of the object of the investigation, §4 (2) lit. b) Services that contribute to the daily routine and an independent life, in particular assistance services as well as §4 Abs. 2 lit. c) residential care arrangement are listed (LGBl. 32/2018: §4). The granting of individual benefits is set out in the Annex to the Regulation.

§4 (2) lit. b) include the following measures:

- **Preparing for independent living** includes counseling on day-to-day coping and living, the opportunity to participate in residential training, transitional housing or after-care housing.
- **Services to grant independent living** are assistance services for people with intellectual disabilities and support in coping with everyday life and social inclusion.
- **Specialized day-to-day assistance** includes mobile care and support for those with severe vision impairment to improve their orientation, mobile support or training programs to help people with hearing impairment in their communication, and the availability of sign language interpreters for those with a history of hearing loss or impairment in particularly important matters such as in court, at the authorities or an application (LGBl. 32/2018: Appendix).

According to §4 (2) lit. c), benefits include mobile-assisted or supported forms of living in an institution, part-time or full-time assisted living in a residential care facility as well as living in an institution with intensive care.

4.6.3. Data Analysis

The data basis used was the integration assistance report. This report is provided by the Office of the Vorarlberger Provincial Government, Department of Society, Social Affairs and Integration. The document contains information on current developments in integration assistance and its services (Amt der Vorarlberger Landesregierung 2017).

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59 Gegenstand der Integrationshilfe.
60 Integrationshilfe zur Teilhabe am gesellschaftlichen Leben.
61 Leistungen, die zur Alltagsbewältigung und einem eigenständigen Leben beitragen, insbesondere Assistenzleistungen.
62 Betreute Wohnformen.
63 Leistungen zur Vorbereitung auf ein eigenständiges Leben.
64 Leistungen zur Sicherung eines eigenständigen Lebens.
65 Spezielle Hilfen zur Bewältigung des Alltags.
The reports show the recipients and the budget, other data cannot be found in the documents. In addition, the report contains data for 2015 and 2016, information on previous years is not given. Upon request to the competent authority of the federal province it was highlighted that no reports are available for the previous years (by telephone on 09.10.2018). In addition to the integration assistance report, the brochure was published by the Office of the Vorarlberger Provincial Government on master products in the area of housing, which contains information on the services in the area of housing. Likewise, information provided by providers and services offered to the disabled was taken into account online. This approach allowed a presentation of the service provider landscape in Vorarlberg. Likewise, information was taken from the website of the Association Personal Assistance Vorarlberg.

In addition, data were requested from the competent authority, but provision of the information by the federal province was not possible. Rather, reference was made to connexia (feedback from 17.08.2018 to the e-mail request dated 16.08.2018). This competence center has the task of providing data on residential care or semi-residential care facilities. Every year, tabloids are published that provide information about the essential data (connexia n.d., probably 2018: online).

4.6.3.1. Housing

In the integration assistance report, a distinction is made between mobile-assisted living, assisted living, shared, partially-assisted or fully-assisted living. The data processing makes a distinction in residential care arrangements and mobile housing.

The demand in the area of housing was raised by Caritas, ifs Institut für Sozialdienste, Lebenshilfe Vorarlberg and Stiftung Jupident as of 01.06.2016. This survey does not depict the entirety and can therefore only be used as a guideline (Amt der Vorarlberger Landesregierung 2017:30).

<table>
<thead>
<tr>
<th>Demand coverage according to urgency</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>204</td>
</tr>
<tr>
<td>Need not foreseeable</td>
<td>353</td>
</tr>
<tr>
<td>Need in two years</td>
<td>48</td>
</tr>
<tr>
<td>Need in five years</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>674</td>
</tr>
</tbody>
</table>

Table 15: Demand coverage housing in Vorarlberg (Amt der Vorarlberger Landesregierung 2017:30)

The demand coverage clearly shows that the greater part of persons with disabilities either wants to use the offer in the foreseeable future (353 persons) or the urgency is unknown (204 persons). A total of 48 people said they had a need in the next two years and 69 people reported their needs for the next five years. This survey by the institutions is not a solid basis for further planning, because a large part of the future needs is unclear. Such a situation is a particular challenge for the housing sector, as the offer is available in a limited way and planning for a necessary expansion is of importance. As a result, the providers of assistance for persons with disabilities encounter limits in their planning.

Table 16 forms the service provider landscape in Vorarlberg. The following institutions offer accommodation in the housing sector for persons with disabilities:
Table 16: Provider housing in Vorarlberg (Amt der Vorarlberger Landesregierung 2018a: online)

<table>
<thead>
<tr>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>aks gesundheit GmbH</td>
</tr>
<tr>
<td>aqua mühle Frastanz</td>
</tr>
<tr>
<td>Caritas - Fachbereich Menschen mit Behinderung</td>
</tr>
<tr>
<td>ifs Inklusion und Selbstbestimmung</td>
</tr>
<tr>
<td>ifs Sozialpädagogik Ambulant betreutes Wohnen</td>
</tr>
<tr>
<td>ifs Sozialpädagogik WG Unterland</td>
</tr>
<tr>
<td>Jupident</td>
</tr>
<tr>
<td>Lebenshilfe Vorarlberg</td>
</tr>
<tr>
<td>pro mente Vorarlberg GmbH</td>
</tr>
<tr>
<td>Verein für seelische Gesundheit</td>
</tr>
<tr>
<td>Vorarlberger Kinderdorf</td>
</tr>
</tbody>
</table>

Caritas Vorarlberg offers accommodation, but also offers advice for people in need. This offer is free of charge for those affected and is addressed to all adults registered in Vorarlberg who are in an emergency situation (Amt der Vorarlberger Landesregierung 2018b: online). The Institute for Social Services Vorarlberg also offers a representation of residents, which is committed to the preservation of personal freedom in residential care facilities, hospitals and other care institutions (Amt der Vorarlberger Landesregierung 2018d: online).

4.6.3.1.a Residential Care Arrangements

Vorarlberg offers fully-assisted and partially-assisted living. Both services are stationary and are aimed at people with learning difficulties (in the integration assistance report people with intellectual disability).

- **Fully-assisted living**
  The target group for this service are people with learning difficulties who are currently unable to lead independent lives due to their (often) high need for assistance. In an assisted form of housing or institution, the service recipients are encouraged to live as independently as possible and participate in social and cultural life. Self-care and everyday coping skills will be maintained and/or improved. Ideally, they need a less intensively managed form of living (Amt der Vorarlberger Landesregierung 2017: 21, Amt der Vorarlberger Landesregierung 2017a: 3).

In the 2016, 339 people used this service, compared to the total population of Vorarlberg rounded nine places per 10,000 inhabitants exist. The expenditures for this area amounted to 15 million euros (Amt der Vorarlberger Landesregierung 2017: 21).

- **Partially-assisted living**
  The service is aimed at people with learning difficulties as well as a high need for care, whereby the amount of care required is lower compared to fully-supervised living. In a shared flat, the service recipients receive care and support in accordance with their individual need for assistance, while participation in social life is also supported. The aim of the service is to achieve maximum self-reliance and improve their social skills to prepare them increasingly for their own way of life (Amt der Vorarlberger Landesregierung 2017: 21, Amt der Vorarlberger Landesregierung 2017a: 3).

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67 Wohnen stationär.
In 2016, a total of 46 service recipients were in partially-assisted residential institutions, whereby compared to the Vorarlberger overall population this means one place per 10,000 inhabitants. The expenditures for this area amounted to 1.5 million euros (Amt der Vorarlberger Landesregierung 2017: 21).

Figure 16 shows the development for residential care arrangements (fully-assisted living and partially-assisted living combined). A detailed overview of the staff employed is not possible, since in connexionia's reports this data is summarized in the addiction area and thus no exact separate evaluation is possible. However, as the area of addiction is very low as opposed to disability, staff were included in the figure despite the inherent bias to give an approximate idea of the development and relations since the ratification of the UN-CRPD.

Connexia differentiates between people with intellectual or multiple impairments, people with mental health problems and people with an addiction problem. The latter group is not in the interest of the research subject and is therefore ignored in the analysis. The reports indicate that the group of people with intellectual or multiple disabilities is the largest group of beneficiaries (Böckle 2009, Böckle 2010, Böckle 2011, Neubacher 2012, Tschann/Neubacher 2013, Tschann/Neubacher 2014, Tschann/ Neubacher 2015, Tschann/Neubacher 2016, Tschann/Neubacher 2017, Tschann/Neubacher 2018).

The development shows significant fluctuations in the number of residential places and service recipients, as well as the number of staff. Nevertheless, there is a general increase in this performance in terms of the number of places, service recipients and staff. From 2008 to 2017, residential care facilities increased by 69 places and 143 service recipients: in percentage terms, this represents an increase of 13.19% of places or 20.88% of service recipients. Personnel increased by 25% in the period under review, which corresponds to an increase of 112 employees. Contrary to the basic idea of the UN-CRPD and the provincial law with the motto “mobile before stationary”, residential settings were expanded in Vorarlberg. The development of places, service recipients and staff clearly show an increase in residential care. By way of restriction, it should be...
noted that the waiting list places and the number of service recipients in relation to the places show that an expansion of this area was necessary because there was a need for these forms of living.

4.6.3.1.b Mobile Housing

Mobile services include mobile accompanied living, living assistance and shared living. All three services are aimed at people with learning disabilities. Table 17 shows the scope of service providers. This information was taken from connexia's 2012 report, which is why the timeliness of this listing cannot be fully guaranteed at this point. A more recent listing was not found.

<table>
<thead>
<tr>
<th>Mobile housing</th>
<th>Ifs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Caritas - Fachbereich Menschen mit Behinderung</td>
</tr>
<tr>
<td></td>
<td>Lebenshilfe Vorarlberg</td>
</tr>
<tr>
<td></td>
<td>pro mente Vorarlberg GmbH</td>
</tr>
</tbody>
</table>

Table 17: Provider mobile housing in Vorarlberg (Tschann/Neubacher 2012: 85)

- **Mobile accompanied living**
  Mobile-assisted living is aimed at adults with learning difficulties who are only able to live independently in their own apartment or shared flat with regular support. The aim of the measure is to enable recipients to live in a permanent and self-chosen form of living without regularly required support for coping with everyday life, possibly with little support from third parties or the social space. The target group has its own lease, whereby the landlord may be a non-profit housing association or a private individual. Even a condominium with a separate apartment comes as a living space for this measure in question. The accompanying times are individually agreed with the persons with disabilities (Amt der Vorarlberger Landesregierung 2017: 33, Amt der Vorarlberger Landesregierung 2017a: 4).

  Ambulatory assisted living was used by 190 employees in the year under review, in comparison with the Vorarlberger total population is rounded up to five places per 10,000 inhabitants. Spending on this service totaled 1.8 million euros in 2016 (Amt der Vorarlberger Landesregierung 2017: 21).

- **Living assistance**
  Residual assistance is aimed at adults with learning difficulties who cannot live independently in a form of housing. The target group lives in the family environment and/or is accompanied by an overstretched support person. Professional support is necessary for daily work, whereby accompanying times are agreed together and individually. The goal is to continue to live in the familiar environment and cope with everyday life with little support from third parties and/or the social space without regular support. The support persons from the family environment are to be relieved by this achievement (Amt der Vorarlberger Landesregierung 2017: 35, Amt der Vorarlberger Landesregierung 2017a: 5).

  Overall, this benefit was used by 11 persons and the expenditures amounted to 84,249 euros in the year under review (Amt der Vorarlberger Landesregierung 2017: 21). In comparison with the Vorarlberger population, 0.28 places were available per 10,000 inhabitants.
• Shared living
The target group of shared living are people with learning difficulties who are only able to live independently in a form of housing with regular support and other structural framework conditions. The target group receives care allowance, lives in its own apartment in a housing association or a separate apartment in a small residential complex. The lease is concluded with those affected, the landlord is either a non-profit housing association or a residential complex. The aim of the measure is to live independently in the self-chosen form of living without regular support, possibly with little support from third parties or the social space. The scope of support is fixed, but there are also individually agreed times. There is no call readiness (Amt der Vorarlberger Landesregierung 2017: 37, Amt der Vorarlberger Landesregierung 2017a: 4).

Shared housing was used in 2016 by 52 service recipients and expenditures amounted to 757,463 euros (Amt der Vorarlberger Landesregierung 2017: 21). Compared to the total population of Vorarlberg rounded one place per 10,000 inhabitants are available.

Since the mobile services were not presented in the reports of connexia and the integration assistance reports are available only from 2015 and 2016, no analysis of the development since the UN-CRPD is possible.

4.6.3.2. Personal Assistance

Personal Assistance is defined in the report as a mobile and individualized form of assistance for persons with disabilities which allows independent living. The Service Centre Personal Assistance, funded by the Sozialfonds Vorarlberg, organizes the access and the handling of this service. The offer refers to all areas of life and is coordinated by the Association Personal Assistance (Amt der Vorarlberger Landesregierung 2017: 38, feedback from 25.09.2018 to the e-mail request of 23.09.2018). The goal is to achieve social participation of the recipients (Amt der Vorarlberger Landesregierung 2017: 38). To achieve the goal, the service personal assistance for social participation (a sub-area of personal assistance) is fully funded by the federal province (feedback from 25.09.2018 to the e-mail request dated 23.09.2018). The target group comprises people with physical disabilities and/or people with learning difficulties. Requirements for the guarantee of the service are age of majority, sufficient instructional competence and a private household (Amt der Vorarlberger Landesregierung 2017: 38, feedback from 17.09.2018 of the service provider to the e-mail request of 16.08.2018) The service has been offered in Vorarlberg since 2010 (Persönliche Assistenz Vorarlberg 2018: online). In the year of origin of this service, there was a legal claim to it, but no funding by the federal province (Stockner 2011: online). Since 2017, personal assistance for participation in social life has been enshrined in law. In the foreground of the service is the self-determination as well as social participation, although no care services are provided (Wirth 2017: online). After asking the service provider, it was confirmed that there are different criticisms and it is said in the mail:

"Persönliche Assistenz zur gesellschaftliche Teilhabe ist nicht geeignet ein Leben außerhalb einer Institution zu führen, da sie z.B. für den Bereich Haushalt und Pflege/Grundbedürfnisse nicht verwendet werden darf. Hier muss das Pflegegeld reichen, das jedoch für diese beiden Bereiche zu gering ist. Einige Menschen mit Behinderung, die unserer Meinung nach zur Zielgruppe gehören, warten immer noch ab, ob diese Integrationshilfeleistung funktioniert." (feedback from 17.09.2018 of the service provider to the e-mail request of 16.08.2018)

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69 Persönliche Assistenz.
70 "Personal assistance to social participation is not suited to lead a life outside of an institution, as it is e.g. may not be used for household and nursing / basic needs. Here, the care allowance must extend, but this is too low for these
As of September 2018, 53 service recipients finance the offer themselves. 20 assistants receive the benefit through the integration assistance through the mobile family relief program (since 2010) and a total of 18 persons receive the offer via personal assistance for social participation (since September 2017). A total of 106 personal assistants in the pool of the service provider and about 20.00 assistant lessons per month results in a full-time equivalent of about 12.5 (feedback from 17.09.2018 of the service provider to the e-mail request of 16.08.2018).

Table 18 shows the only service provider in Vorarlberg:

<table>
<thead>
<tr>
<th>Personal assistance</th>
<th>Persönliche Assistenz Vorarlberg (before 2016: Reiz-Selbstbestimmt Leben Vorarlberg)</th>
</tr>
</thead>
</table>

Table 18: Provider personal assistance in Vorarlberg (Amt der Vorarlberger Landesregierung 2017: online)

On the website of the Association for Personal Assistance Vorarlberg, the development of the assistance hours since 2010 has been presented.

The figure shows that the number of assistance hours has increased since ratification of the UN-CRPD. A significant increase can be seen especially in 2010 to 2012, this could be connected with the legal anchoring of the claim on the service mobile family relief. In general, an increase of 602.19% of the assistance hours can be recorded. As of 31.08.2018, almost 15,000 hours of assistance were provided.

In the 2016/2017 integration assistance report, current developments indicate the goal of offering personal assistance in Vorarlberg from 2018 to enable a total of 150 persons with disabilities to achieve this benefit (Amt der Vorarlberger Landesregierung 2017: 24).

two areas. Some persons with disabilities who we believe belong to the target group are still waiting to see if this integration aid will work*.

March 2019 Melanie Schaur 69/98
4.6.4. Conclusion

In Vorarlberg, there is a definition of disability referring to the individual impairment of a person and the associated restriction of social participation. This view of disability is more in line with the individual model of disability. The social conditions are considered given, but not further included. The social model of disability, which corresponds to the basic idea of the UN-CRPD, would take into account socially constructed barriers and thus also include the environment or people without disabilities. Thus, even in the last selected federal province, a legal definition, which is not fully compliant with the UN-CRPD.

An orientation on the individual need for assistance is aimed at, the ideas of the affected person are taken into account and the execution should be designed in such a way that self-determination, self-responsibility and help for self-help are guaranteed. The service should enable service recipients to participate in the family and social environment. The legal claim is limited above all with the possibility of own financial viability; moreover, achieving goals should be sustainable and the effort associated with the performance should be in proportionate relation to the desired success (LGBI. 39/2018: §3 (5)).

The services in the area of housing and independent living can be found in the Vorarlberger Opportunities Act in §8. The exact form is described in the Integration Assistance Ordinance in § 4 (2) lit. b) and §4 (2) lit. c). A closer look reveals services that are granted to special groups of persons with disabilities, such as benefits to secure an independent life that focuses on people with learning difficulties, or special help to cope with everyday life that people with massive vision impairment deserve. Another restriction or dependency on another service cannot be identified.

An analysis of Vorarlberg could be made at general level. The specific level could only be considered in some respects because the information in the integration assistance report and in other documents is insufficient. No further information could be provided on request to the competent office of the province of Vorarlberg, as the resources for such processing are not available. The service description in the reports and the representation of the service provider landscape could be carried out, the service recipient structure and the personnel structure, the budget and the demand coverage could not be analyzed for 2008 to 2018, the service description and total expenditures for 2016 could be represented. The development since the UN-CRPD could not take place in the next step.

Based on the assistance hours, a massive increase in this offer could be recognized, which corresponds to the demands of the UN-CRPD. However, the benefit cannot lead to life outside of a residential care facility, given that financing for the household and nursing sector is not covered. Only the sub-area of personal assistance for participation in social life is financed entirely by the federal province.
5. Sub-National Comparison in the Field of Housing and Independent Living

In this section, this paper compares the results of the case studies (see Chapter 4). The analysis is carried out using criteria derived from the conceptual framework. The results are presented according to normative comparison, comparison of social reports, comparison of supply and scope, and analysis in terms of deinstitutionalization and independent living.

5.1. Analysis Criteria for the Sub-National Comparison

The collected data are compared in general and in relation to the normative specifications. Moreover, it relates to the direction of development since 2008, i.e. since the ratification of the UN-CRPD and whether objectives such as deinstitutionalization, self-determined life or participation in housing and independent living could be better achieved. The comparison is based on the analysis of relevant legal documents as well as the data collected for the present work.

Figure 18 illustrates the two levels of the sub-national comparison:

![Comparison on a general level](image)

Comparison of the the service recipients; i.e. definitions of disability
Comparison of the offer of services
Comparison of the scope of services

![Comparison on a specific level](image)

Analysis regarding deinstitutionalization demanded by the UN-CRPD
Development of mobile services and personal assistance as an indicator of independent living
Comparison of the performance of the selected federal provinces

Figure 18: Analysis criteria for the sub-national comparison

The analysis at the general level is based on the following procedure:

- In order to allow a **comparison of the range and the group of service recipients**, the normative requirements are analyzed at sub-national level.
- The **range of services** in the field of housing and independent living is compared with the laws of the selected federal provinces and, on the other hand, with the information in the social reports.
- The **comparison of the scope of the services** is compiled by means of an analysis of the secondary data. Diagrams are used for illustration purposes. The number of service receivers at the sub-national level is mapped to compare the extent and size of the respective area.
The analysis of development over time is based on the following procedure:

- **An analysis and comparison with respect to deinstitutionalization.** The indicator for this can be the development and expansion of mobile services in the selected federal provinces.
- Personal assistance is explicitly requested by civil society in the first Austrian State Report on the UN-CRPD, as this is of particular relevance to Article 19 of the UN-CRPD (BMASK 2010: 30). Therefore, the development of personal assistance can be used as an indicator of a self-determined life.
- The summary of the development of residential care, mobile support and assistive services sheds light on how the performance of the federal provinces considered in the area of housing and independent living took shape.

### 5.2. Comparison of the Results

In this chapter, the analyses of the examined federal provinces were summarized and presented in a comparative perspective. Similarities and differences are identified and reference is made to the differentiated approaches to implementing the demands of the UN-CRPD. It is discussed which federal provinces were able to achieve the implementation of the goals and guiding principles of the UN-CRPD particularly well. It is restrictive that due to insufficient data situation not all comparisons can be carried out and/or adjustments in the comparison are necessary.

#### 5.2.1. Normative Comparison

In the first step, the underlying definition of disability is analyzed in the normative guidelines found, because the legislator determines who can and should be counted among the group of persons with disabilities and thus can be a beneficiary. All of the disability laws examined include definitions of persons with disabilities and housing and independent living services. An analysis of how the services are designed (type, scope and coverage) was possible in all selected federal provinces.

##### 5.2.1.1. Comparison of the Coverage and Service Recipients

As a first step, the following table gives an overview of the definition of disability or perception, which hinders people with permanent disabilities.

<table>
<thead>
<tr>
<th>Federal province</th>
<th>Definition of disability in law (own translation; see case studies for origin formulation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Austria (LGBL. 55/2018: §2 (1))</td>
<td>People with impairments in the sense of this Provincial Act are persons who are physically, mentally or psychologically or repeatedly affected in a vital social context, in particular in the context of their education, vocational training, personal development and personal development, their employment as well as their incorporation into the company due to significant functional failures are permanently significantly impeded or in the foreseeable future is expected to occur such an impairment, especially in infants.</td>
</tr>
<tr>
<td>Styria (LGBL. 63/2018: §1a (1))</td>
<td>Persons with disabilities are people who participate in society due to not only a temporary impairment of their physical function, intellectual capacity, mental health or sensory function. Disadvantaged.</td>
</tr>
<tr>
<td>Carinthia (LGBL. 85/2013: §2 (1))</td>
<td>Persons with disabilities are persons whose physical, mental or psychological function or their sense function is not only temporarily significantly impaired and whose participation in social life permanently makes it significantly more difficult becomes.</td>
</tr>
</tbody>
</table>
Person with disabilities: a person who has long-term physical, psychological, intellectual or sensory impairments that, in interaction with various barriers, can hinder him in the full and effective participation, equal with others, in society.

For the purposes of this Act, a person with a disability is defined as a person who, due to a non-temporary impairment of their physical function, mental ability or mental health, is involved in their participation in life in society is impaired.

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

<table>
<thead>
<tr>
<th>Tyrol (LGBl. 58/2018: §3 lit. a)</th>
<th>Vorarlberg (LGBl. 39/2018: §2 (1))</th>
<th>UN-CRPD (United Nations 2006: article 1)</th>
</tr>
</thead>
</table>

Table 19: Definitions of disability at a glance

It is striking that the definitions in Styria, Carinthia, Tyrol and Vorarlberg refer to persons with disabilities\textsuperscript{71}, while Upper Austria determines who counts among those with impairments\textsuperscript{72}. While disability not only considers the individual, medical, but also the social, social aspect, the term impairment only includes the former component. Thus, it can be argued that the definition of impairment is not a holistic view of disability.

However, it should be noted that the definitions under study relate to socially constructed barriers that make equal and effective participation of persons with disabilities in society difficult. This approach corresponds to the social model of disability: it is found either in beginnings or completely in the disability laws of the selected federal provinces. However, in these definitions formulated in the law, the individual model of disability is still clearly in the foreground, since the interaction with social barriers is disregarded. The definitions show that the impairment or disability is seen as the cause of the difficult participation in society. This view is not consistent with the basic idea of the UN-CRPD, which calls for a lifting of the barriers created by society. The definition in Tyrol clearly points to the interaction with social barriers and thus corresponds more closely to the definition of the UN-CRPD.

Another striking feature is that in Upper Austria, Carinthia and Vorarlberg the outdated and derogatory term cognitive\textsuperscript{73} impairment was chosen. The term cognitive was changed to intellectual with the novella 2016 of the translation of the UN-CRPD (BGBl. III 105/2016). In the selected federal provinces, the reference to a temporally lasting impairment or disability is the same. The laws contain the words long-term, not just temporary or continuous. The period is expected to be more than six months in Upper Austria, Styria, Carinthia and Vorarlberg. In Tyrol there is no definition of such a period in the law.

Some disability laws exclude groups of people from the service recipients. Persons whose impairments are caused by a person’s age are excluded by the Upper Austrian Disability Act. The Styrian Disability Act states in §1a (4) that chronic diseases – as long as the course of the disease, except in the case of chronic mental illness, can still be influenced – do not belong to the category of disability (LGBl. 63/2018: §1 (4)). Disability mainly caused by age is also excluded in this law. Furthermore, the Carinthian Disability Act § 2 (2) excludes persons with a predominantly age-related functional impairment. Paragraph 3 also states that measures in nursing homes for persons with a predominantly age-related functional impairment, centers for psychosocial rehabilitation or institutions offering after-care for alcohol or drug addiction are not benefits under the Disability Act.

\textsuperscript{71} Behinderung.  
\textsuperscript{72} Beeinträchtigung.  
\textsuperscript{73} geistig.
Table 20 illustrates the legislator’s objectives of the selected sub-national disability laws.

<table>
<thead>
<tr>
<th>Federal province</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Upper Austria    | • Promotion by preventing the emergence or reduction of impairment and disability  
|                  | • Enable a normal life  
|                  | • Integration into society  
|                  | • Achieving equal opportunities for persons with disabilities  
| Styria           | • Participation in society in the same way as people without disabilities  
|                  | • Self-determined life  
| Carinthia        | • Equal participation in society  
|                  | • Self-determined life  
| Tyrol            | • Inclusive society  
|                  | • Self-determined life  
|                  | • Full, effective, equal and non-discriminatory participation in social life  
|                  | • Overcoming barriers that make such participation difficult  
| Vorarlberg       | • Equivalent living conditions |

Table 20: Goals of disability laws in the selected federal provinces

In Upper Austria (UA), one of the goals is to avoid or reduce impairment or disability. The aim is to integrate into society. The target dimensions “promotion by avoidance/reduction” and “integration” correspond to the approach of the individual model of disability. Reaching a “normal life” is also enumerated in the law as a goal, with no definition given for "normal". Achieving equal opportunities for persons with disabilities can be summarized in the goal dimension “equal opportunities” and corresponds to the social model of disability.

In Styria (S), two goals are formulated in the law: participation in society in the same way as people without disabilities and the possibility of self-determined life. From the first goal, three goal dimensions can be derived: “social participation”, “self-determined life” and “equal opportunities”. These two target dimensions correspond to the social model of disability, because society is specifically included in the goal formulation. In addition, societally established barriers are recognized that can be overcome through equal opportunities. From the second goal, the goal dimension "self-determined life" can be deduced and corresponds to the basic idea of the UN-CRPD.

Carinthia (CNT) – like Styria – has also formulated two goals: self-determined life and equal participation. Here, again the goal dimensions of "social participation", "self-determined life" and "equal opportunities" can be derived. In contrast to the Styrian Disability Act, Carinthia does not mention that social participation should be possible in the same way as for people without disabilities.

The Tyrol (T) Disability Act sets four goals, as in Upper Austria. It is clear that the goals are strongly based on the guidelines of the UN-CRPD. Due to the strong orientation towards society and the socially-established barriers, the social model of disability can be found again. The goal dimensions "self-determined life", “inclusive society”, "full, effective and non-discriminatory participation” and "social participation" can be found in the normative guidelines. In addition, another goal dimension for Tyrol can be formed: "overcoming social barriers".
In Vorarlberg (VBG) the goal of equal living conditions is formulated. It is an open formulation that includes society, equal opportunities and the individual lifestyle.

Figure 20 summarizes the dimensions of the objectives, formulated in the laws, and assigns the examined federal provinces according to their contents:

Figure 19 illustrates that the term impairment with a focus on the individual deficit occurs only in Upper Austria. The other dimensions, each grouped into the sub-categories of society, individual lifestyle and equal opportunities, can be found in all disability laws in the selected federal provinces. It is interesting that above all the dimension of equal opportunities contains many sub-points. It is also striking that equal opportunities and society are closely linked and interrelated, because society has a strong influence on how much equality of opportunity persons with disabilities have.

5.2.1.2. Comparison of Services

In the selected federal provinces, housing and independent living services are similar, but still different in their design. The circle of service recipients, as defined by law or ordinances, and then shown in practice, is also limited. In addition, the benefits in the federal provinces under consideration are subject to conditions, including dependencies on long-term care allowance, the principle of subsidiarity or the link to the use of another benefit.
Table 21 shows a summary of services according to the law of the selected federal provinces:

### Services in the field of housing and self-determined life in the federal states

<table>
<thead>
<tr>
<th>Federal province</th>
<th>Services</th>
</tr>
</thead>
</table>
| Upper Austria    | §12 housing  
                          §13 personal assistance  
                          §14 mobile care and support |
| Styria           | §9 livelihood  
                          §18 residential care facilities  
                          §19 payment of fees in homes for the disabled  
                          §20 rental allowance  
                          §21 supported housing  
                          §22a personal budget |
| Carinthia        | §8 allowance for living  
                          §12 assistance services for participation in social life  
                          §13 accommodation in residential care facilities |
| Tyrol            | §6 mobile support services  
                          §12 housing |
| Vorarlberg       | §8 Subject of integration assistance; represented more precisely by regulations:  
                          Section 4 (2) lit. b): Services for the preparation for an independent life, services for securing an independent life, special assistance for coping with everyday life  
                          Section 4 (2) lit. c): mobile assisted or accompanied forms of living in a facility, partially assisted or fully-assisted living in a facility, living in a facility with intensive care. |

The services listed in the table differ in terms of language, as different terminology is used. Looking at the definitions of services in the law, it becomes clear that many offers are similar and have only a different name. In the selected federal provinces, the services can be used on a stationary or mobile basis. Monetary benefits are not available to persons with disabilities in all federal provinces. To provide a better overview, Figure 20 shows the offers in the federal provinces divided into residential care, mobile support, assisting services or cash benefits:

<table>
<thead>
<tr>
<th>Residential care</th>
<th>Mobile</th>
<th>Assisting</th>
<th>Monetary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• housing (UA)</td>
<td>• mobile care and support (UA)</td>
<td>• personal assistance (UA)</td>
<td>• livelihood (S)</td>
</tr>
<tr>
<td>• residential care facilities (S)</td>
<td>• supported housing (S)</td>
<td>• personal budget (S)</td>
<td>• payment of fees in homes for the disabled (S)</td>
</tr>
<tr>
<td>• accommodation in residential care facilities (CTN)</td>
<td>• mobile support services (T)</td>
<td>• assistance services for participation in social life (CTN)</td>
<td>• rental allowance (S)</td>
</tr>
<tr>
<td>• housing (T)</td>
<td>• services for the preparation for an independent life (VBG)</td>
<td>• personal assistance (T)</td>
<td>• allowance for living (CTN)</td>
</tr>
<tr>
<td>• residential care arrangements (VBG)</td>
<td>• special assistance for coping with everyday life</td>
<td>• services for securing an independent life (VBG)</td>
<td></td>
</tr>
</tbody>
</table>

Figure 20: Service comparison regarding form of service
In all examined federal provinces **residential settings** are offered in the area of housing. These are listed in sub-national Disability Acts under the designation housing (UA, T), residential care facilities (S) or accommodation in residential care facilities (CTN). In Vorarlberg (VBG), residential care arrangements are sub-divided into partially assisted or fully-assisted living as well as living in a residential care institution with intensive care. The Vorarlberger Disability Act thus additionally takes a sub-division into the care required. Such a categorization can bring positive aspects, such as the specialization of the staff or more efficient planning and evaluation, although it can also cause problems, e.g. long waiting lists for a certain amount of care requirement, little opportunity for alternative offers or too little flexibility with a changed level of care.

For **personal assistance**, there are different names in the selected federal provinces. In Upper Austria, the wording personal assistance is cited in the law; in Carinthia, this offer is a sub-area of assistance services for participation in social life; in Vorarlberg, assistance services are included in the Integration Assistance Ordinance under § 4 (2) lit. b) Services to secure an independent life. In this regulation, the offer is sub-divided into assistance services for people with intellectual disability and support in everyday coping and social inclusion. In Tyrol, personal assistance is listed among the mobile support services. Those persons who are able to live independently and who are unable to carry out certain activities themselves or without support due to their disability claim this benefit (LGBI. 58/2018: §6 (2) lit. a). The offer of personal assistance in Tyrol is thus dependent on the household status of a person and the support required due to the disability. In other states, such dependencies defined in the law could also be found. In Upper Austria, the performance is tied to the instructional competence as well as the organizational competence of a person. If a participant takes up a stationary form of accommodation in accordance with §12 (2), personal assistance is only granted if it is necessary for independent living. In Styria, personal assistance is not found directly in the normative guidelines but can be financed with the personal budget regulated in §22a. This benefit is available to those who have sensory impairment and/or physical impairment. In Carinthia, assistance benefits depend on the long-term care allowance. In Vorarlberg, the benefits of integration assistance (including assistance benefits) are granted to those who cannot finance them through their own income, assets or otherwise.

**Mobile services** are provided to service recipients who are unable to use the offer of personal assistance due to the usually narrowly formulated requirements. The major difference between personal assistance and mobile services is the staff and their training. Personal assistants are independently instructed and trained by the assistant users to meet their individual needs. In the mobile services, specialist nursing staff performs the assistance. As a result, the degree of self-determination between the two services also differs. Personal assistance offers a higher degree of self-determination than mobile measures due to the independent guidance and training of the assistants. With personal assistance, staff, hours and place of the service can be determined by the assistant users, whereas this is only possible to a limited extent in the case of mobile services.

Significant differences in the provision of mobile services were found in the federal provinces considered. In Upper Austria, the law regulates mobile care and support, in Styria supported housing, in Tyrol mobile support services and in Vorarlberg services for the preparation for an independent life as well as special assistance for coping with everyday life. In Carinthia no mobile service can be found in the law. The measure in Upper Austria is granted to those recipients who require professional support in coping with everyday life and use a form of living according to §12. In this federal province, the mobile service is thus dependent on the selected form of housing and is granted to those living in an apartment, shared flat, residential care facility or short-term living. Styria has a similar dependency, where supported housing is granted only if the recipient lives in his or her own flat or in a shared flat. However, 10% of mobile housing support is self-financing;
in cases of hardship, this own contribution can be reduced or eliminated. In Tyrol personal assistance, mobile support and social-psychiatric individual accompaniment/case management are summarized in the law under the term mobile support services. The mobile offers are intended to offer recipients the opportunity to lead a self-determined life in the home environment through professional guidance. Vorarlberg offers, compared to the other federal provinces, a wide range of different services, some of which are very specific to the type of disability. The measures are summarized as services that contribute to everyday life and independent living. Special assistance for coping with everyday life is available to people with massive visual impairment or people with a hearing impairment.

**Monetary benefits** differ the most in the selected federal provinces. In Upper Austria, Tyrol and Vorarlberg no cash benefits are listed in the Disability Act. The benefits livelihood, payment of fees in homes for the disabled, rental allowance and the personal budget are part of the Styrian Disability Act. In Carinthia, allowance for living is found in the normative specification. The monetary benefits of the two federal provinces are comparable only to a limited extent, because no comparable benefits can be found in the Carinthian Disability Act for the payment of fees in homes for the disabled, the rental allowance and the personal budget. However, the benefits of livelihood and allowance for living are comparable. Both benefits are intended to provide receivers with financial support to cover the daily expenses. In addition to housing costs, these include food, clothing, hygiene or expenses for social and/or cultural events. While these expenditures are defined precisely in the Carinthian law, the Styrian law defines the financing of a decent life. In both federal provinces the measures are available to persons who cannot finance their livelihood by their own income. The requirements are different in the laws. In Styria, there is a dependency on other benefits and there must be no care in a fully residential care facility. In Carinthia, those persons receive the allowance for livelihood that meets the requirements of the Carinthian Minimum Funding Law. The personal requirements of this law relate above all to the need for a main place of residence in Carinthia (LGBl. 10/2018: §4).

In general, when comparing the federal provinces, some services are strongly linked to others and lead to dependencies.

Especially for personal assistance, the most varied requirements for the service recipient crystallize:

- In Tyrol, this benefit is granted to those who can live independently.
- In Upper Austria, instructional and organizational skills are required in the use of personal assistance.
- In Styria, the circle of recipients is restricted to persons with sensory impairment and/or a disability. People with a psychologic or intellectual disability are not eligible.
- Vorarlberg grants those assistant users financing from by the federal province who do not have sufficient income, assets or other means. There is a wide range of services, which are partly tuned to the type of impairment and limited.

Dependencies were also found in mobile services:

- In Upper Austria, mobile services are linked to the use of other services of the Disability Act - specifically to a form of accommodation according to §12 (apartment, shared apartment, residential care facility or short-term accommodation).
- In Styria, supported housing requires an own apartment or shared flat.
While in Styria mainly monetary benefits are available, in Upper Austria, Tyrol and Vorarlberg no cash benefits are mentioned in the law. Based on the target dimensions, this trend can be traced in Styria, since society, equal opportunities and individual lifestyle are equally represented in the normative goals in this federal province and are influenced more positively by monetary benefits than by residential settings. Upper Austria is the only federal province with the target dimension of individual impairment. It seems interesting that there is no offer of monetary benefits here. The Tyrolean Participation Act and the Vorarlberger Disability Act focus heavily on independent living with a diverse range of housing services and mobile support services. Regarding the target dimensions, this is a conclusive picture, because the dimension of equal opportunity is sought especially in Tyrol - self-determined living in one's own home or a choice through a wide range of services are conducive factors here.

5.2.1. Comparison of the Social Reports

The different normative requirements at the sub-national level are familiar with various reporting requirements, but there is no legally standardized structure of the scope. As a result, the federal provinces collect collected data in a variety of forms and make it publicly available.

Figure 21 presents the contents of the social reports of the selected federal states:

<table>
<thead>
<tr>
<th>Upper Austria</th>
<th>Styria</th>
<th>Carinthia</th>
<th>Tyrol</th>
<th>Vorarlberg</th>
</tr>
</thead>
<tbody>
<tr>
<td>• General information about the services</td>
<td>• General information about the services</td>
<td>• General information about the services</td>
<td>• General information about the services</td>
<td>• General information about the services</td>
</tr>
<tr>
<td>• recipients per service</td>
<td>• Projects in the reporting period</td>
<td>• Projects in the reporting period</td>
<td>• recipients summarized</td>
<td>• Demand coverage for selected service providers</td>
</tr>
<tr>
<td>• personnel structure</td>
<td>• Expenses and revenues</td>
<td></td>
<td>• Age and gender of the recipients</td>
<td>• Projects in the reporting period</td>
</tr>
<tr>
<td>• budget</td>
<td></td>
<td></td>
<td>• Projects in the reporting period</td>
<td>• Expenses and revenues</td>
</tr>
<tr>
<td>• Age and gender of the recipients</td>
<td></td>
<td></td>
<td>• Representation of data over time and by districts</td>
<td></td>
</tr>
<tr>
<td>• Need for urgency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Need by age and gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Presentation of the data over time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 21: Scope of social reports

The data processing of the disability services is extremely extensive in Upper Austria; general information on services, service provider landscape, recipient structure and personnel structure, needs and budget are presented in the social report. In addition, the reports present the recipients as well as the needs by age, gender and development over time.

In Styria, the social report presents general information on services, projects during the reporting period and expenditures, as well as revenues from disability services, also broken down into specific services. Compared to Upper Austria, although the budget item is more clearly structured, other data required for the subject matter of the investigation – such as the service provider landscape, personnel structure or needs – are not mentioned in the document. A statement about the conformity with the UN-CRPD or an evaluation of the performance of this federal province could not be complete, whereby the analysis of expenditures and revenues showed tendencies. However, the reporting system of this federal province changed with the most recent social report,
since there was no further sub-division of revenues and expenditures from the 2015 reporting year.

For Carinthia, only a social report covering 2009 to 2012 could be found. General information on the services and projects in the reporting period is briefly presented. Detailed data on recipient structure and personnel structure, service provider landscape, needs or budget cannot be found in the report. An evaluation of the development in this federal province is therefore only moderately meaningful.

In Tyrol, reporting is as extensive as in Upper Austria, but the data is processed in a differentiated way. The report gives general information on the services provided, showing the total number of people receiving assistance for the disabled, as well as their gender and age. Projects in the reporting period are described and the expenditures and revenues divided into the different services are listed in the report. In Tyrol the data were additionally sub-divided into districts, which could not be found in any report of the other federal provinces.

Vorarlberg did not start its reporting until 2015. It also presents general information about services, service recipient structure, coverage of needs in selected agencies and projects during the reporting period. Data on the service provider landscape, personnel structure, budget or requirements in all service provider institutions are not shown in the reports.

If now the reporting system of the selected federal provinces is compared with one another, one recognizes the different extent:

- Upper Austria is characterized by the most comprehensive reporting system, although the Upper Austrian Disability Act does not require a reporting obligation.
- Tyrol shows a similar effort regarding the presentation of the disability area, even if the processing of the data is differentiated. The Tyrolean law states that the provincial government has to provide suitable data pursuant to § 53 (1) lit. a and data on the scope of benefits and grants (LGBl. 58/2018: §45 (1)). Furthermore, a period of two years each for the creation of a report is defined in the law. Disability services data must be recorded in anonymized form and used as a basis for decision-making and evaluation for drawing up the needs and development plan for disability services provided by Tyrol (LGBl. 58/2018: §45 (1)). It should be noted at this point that this obligation was only introduced with the actual law in 2018 and has not been explicitly articulated in the Tyrolean Rehabilitation Act until then.
- Vorarlberg also has a comprehensive reporting system compared to Carinthia or Styria. The Vorarlberger law states that the state government has to inform the public about the integration assistance according to this law and the concerns of persons with disabilities sufficiently (LGBl. 39/2018: §4).
- In Styria, the reporting is kept rather short, as well as the general information on the services. The presentation of data changed with the 2015 reporting year: as of this year, the expenditures and revenues will no longer be presented in detail, but only summarized. The Styrian Disability Act could not in principle provide a reporting obligation, but the institutions and providers of assistance for persons with disabilities are obliged to provide an insight into the files, the annual financial statements and the profit and loss account. Furthermore, they are obliged to transmit client data in anonymized form as well as institution-related data and billing data completely and truthfully to an Internet-based file system set up by the state government without undue delay (LGBl. 63/2018: §49). The state government is entitled by law to process the data.
In Carinthia, a similar passage was found in the normative specification: The state government may process data for the automation-supported procurement of statistics (LGBl. 85/2013: § 49 (7)). The Carinthian Disability Act even defines the scope of this data very precisely, because data on the number of recipients can be broken down according to sex and age, the duration of benefits, the frequency of switching between benefits, benefits according to type of benefit, the sum of the financial resources spent, number of applicants, service provider landscape and public welfare services are processed. Although such an amount of data should be processed in Carinthia in principle, the presentation in the social report is kept short and not up-to-date - the last report shows the assistance for the disabled between 2009 and 2012.

5.2.2. Offer and Scope of Services in the Federal Provinces

In order to make a comparison of the offer regarding the scope of the performance, the total number of service users in 2014 to 2016 for the selected federal provinces was shown in figures 22 and 23. Figure 22 shows the real development of residential care performance, while Figure 23 refers to the relational development in the selected federal provinces. Due to missing data, only the analysis of residential settings could be conducted.

Figure 22 shows the comparison of federal provinces of residential care recipients for 2014 to 2016:

Upper Austria stands out with 4,508 service recipients in 2016, followed by Styria with 1,395 and finally Vorarlberg with 772 recipients. For Carinthia, only the number of recipients from the reference year 2014 with a total of 933 persons can be used. Tyrol cannot be included in the comparison because no data on users of residential care are shown in the social reports. In summary, the comparison of provinces shows that in Upper Austria most persons with disabilities are accommodated in residential care facilities.

However, this view of the results is characterized by a bias, because the different population figures of the federal states have an influence on the results. Figure 23 therefore shows the beneficiaries in relation to the inhabitants:
Upper Austria still has the largest number of recipients with 31 persons, followed by Vorarlberg with 20 persons and Styria with 11 persons in residential care facilities per 10,000 inhabitants in 2016. Carinthia is listed separately again, as this federal province only contains data from the year 2014. 17 people per 10,000 inhabitants were stationary. For Tyrol, no statement can be made due to the data.

In order to gain an impression of the development of the considered federal states regarding residential care recipients, the percentage change was summarized and can be seen in Table 21:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Austria</td>
<td>0.68%</td>
<td>-1.12%</td>
<td>-0.44%</td>
</tr>
<tr>
<td>Styria</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Carinthia</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tyrol</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vorarlberg</td>
<td>-5.76%</td>
<td>-1.78%</td>
<td>-7.43%</td>
</tr>
</tbody>
</table>

Table 22: Development residential care users 2014 - 2016

It is clearly recognizable that Vorarlberg has seen a very positive development in relation to the demands of the UN-CRPD, because here the demanded deinstitutionalization seems to be slowly starting to take effect. Beneficiaries of residential care facilities decreased by a total of 7.43% between 2014 and 2016. However, it should be highlighted that between 2016 and 2017 there is an increase of 56 people. As a result, the overall development is -0.72%. Due to this fact, the gap between Upper Austria and Vorarlberg does not quite break up so much, because even in Upper Austria, there is a decline in the number of residents of 0.44%. Since the provinces of Styria, Carinthia and Tyrol have provided incomplete or no data on the recipients in their social reports or on specific request, an analysis of the developments of these three federal provinces cannot be made at this point.
5.2.3. Deinstitutionalization and Independent Living

A deinstitutionalization and the possibility of independent living are central demands of the UN-CRPD. The previous section (Chapter 4) presented data on housing services and personal assistance in case studies. In this chapter (5.2.3) an analysis with focus on the budgetary development is carried out. The expenses spent provide information about the development of the respective service. The following figures show in each case the residential care, mobile support and assisting services between 2008 and 2016. In order to counteract a possible bias due to the different population figures of the considered federal provinces, the comparison was also made in relation to the inhabitants.

First, Figure 24 shows the development for residential care:

![Figure 24: Comparison of selected federal provinces - budget spent on residential care](image)

It becomes clear that expenses on residential care is highest in Upper Austria, followed by Styria, Tyrol and Vorarlberg. It is restrictive that the expenditures of 2014 were used in Styria. For Carinthia, no statement can be made based on the data. The extent to which this distribution is maintained in relation to the inhabitants is shown in Figure 25:

![Figure 25: Comparison of selected federal provinces - budget spent on residential care per 10,000 inhabitants](image)
It emerges that Upper Austria also has the highest expenditure on this area in relation to its population. Tyrol has broken down to 10,000 inhabitants, marking the second most expenditure, followed by Styria and Vorarlberg. The data of Styria date from 2014. Again, no statement can be made for Tyrol due to missing data.

Figure 26 illustrates the development of mobile services in 2008 to 2016:

The development of mobile services shows a different picture, because Tyrol is the federal province with the highest expenditure, followed by Upper Austria and Styria with the reference year 2014. For Carinthia and Vorarlberg no statement can be made due to missing data.

Figure 27 shows graphically how the budget is related to the inhabitants of the selected federal provinces:
In relative terms, the data show a similar picture; here, too, expenditure is highest in Tyrol, followed by Upper Austria and Styria. However, the difference between Tyrol and the other federal provinces becomes even clearer in relational terms.

The final figure tries to illustrate the development of personal assistance in 2008 to 2016:

![Development budget personal assistance](image)

Figure 28: Comparison of selected federal provinces - budget spent on personal assistance

Only the development in Upper Austria can be represented, a comparison with the other federal provinces is not possible. In Upper Austria, an increase in performance is recognizable. Due to lack of data, the development is not presented in relation to the inhabitants.

In order to allow a better comparison of the performance in the area of housing and independent living as well as to make a statement about the conformity with the UN-CRPD, the data were summarized Table 22:

<table>
<thead>
<tr>
<th>Federal province</th>
<th>Period</th>
<th>Stationary</th>
<th>Mobile</th>
<th>Personal assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Austria</td>
<td>2008-2016</td>
<td>26.48%</td>
<td>159.05%</td>
<td>86.06%</td>
</tr>
<tr>
<td>Styria</td>
<td>2008-2014</td>
<td>70.14%</td>
<td>19.81%</td>
<td>x</td>
</tr>
<tr>
<td>Carinthia</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Tyrol</td>
<td>2008-2016</td>
<td>21.22%</td>
<td>89.65%</td>
<td>x</td>
</tr>
<tr>
<td>Vorarlberg</td>
<td>x</td>
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Table 23: Percentage increase in services

In Upper Austria, the increase in mobile services is highest, followed by personal assistance and residential care rose the lowest at just under 27%. In Tyrol, again mobile services rose more strongly than residential care. The housing supply of Styria shows a contrary picture: Residential care increased more than mobile services. Since a strong tendency towards cash benefits was already identified in the previous chapter, a consideration of the development of monetary measures is necessary. The increase in performance living is around 158% and is thus much higher than the increase in residential settings.
In principle, it can be assumed that the guidelines of the UN-CRPD are approximated, although full compliance with the requirements cannot be discussed. This means that residential settings are recording a slow decline, while mobile services and personal assistance are expected to grow significantly. It should also be noted that, above all, personal assistance should experience a significant increase, because it is above all through this achievement that a self-determined life is guaranteed.

6. Conclusions and Discussion

In this sub-national comparison, normative guidelines and services for housing and independent living for persons with disabilities in Upper Austria, Styria, Tyrol, Vorarlberg and Carinthia were examined. The multiple case studies show regional differences and similarities in the design of the normative guidelines. The analysis shows that the selected federal provinces responded in part differently to the targets of the UN-CRPD. It is restrictive that due to the data situation not all federal provinces could be analyzed in the same way. The research objectives of the multiple case studies were:

- the analysis of the normative framework
- the presentation and analysis of different services at the sub-national level
- an assessment and evaluation regarding the UN-CRPD
- the comparison at the sub-national level

The range and the group of people are defined according to the normative requirements and the services were described and compared with the help of the social reports, documents of the provincial government as well as inquiries with the responsible authorities or the service providers. The reporting on the benefits of disability services is extremely heterogeneous and extremely poorly executed in some federal provinces. This circumstance also provides information on how significantly the matter of assistance for the disabled is perceived in the individual federal provinces. While in Upper Austria a very detailed description and presentation in the reporting took place over the specified period of time, in Carinthia, e.g. no social report was produced after the reporting years 2009 to 2012. The lack of data makes it difficult to evaluate performance in the disability sector of this federal province. No statement can be made as to whether the demands of the UN-CRPD for deinstitutionalization, self-determined life, inclusion and participation are pursued in Carinthia. The lack of stocktaking and the lack of interest in the developments give the impression that in this federal province the disability sector is less important in the social policy agenda. It also appears that the Confederation has no interest in uniform and standardized reporting by the federal provinces in the field of disability services. Otherwise, this would have long ago been able to set specifications.

It is striking that in the reports of the federal provinces the expenditures in the disability sector are often emphasized, which represents persons with disabilities as a cost factor in the welfare state. Even in public, this fact is widely discussed and sufferers require a change in view of disability, most recently in the panel discussion on 13.11.2018 entitled "Chancengleichheit chancenlos? - 10 Jahre OÖ Chancengleichheitsgesetz... Bitte warten... bitte warten... bitte warten...". Persons with disabilities claim their human rights, which include tolerant and respectful interaction, full participation in society, and a self-determined life - but when people are seen as budgetary items, this loud and strong demand can be considered a utopia.

74 Equal opportunities - no chance? - 10 years Upper Austria Equal Opportunities Act ... Please wait ... please wait ..
By analyzing the relevant laws, the view of disability by the legislator, who determines who belongs to the group of beneficiaries, could be worked out. Upper Austria is characterized by a strong orientation towards the individual impairment of a person with less consideration of society and its barriers, which corresponds to the view of the individual model of disability. In Styria, Carinthia and Vorarlberg, again this orientation exists in principle, because in these federal provinces social barriers are hardly or not included. Only in the new Tyrolean Participation Act is there a complete implementation of the social model of disability in the definition of disability in the law. Since this is a relatively new law at the time of consideration (it came into force in July 2018), it can be assumed that there is a strong orientation towards the UN-CRPD and the reference to the paradigm shift regarding the disability perspective. It is desirable and necessary that other federal provinces follow up on this point, because the recognition and definition of social barriers is the first step towards the elimination of such barriers.

Many persons with disabilities are still housed in residential care facilities, in some cases due to a lack of opportunities to change, while in others this form of housing fits from the perspective of those affected or they know nothing else. However, there are also a significant number of persons with disabilities who are still housed in an old people's or nursing home. These facilities do not meet the needs of often young people and the foreign determination is very large here. In addition, in these institutions persons with disabilities often rarely take up contact with other persons, including due to the age difference. In addition, persons with disabilities who live in old people's or nursing homes are often worse off in legal terms than if they were living in a disabled person's home. This misuse can be regarded as a form of violence, because it cannot be tailored to the needs of the person concerned, or he or she is obliged to submit to the structural conditions of the individual institution.

In the view of the author, the legitimacy of this violence is supported by the lack of public transparency of residential care facilities for persons with disabilities. This problem has been made clear by the precarious data in disability services. In Styria, Carinthia and Tyrol, no information was provided on the data of the residential care recipients or staff structure in the social reports. A statement as to how many people in these federal provinces actually live in residential institutions or in the home for the disabled and how the number of residents has changed since ratification of the UN-CRPD cannot be made. Even a statement as to whether sufficient personnel resources are available in the institutions cannot be articulated. In addition, there is no information on the everyday life and situation of disabled people in institutions for persons with disabilities and microcensus surveys only interview people living in private households, people living in residential care facilities are excluded (Flieger 2017: online). An estimate in 2011 in the context of a research work came to about 15,000 residents in stationary institutions (Stockner 2011: online). Even if it is an estimate from 2011, the numbers are to be seen critically, because a self-determined life is often only sparsely guaranteed in facilities for persons with disabilities and the responsibility is transferred to the service providers (Kastl 2010: 4). The concept of deinstitutionalization, which is always recommended and highly demanded in professional circles, means a drastic change in support for persons with disabilities: moving away from full-time residential care to independent living in a regular living space. At least since the 1970s, this approach has become internationally accepted. In Austria, deinstitutionalization is now still being discussed, but this country is far from systematically implemented deinstitutionalization. An essential idea of this concept presupposes a rethinking of work with persons with disabilities: instead of segregating those affected by those affected, an adequate solution should be worked out with them to achieve participation in society. Along with this change in thinking, a cultural change must take place, the view of persons with disabilities and how to deal with them not only has to be subject-related, but also changes within the general population (Flieger 2017: online).
Although the desired deinstitutionalization is not possible in a short period of time, a larger redistribution from stationary to mobile services and personal assistance could have been visible within the years under review. The budget for the supply of residential care has steadily but moderately increased in the selected federal provinces, but the increase in specific services differs. In Upper Austria, based on the budget, we can only speak of a very slow change away from stationary to mobile measures and personal assistance. Although the increase in the last two services was relatively greater than the increase in budget for residential settings, it was still moderate. In Tyrol, the situation is similar. In Styria, the increase in budgetary resources for residential care institutions is much higher than for mobile services. It was interesting, however, that especially in Styria there are more monetary benefits in the law, while cash benefits in the Upper Austrian Disability Act does not matter. The disproportionately high increase in the Styrian cash benefit livelihood is to emphasize and highlight a slowly occurring restructuring.

In summary, it can be said: In the selected federal provinces, a restructuring process has begun, but there remains a lot of work to do in the area of housing and independent living. The view on persons with disabilities has to change, the handling of disability has to be taken for granted in everyday life, pitiful looks and pejorative attitudes make complete and inclusive participation in society difficult. In order to enable self-determined life, this requires an expansion of personal assistance and even a restructuring to the sole offer of this service, because personal assistance and other community-based support systems will only have a chance at full-scale realization if it involves an actual transfer of resources away from residential settings (Stockner 2011: online). In the normative guidelines found, a passage in the sense of "mobile before stationary" as well as the objectives "enabling a self-determined life" were found, whereby an actual and complete implementation in practice would be preferable and desirable. However, it has often been shown that mobile services or personal assistance are limited by resource dependency or upper limits of supply. Sweden – a pioneering country in the area of personal assistance – is showing ways in which a nationwide and effective system of personal assistance can function. The framework conditions significantly differ from Austria, because there is a legal claim, no upper limits, no deductible and all persons with disabilities can draw benefits. Various providers – both cooperatively and privately organized – offer personal assistance to varying degrees and with approximately 70,000 employees the assistance sector is an important job market (Bacher/Pfaffeberger/Pöschko 2011: online). A look at another welfare state – even if it is to be classified in the Esping-Andersen (1990) classification as social-democratic – shows that personal assistance is possible for all persons with disabilities and must be made possible for independent living and a self-determined life.
7. Literature


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Additional literature used for data analysis


