Liechtenstein

Population
39,000

Area
160 km^2

Capital
Vaduz

3 largest cities
Schaan (6,000)
Vaduz (6,000)
Triesen (5,000)

Neighboring countries
Austria, Switzerland

1. Migration history

Within a few years, Liechtenstein has developed from an emigration country to an immigration country. In the 19th century, there were several waves of emigration in which parts of the population emigrated to America because of poverty and lack of prospects. The emigration continued until the 1920s. In the 1930s, mainly citizens from Germany were naturalised. Thereafter, industrialisation led to gradual immigration from Switzerland in the second half of the 19th century [1]. After the Second World War, Liechtenstein became an immigration country due to the economic boom [2]. The increasing need for skilled workers was largely met by immigration from German-speaking countries. For less qualified jobs, people were recruited from southern European countries such as Italy, Spain, or Portugal. After 1963, the predominantly seasonal workers from Italy were increasingly replaced by guest workers from Yugoslavia, whose number more than tripled between 1973 and 1980. The political, social, territorial, and economic changes in Europe have led to an increased influx of foreigners from Eastern and Southeastern Europe, including Turkey since 1980 [1]. Between 1990 and 2019, the migrant population (born abroad) more than doubled (10,900 to 25,500). At the same time, the proportion of migrants in the total population has risen from 37.9 to 67 %. This is the highest growth among all EU, EFTA, and UK countries and the fifth-highest worldwide [3]. According to the population statistics of the Office for Statistics of the Principality of Liechtenstein, the proportion of foreigners with non-Liechtenstein citizenship in the total permanent population of Liechtenstein was 34.2% in 2019. The largest migrant groups are from Switzerland (3,700), Austria (2,300), Germany (1,700), Italy (1,200), Portugal (700), and Turkey (600) [4]. The great importance of migration in Liechtenstein is due to the economic position of the country, the globally operating companies, the high number of employees (especially migrants) the fluctuations in the composition of the population (immigration, emigration, and naturalisation of foreigners, high mobility of persons between states), and the multinational identities of many citizens. In quantitative terms, family reunification of migrants and marriage migration plays the most important role in immigration [2].

2. Estimated number of people with a migration background with dementia

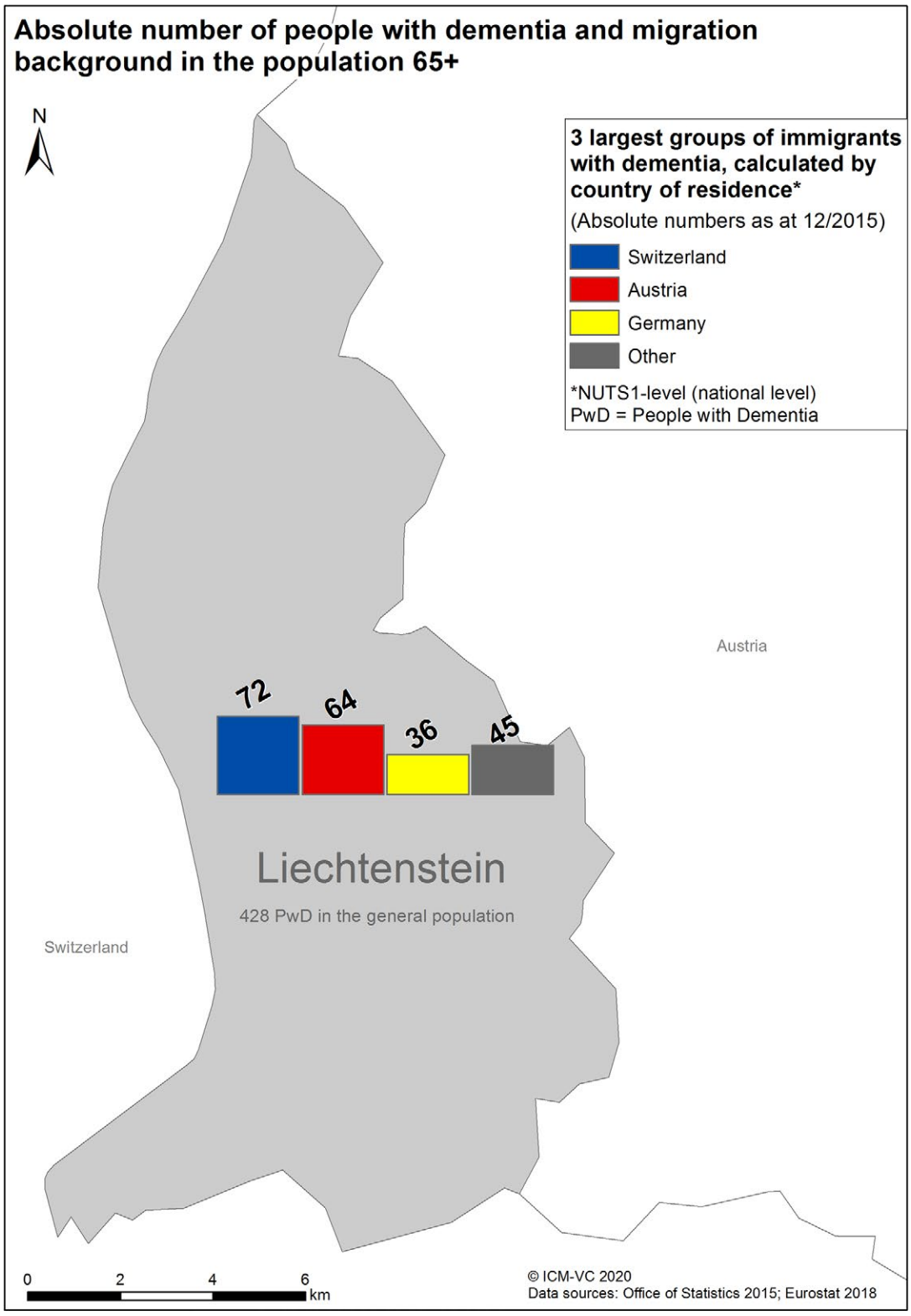

Fig. 3.7.18.1: Absolute number of PwM with dementia aged 65+ (Liechtenstein – Nation)

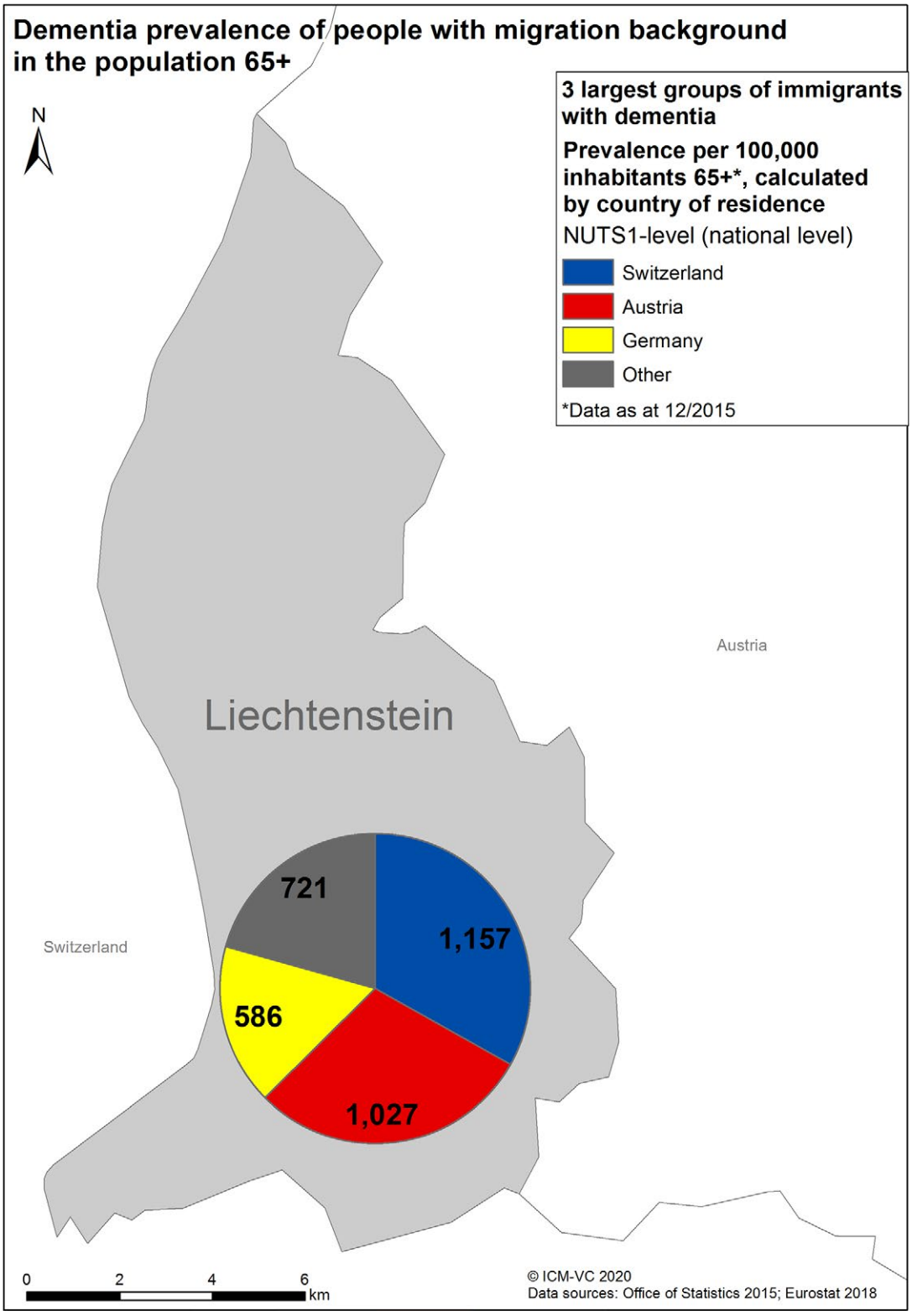

Fig. 3.7.18.2: Prevalence of PwM with dementia among population aged 65+ (Liechtenstein – Nation)

Tab. 32: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Liechtenstein – Nation)

NUTS	Total	LI	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Liechtenstein	428	211	CH 72	AT 64	DE 36	N/A	N/A	45
Prevalence/10,000 inhabitants with migration background 65+								
Liechtenstein	1,364	-	CH 229	AT 203	DE 116	N/A	N/A	143
Prevalence/100,000 inhabitants 65+								
Liechtenstein	6,900	3,409	CH 1,156	AT 1,027	DE 585	N/A	N/A	721

Note: N/A = not available.
Data source: Office of Statistics (2015)

There are 3,100 PwM aged 65 or older. Of those, approx. 200 exhibit some form of dementia. Figure 3.7.18.1 shows the most affected migrant groups presumably originate from Switzerland (approx. 70), Austria (approx. 60), and Germany (approx. 40). The second graph highlights the number of PwM with dementia in Liechtenstein per 100,000 inhabitants aged 65 or older (figure 3.7.18.2). Table 32 displays the values depicted in the maps on the national level [5, 6].

3. National dementia plan

The 'Dementia Strategy for the Principality of Liechtenstein' from 2012 has a length of 36 pages. This document is divided into four chapters: 1. 'Dementia: An Overview', 2. 'Health and Social Policy Significance of Dementia', 3. 'Dementia in Liechtenstein: Current Situation', 4. 'Goals of the Dementia Strategy 2020'. It deals, inter alia, with the topics: What is dementia? Forms of dementia, diagnosis, requirements in the case of dementia, treatment gap, costs of dementia, future challenges, current care structure in Liechtenstein, the situation of family caregivers, quality standards, the six fields of action of the dementia strategy (1. sensitisation, 2. Early detection, 3. education and training, 4. services, 5. cooperation and networking, 6. family caregivers) as well as the implementation and financing of the dementia strategy. None of the above-mentioned topics is set in a migration context [7].

4. National dementia care and treatment guidelines

According to the expert, there are no treatment or care guidelines for dementia at the national level. While two funding agencies have been commissioned to provide care for older inpatients, the 'Association for People with Dementia in Liechtenstein' has an implicit mandate from the State to provide care for people with dementia living at home [8]. The statutes of this association (from 2016) do not consider the topic of migration [9].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on a conducted interview and written statements and reflect the experience and opinion of the experts. A selection bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

The expert stated that the topic of migration in the context of old-age and dementia care does not play a major role in Liechtenstein. Although there is a high proportion of migrants, the majority of them come from German-speaking countries. The population of non-German-speaking PwM who are at an age that is relevant for dementia care is extremely small. In Liechtenstein, their cases are treated as individual cases. For example, the expert often works in nursing homes and does not know of any Turkish speaking residents and only knows around a handful of residents from Italy.

Regarding the care of PwM with dementia, an integrative model is used. Due to the small total population (approximately 38,400 in 2020 [10]), there is a relatively high level of social control in Liechtenstein, and as a result of extensive educational work (e.g. by the Association for People with Dementia in Liechtenstein), a high level of sensitivity to the topic of dementia. Dementia-specific information and healthcare services are available nationwide. For example, all households are provided with dementia-specific information flyers. According to the expert, this national availability of services in principle also applies to PwM. However, there are no care services specifically tailored to the needs of PwM with dementia and the information is only available in German (in the health context, there is no multilingual website and there are no foreign-language information brochures on the topic of dementia). Due to a relatively high proportion of migrants in the nursing profession and a high diversity with regard to the countries of origin of the nursing staff (according to the expert's estimate approximately ten different nationalities), linguistic and cultural competences are basically available, but they are currently not systematically applied or used for the development of specialised care services for PwM.

The expert mentioned a non-dementia-specific general model of good practice. It is characterised by the fact that care providers in Liechtenstein have the time and financial resources to deal intensively with the respective patient and to identify his or her individual needs. These resources are used, for example, to determine the language needs of PwM and to consult competent translators if necessary. In addition, female migrants have access to the Information and Counselling Centre for Women 'Infra', which offers information events on topics such as work, marriage law, finance, and health as part of the state-supported project 'Integra'. If required, translations into Spanish, Portuguese, English, Tibetan, and Turkish are organised [11]. Fur-

thermore, free individual counselling is provided in the respective mother tongue [12] and a read-write service is offered to help foreign-language women understand, read or write official letters or fill in forms [13].
According to a second expert, the existing care services in Liechtenstein are suitable for non-migrants as well as PwM with dementia. Although cultural knowledge is not always present, person-centred care is practiced in nursing homes, where the nursing staff deals with the respective cultural and biographical backgrounds of the individual persons.

6. Professional qualification and people with a migration background in healthcare

According to the first expert, there is a lack of professional training opportunities for healthcare professionals in culturally sensitive or intercultural care (the expert interviewed was only involved in one intercultural training event in his 30-year career). The second expert, however, stated that culturally sensitive issues are part of the education and training of caregivers. In Liechtenstein, there is a high proportion of migrants among professional caregivers. According to the second expert, the proportion of professional caregivers with a migration background in inpatient care is approximately 60%. The majority of these caregivers are from German-speaking countries (Germany, Switzerland, and Austria). The interviewed expert estimated the proportion of caregivers with a migration background from non-German-speaking countries in inpatient care at 5 to 10%. In outpatient care, in his experience, the diversity in terms of countries of origin is slightly higher. There, the proportion of caregivers with a migration background from non-German-speaking countries is approximately 10 to 15%. The main countries of origin are Italy, Portugal, and Spain. A number of (female) caregivers in outpatient care also originate from South America (Brazil, Ecuador, Costa Rica), Thailand, and the Philippines. The need for culturally sensitive care is not met (either in outpatient or in inpatient care) by sufficiently qualified professionals.

7. Support for family caregivers

According to the expert, various networks in Liechtenstein play a role in supporting family caregivers of PwM with dementia. The expert considered the importance of families in this context to be very high and the importance of care providers and migrant organisations to be high. The need for specialised services providing support and information to family caregivers of PwM with dementia was also identified as high. Currently, there is still a lack of tailored, native-language information resources for caregivers of PwM with dementia.

8. References

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