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STRATEGIES FOR SOCIAL PROTECTION AND  
SOCIAL INCLUSION  
2008-2010**



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**AUSTRIAN REPORT ON  
STRATEGIES FOR SOCIAL PROTECTION AND SOCIAL  
INCLUSION  
2008-2010**

Ministry of Social Affairs and Consumer Protection  
Vienna, September 2008

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# GENERAL OVERVIEW

## 1 GENERAL OVERVIEW

### 1.1 SOCIO-ECONOMIC RATIOS

#### Economic growth

Austria's economy grew by 3.3% and 3.4% in real terms in 2006 and 2007, respectively, exceeding the average growth rate of the EU-27. However, growth is expected to start slowing down in the second half of 2008 due to deteriorating global economic conditions. The Austrian Institute of Economic Research (Österreichisches Institut für Wirtschaftsforschung / WIFO) assumes a real GDP growth of 2.3% for 2008 and of 1.4% for 2009.

#### Employment

Based on the findings of the Labour Force Survey, the employment rate increased from 68.6% in 2005 to 70.2% in 2006 and 71.4% in 2007. The employment rate of women rose from 62% to 64.4% and that of men from 75% to 78.4%. A by no means insignificant share of employment growth can be attributed to the increase in part-time work of women. According to EUROSTAT, part-time work in Austria surged by 10.0% between 2005 and 2007, while full-time employment went up by 3.3%. Nevertheless, 56% of about 176,900 new employment contracts corresponded to full-time jobs.

Those groups within the population who face more severe labour market problems and who are addressed in this Strategy Report, benefited from the generally improved employment situation at an above-average level.

The employment rate for older workers (aged 55 to 64) increased from 31.8% in 2005 to 38.6% in 2007 (28% women, 49.8% men). Besides the cyclical development, political measures, such as the pension reform and labour market

policy programmes for specific target groups, made a decisive contribution to this trend.

A significant increase in youth employment was recorded in 2006 and 2007. The employment rate of the age group 15 to 24 years rose from 53.1% to 55.5% between 2005 and 2007. The employment rate of women climbed from 49.4% to 51.5% and that of men from 56.8% to 59.6%. The improved employment situation is, inter alia, due to a significant increase in the funds allocated to labour market policy youth programmes.

Based on the Labour Force Survey, the employment rate of foreigners increased from 61.9% to 63.8%. The gender gap is considerably higher among foreigners than among Austrian citizens and has widened since 2005. The employment rate of foreign women stood at 52.9% in 2005 and at 53.3 in 2007, while that of men rose from 71.4% in 2005 to 74.5%. The employment rate of Turkish women is extremely low, declining from 30.5% to 27.3% in this period. Among Turkish women, the gender-specific difference in labour market integration is 40 percentage points.

The employment rate of persons with compulsory education as the highest educational level attained recorded an exponential increase from 47.2% in 2005 to 51.9% in 2007 (men from 55.2% to 58.8%; women from 41.3% to 47.2%). The labour market integration of people with only compulsory education (ISCED 0-2) is, however, still 30% below that of persons with education beyond that level (ISCED 3-6).

Health-related problems entail major employment barriers. According to EU-SILC 2006, the employment rate of people with disabilities in a narrower

## GENERAL OVERVIEW

sense<sup>1</sup> is 34% (men 37% and women 31%). Persons with disabilities in a wider sense<sup>2</sup> register a 55% labour market integration (men: 62%; women: 49%). Using the administrative data of the Compensatory Levy Fund (Ausgleichstaxfonds) on “eligible persons with disabilities” (persons who were issued a formal decision on their health status under the Act on the Employment of People with Disabilities [Behinderteneinstellungsgesetz], the Länder Acts on People with Disabilities or the NS Victims Welfare Act [Opferfürsorgegesetz]), the employment rate of this group was 67% in 2007.

### Unemployment

The unemployment rate dropped from 5.2% in 2005 to 4.4% in 2007. The unemployment of women (5%) is higher than that of men (3.9%).

Young persons (15 to 24 years old) registered an above-average unemployment rate of 8.7% (2007). Thanks to comprehensive youth training and employment programmes, the sharp increase recorded up to 2005 (10.3%) has been reversed in the past two years.

According to the Labour Force Survey 2007, the unemployment rates of persons who completed only compulsory education (8.6% in total, 8.6% men, 8.5% women) and of foreigners (9.5% in total, 8.6% men, 10.7% women) exceed the average unemployment rate.

Based on SILC 2006, the unemployment rate of persons with disabilities in a narrower sense is 13% (women 10%,

men 16%). The increase in the budget for employment measures targeting people with disabilities has led to a reduction of unemployment of this group since mid-2007.

Long-term unemployment rates of 1.3% and 1.2% were registered in 2006 and 2007, respectively.

Households in which no member of the household is economically active are a key target group in the combat against social exclusion. In 2005 8.7% of those aged 18 to 59 lived in jobless households (9.6% of the women and 7.7% of the men). In 2007 this share decreased to 7.6% (women: 8.7%; men: 6.5%).

### Low income from economic activity

Work does not prevent financial exclusion unless an adequate income is earned. According to SILC, in 2006 4.6% of the economically active persons aged 15 to 64 (6.5% of the women, 3% of the men) earned an hourly income below the amount that corresponds to a gross monthly income of EUR 1,000 (14 times per year) for a 40-hour week.

According to EU-SILC 2006, the difference between the average gross income per hour between men and women – measured on the basis of the average gross hourly earnings of the male labour force – was 20%. The so-called “gender-pay gap” has widened by 3 percentage points since 2003 but did not exceed statistical fluctuation within the past 10 years.

### Reconciliation of work and family life

To increase women’s labour market participation, an adequate supply with care facilities is required. 7% of the women furthest away from labour market or working part time stated in the Labour Force Survey that they did not want to become economically active or increase work intensity due to inadequate care facilities for children, older persons and persons with disabilities.

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<sup>1</sup> “People with disabilities in a narrower sense” refers to people who stated in the SILC Survey to suffer from a self-perceived strong impairment in performing every-day tasks, which had lasted for at least 6 months.

<sup>2</sup> “People with disabilities in a wider sense” refers to people who stated in the SILC Survey to be chronically ill.



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### Educational opportunities

Pre-school facilities (childcare facilities) provide a better basis (e.g. language skills) for school education. In 2006 the number of children attending childcare facilities with non-Austrian citizenship was below that of Austrian children. 85% of the Austrian children aged 3 to 5 years were taken care of in nurseries, while the rate of foreign children was only 76%. The attendance rate of children from non-EU Member States was even significantly lower.

While up to 2004 the share of early school leavers (share of the age group 18 to 24 who completed only compulsory education and are currently not receiving education and training) declined steadily to 8.6% (men 9.5%, women 7.9%), a reverse trend was recorded between 2004 and 2007. The share of early school leavers stood at 10.9% in 2007 (11% men, 10.2% women). The share of early school leavers rose exponentially among young people with foreign citizenships, reaching 28.9% in 2007 (men 27.7%, women 29.9%).

### Risk of poverty

The at-risk-of-poverty rate of 12.6% in 2006 was within the lower third in the ranking of the EU-27. It has fluctuated between 11% and 13% since 1995. The rate registered for women (14%) is higher than that for men (11%). This reflects above all the higher risk of poverty faced by lone parents (27%) and pensioners in one-person households (28%).

The groups affected most severely by low per-capita household incomes are households with long-term unemployed persons (40% at-risk-of-poverty rate), pensioners in one-person households (28%), migrants<sup>3</sup> (28%), lone parents

(27%), persons in households with three and more children (16%) as well as persons with disabilities (17%).

14% of the children and young people younger than 27 years (who undergo education/training and are financially dependent) are exposed to poverty risks. Children living in a one-parent household have an exponential poverty risk of 27%. Children living with their parents in a multi-person household with three or several children have a poverty risk of 17%. Children in households with a migration background<sup>4</sup> face the highest poverty risk, i.e. 39%.

The share of persons whose household income is below the at-risk-of-poverty threshold although they are working (the so-called "working poor") in the total working population in Austria is 7%. Those economically inactive register an at-risk-of-poverty rate that is more than twice as high (19%).

For the age group 65 plus the at-risk-of-poverty rate after social transfers stands at 16% (20% for women and 11% for men).

The main reason for a low per-capita household income in households with persons of working age is lacking or inadequate labour market integration. The rate of the monetary poverty risk of households with children whose mother is not working is three times as high as that of households with active mothers. The economic activity of mothers reduces the at-risk-of-poverty rate in one-parent households from 48% to 19%, in multi-person households (more than one adult in the household) with one child from 13% to 4%, in multi-person households with two children from 21% to 4% and in multi-person households with three and more children from 21% to

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<sup>3</sup> This term refers to persons from non-EU/EFTA states who do not hold the Austrian citizenship.

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<sup>4</sup> At least one person in the household holds the citizenship of a non-EU/EFTA state or came from there before naturalisation.

## GENERAL OVERVIEW

13%. The monetary poverty risk of persons of working age with strong health impairments falls from 42% to 10% if the disabled person is working.

As far as economically inactive persons are concerned, the main reasons for incomes below the at-risk-of-poverty thresholds are access to social transfer systems and the level of social transfers granted. The reforms described in Part 2, which are realised in the framework of a means-tested guaranteed minimum income, aim at facilitating access and increasing the benefits to the at-risk-of-poverty thresholds.

Lower incomes have noticeable effects on the opportunities for participation in material terms, especially if households have to live on them during longer periods. According to SILC, about half of the households at risk of poverty succeed in achieving an income above the at-risk-of-poverty thresholds after one year at the latest. This is mainly the case if the work intensity of the household increases. Since the 1990s, the proportion of the population persistently at risk of poverty has declined. In 1997 63% of those at risk of poverty faced poverty risks for at least two years; in 2006 the rate dropped to 52%.

Even if the total share of persons with lower incomes has remained fairly unchanged over the past 10 years, the indicator “national poverty gap” shows that an improvement was achieved on the bottom of the income distribution. In 1996 0.95% of the GDP would have been necessary to provide all persons with minimum incomes corresponding to the at-risk-of-poverty thresholds. In 2006 a considerably lower “national poverty gap”, i.e. of 0.8% of the GDP, was registered. This development has been due to the higher employment rate, the exponential increase in minimum pensions and the increased redistribution effect of social transfers. These factors

also result in an inequality in income distribution that is significantly below the EU average. The income quintile share ratio (i.e. ratio of the average per-capita household income of the fifth of the population with the highest income compared to that received by the fifth of the population with the lowest income) stood at 3.7 in 2006 (2004: 3.8). The EU-25 average was 4.8% in 2006.

### **Statutory pension insurance**

The number of pension insurance contracts in the statutory pension system was 3,431,308 on average in 2007. Compared to 2006, the number of insured persons rose by 78,987 or 2.4%. This plus is predominantly due to the fact that the number of employees with pension insurance coverage increased by 76,093 or 2.7%.

In 2007 EUR 23.11 billion or 80.8% of the total income of the pension insurance system were attributable to contributions by the insured (2006: EUR 22 billion or 80.4% of the total income). The trend of spending in the pension insurance system is mainly determined by the expenditure on pensions amounting to EUR 25.07 billion in 2007 (2006: EUR 24.04 billion) or 87.6% of the total spending. Compared to the previous year, the expenditure on pensions went up by 4.3%. The increase is due to the higher number of pension payments on the one hand and structural effects (new pension claims are higher than pension payments discontinued) as well as the annual pension adjustment on the other hand. The remaining expenditure consists in payments of the pension insurance institutions towards guaranteed minimum pensions (benefit equalisation for GMPs), health insurance contributions for pensioners as well as benefits related to health care and rehabilitation. In December 2007 239,515 persons received minimum pensions. Compared to December 2006,

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this was an increase by 9,761 persons or 4.2%. The share of minimum pension recipients in the total of pension recipients rose from 11% in December 2006 to 11.3% in December 2007. This is due to the extraordinary increase in reference rates for minimum pensions.

The difference between the pension insurance expenditure and income is funded from the tax yield of the Federal Republic of Austria (Federal Republic's contribution). The Federal Republic's contribution to the pension insurance – the so-called liability guarantee of the Federal Republic – amounted to EUR 4.43 billion in 2007; this corresponds to an increase by 1% or EUR 45 million from the level of 2006. If all payments of the Federal Republic to the pension insurance (liability guarantee, partner benefit in the pension insurance system of the self-employed, compensation for the expenditure on benefit equalisation for GMPs and financing of fictitious qualifying insurance periods by the Federal Republic for periods during which maternity benefit or sickness benefit were received, for periods during military service, national service for women, alternative civilian service and for transitional allowance recipients) are taken into account, the federal government expenditure totals EUR 6.92 billion (2006: EUR 6.75 billion). This means that the federal government's share in the total expenditure of the pension insurance system slightly decreased from 24.7% (2006) to 24.2% (2007). On the other hand, the contribution coverage ratio of the statutory pension insurance system rose from 75.3% in 2006 to 75.8% in 2007. In addition, fictitious qualifying periods/partial insurance periods of childcare and unemployment are financed from the Family Burdens Equalisation Fund or the labour market policy budget ("Gebarung Arbeitsmarkt").

The old age dependency ratio (ratio of benefits paid to the total of pension insurance contracts) stood at 617 in 2007 (2006: 624). The decline in the old age dependency ratio is due to the decrease of old age dependency ratios in the employee's pension insurance system (from 610 to 604) and above all to the decrease of the old age dependency ratio in the pension insurance system for small businesses and the self-employed over the last years. The upward trend in the farmers' pension insurance system is continuing (latest available data: from 1,092 to 1,117).

The average retirement age of persons receiving direct pensions (old age pensions and invalidity pensions) was 58.1 years in 2007 (men: 59.0 years, women: 57.2 years). Compared to the previous year, it increased insignificantly – by about one month; this is exclusively due to the slightly later retirement of women. In 2007 women retired 1.8 years earlier than men.

The gender-difference in retirement age is 3.3 years; this applies to both old age pensions (men: 62.8 years, women: 59.5 years) and invalidity pensions (men: 53.9 years; women: 50.6 years).

### **Long-term care**

The share of those older than 75 years among the recipients of federal long-term care benefits was 68.5% in the month of December 2007. Due to the demographic development, notably the share of very old persons is expected to increase. As about 80% of the people requiring care are provided care at home, the main aim of the long-term care benefit is to help organise home care; to support this development the supply with mobile care services and services provided in institutional settings has to be improved.

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### Health

The findings of an analysis of data from the Austrian Health Survey 2006/2007 show that persons with higher education are less often smokers, are less frequently extremely overweight and more often have preventive health check-ups. The educational level attained has also an effect on the health-related lifestyle factors. The negative impact of lower education on the health-related lifestyles and health care behaviour is also reflected in the general self-perception of a persons' health status.

Therefore Austria is committed to an overarching strategy for health promotion and prevention going beyond the health sector – this requires an approach across portfolio boundaries (“Health in All Policies”).

### Impact of the social situation on the health-related lifestyle and health care behaviour

	Smoking (daily)		Extreme overweight (obesity)		Prevention <sup>1)</sup> (PSA test <sup>2)</sup> / mammography)		Health status “very good / good“	
	Men	Women	Men	Women	Men	Women	Men	Women
in percent (age-standardised)								
<b>Highest educational level attained</b>								
Compulsory school	35.3	26.9	13.3	18.6	38.4	57.0	69.5	67.5
Apprenticeship/BMS <sup>3)</sup>	33.0	24.2	13.1	10.7	50.2	77.1	78.0	78.8
Upper secondary school/university	17.3	16.6	7.7	7.1	53.6	76.8	87.7	85.3
Total	27.8	21.3	11.8	12.0	48.8	69.4	78.8	77.4
<b>Labour market status</b>								
At work	32.0	26.1	11.5	9.3	40.8	80.2	87.6	86.1
Unemployed	46.1	44.0	11.5	21.8	29.8	75.7	68.7	56.5
<b>Migration background<sup>4)</sup></b>								
None	26.4	21.2	11.3	11.3	51.3	70.2	79.9	79.2
Former Yugoslavia <sup>5)</sup> , Turkey	41.0	28.5	16.9	23.0	20.9	56.6	66.7	62.0
Source: Austrian Statistical Office (STATISTIK AUSTRIA), socio-demographic and socio-economic health determinants, Vienna, 2008. 1) Men and women above 40 years were included in the analysis; the above percentages are not age-standardised. - 2) PSA test for prostate cancer (PSA = prostate-specific antigen). - 3) Vocational intermediate school (Berufsbildende Mittlere Schule). - 4) A person has a migration background if he/she does not hold the Austrian nationality or was not born in Austria. - 4) Excluding Slovenia.								

# GENERAL OVERVIEW

## 1.2 GENERAL STRATEGIC APPROACH

The Austrian social system is based on a comprehensive approach comprising universal social transfers, a well-designed system of social security and tax measures. These social transfers do not only reduce inequalities and poverty risks significantly but also strengthen social cohesion. On the lower end of the income spectrum, social security is ensured by social assistance. Social assistance will be harmonised and modernised by introducing the means-tested guaranteed minimum income in 2009. The new system will enhance social security and improve access to the respective schemes. It will be rounded off by extensive measures promoting equal opportunities, improving employability and labour market integration and will be underpinned by a tight network of social services.

This system is founded on a wide social consensus and enjoys the strong support from an active and well-functioning social partnership. Non-governmental organisations (NGOs) play a major role in providing social services. One the one hand, they are active in all fields of social welfare (homeless work, youth welfare, nursing care and support, work for people with disabilities, social counselling, support to families and refugees, integration work, educational work, services to patients, international disaster relief, etc.) on behalf of the public sector. On the other hand, NGOs partly also introduce services to cover existing gaps. Moreover, they provide important stimuli for the further development of the social system; innovative and creative projects often serve as best-practice examples. The study "Achievements of the NGOs in the combat against poverty" ("Leistungen der NROs in der Armutsbekämpfung") of June 2006 shows that no less than about

560 non-profit organisations are active in the combat against poverty.

The Austrian social system is further developed on an ongoing basis to respond to new challenges (demographic development; economic and social transformation) and to improve the social security and opportunities of disadvantaged groups within the population.

The Austrian strategy conforms to the overarching objectives of the Open Method of Coordination (OMC) for social protection and social inclusion. These objectives are as follows:

- a) social cohesion, equality between men and women and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies;
- b) effective interaction between the Lisbon objectives of greater economic growth, more and better jobs and greater social cohesion, as well as with the EU's Sustainable Development Strategy;
- c) good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy.

### **Concerning objective a)**

Key objectives of the Austrian strategy for the years 2008 to 2010 are as follows:

It is a central socio-political concern to offer all children and young people optimal opportunities for development. The measures taken include for example monetary transfers, adequate conditions for reconciling work and family life, an adequate supply with childcare facilities and measures to improve the opportunities of disadvantaged children.

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Austria supports the objectives at European level, which emphasise the key role of employment in promoting social inclusion and of ensuring the financial sustainability of the social insurance systems. Hence, measures to improve the employability and labour market integration of disadvantaged groups are an important pillar of the Austrian policy.

A decisive step in this context is the means-tested guaranteed minimum income. Its aim is to combat poverty and promote access for disadvantaged groups to the labour market in interaction with other measures.

Attention is focused on groups facing higher poverty risks and difficulties in the labour market. Therefore numerous policies are adopted for long-term unemployed persons, older people, women, people with disabilities, persons with a migration background and persons who only attained lower educational levels so as to improve their occupational and social integration. With a view to orchestrating a preventive and sustainable strategy, many policies target pre-school age groups.

After the comprehensive reforms of the years 2000 to 2004, which established a sound long-term financial basis for the Austrian pension system, measures are taken to provide social cushioning and to strengthen the incentives in the pension system for longer working lives. Hence, the pension system is further developed in accordance with the common objectives.

In the health sector the Austrian strategy fully complies with the common objectives. Its priorities are integrated health care services based on sustainable funding, compulsory quality work and further improvements regarding the accessibility and affordability of health care services. Health promotion and prevention are high on the agenda.

It is a top priority of the Austrian federal government to further improve care and support services for older people. Comprehensive measures to ensure legal, affordable and quality-assured care at home and to support care-giving family members are being implemented. Other measures concerning the accessibility, quality and sustainability of long-term care are being prepared in working groups.

### **Concerning objective b)**

Austria strongly supports the approach reaffirmed on various occasions by the European Council that the social system must be regarded as a productive factor. Economic, employment and social policies may and should be closely inter-related and mutually supportive.

The combat against child poverty, maximum participation in economic activity and health care services should be given as examples of this approach.

The anti-poverty policy improves the living conditions throughout the entire life cycle and helps to avoid the transmission of poverty to the next generation. Besides pursuing the short-term goal of reducing poverty, these efforts are considered also a long-term investment in the people as well as the national economy (e.g. higher probability of employment, lower probability of requiring social transfers). In this context, Austria takes a number of measures, which are described in more detail in Chapter 2.

Labour market participation does not only reduce the poverty risk but also decreases the burden on the federal government budget and promotes growth through a larger labour supply. However, quality jobs and, in particular, adequate minimum wages are prerequisites for making a contribution to a sustainable combat against poverty. In this connection, Austria has taken some vital

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measures, which are described in Chapter 2 (especially social insurance coverage of quasi-freelancers and agreement on a minimum wage of EUR 1,000).

Comprehensive, high-quality, generally accessible and affordable health care services have also a significant economic impact which will partly be felt only in the medium or long term. Good health is a basic requirement for longer participation in the labour market, for reducing sick leave and boosting productivity. It goes without saying that the non-quantifiable effects which good health and health care have on the quality of life are an additional bonus. Numerous measures have been envisaged also in this area.

The Federal Ministry of Social Affairs and Consumer Protection will commission a study to analyse the interaction between the different policy areas in the framework of the Lisbon strategy and the Open Method of Coordination for social protection and social inclusion in more detail.

### **Concerning objective c)**

Information regarding the overarching objective c) - good governance, transparency and the involvement of stakeholders in the design, implementation and monitoring of policy – is provided in Chapter 1.3 “Better Governance“.

### **1.3 BETTER GOVERNANCE**

In preparing this year’s Strategy Report efforts were intensified to tackle the subject of “better governance“ more comprehensively by planning in advance based on the experience gained during the first cycle of the streamlined OMC for social protection and social inclusion. To meet the goal of involving all stakeholders as early and comprehensively as possible,

preparations for the 2008-2010 OMC cycle started already in 2007.

The measures presented in this Chapter aim at ensuring the optimal involvement of all stakeholders and at improving the coordination between the preparatory work under the Lisbon strategy and the OMC for social protection and social inclusion.

### **Preparatory measures**

Based on the present common objectives of the streamlined OMC for social protection and social inclusion, possible key priorities were defined in autumn 2007 by the ministries mainly responsible, i.e. the Federal Ministry of Social Affairs and Consumer Protection (Bundesministerium für Soziales und Konsumentenschutz/BMSK) and the Federal Ministry of Health, Family and Youth (Bundesministerium für Gesundheit, Familie und Jugend / BMGFJ). This list of themes was submitted to all relevant players (ministries, Länder, Federation of Cities and Municipalities, the social partners, NGO umbrella organisations) in October and discussed in the presence of Federal Minister Buchinger as well as a representative of the European Commission at a kick-off event for the new reporting period on 26 November 2007. Apart from the in-depth discussion, the event also aimed at explaining the reporting procedure to the stakeholders, and the representative of the European Commission outlined the expectations of the EC for the new reporting period. After the meeting, the stakeholders were invited to comment on the proposed key themes in writing. By taking into account the contributions of the stakeholders, which were subject to another in-depth discussion at an inter-ministerial meeting, a first draft report was prepared.

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### Report drafting and involvement of the stakeholders

After agreeing on the key themes for the first draft report, the divisions of the Federal Ministry of Social Affairs and Consumer Protection and the Federal Ministry of Health, Family and Youth, which are mainly responsible for the chapters “National Action Plan on Social Inclusion“, “National Strategies for Pensions“ and “National Strategies for Health and Long-Term Care“, consulted the relevant stakeholders (ministries, Länder, social partners, NGOs, etc.).

In a second round of consultations, the first draft report was sent out to all stakeholders, who were invited to comment on it. Based on their contributions, the draft report was revised. It was then presented and discussed at a second meeting in the presence of Federal Minister Buchinger. After the meeting the stakeholders were given another opportunity of submitting written comments on the revised draft report.

In preparing the Austrian Report on Strategies for Social Protection and Social Inclusion, the Federal Ministry of Social Affairs and Consumer Protection applied the Standards of Public Involvement<sup>5</sup> developed on the initiative of the Federal Chancellery and the Federal Ministry of Agriculture and Forestry to strengthen the involvement of stakeholders. With a view to ensuring maximum transparency, the comments obtained in writing from the stakeholders were published on the website of the Federal Ministry of Social Affairs and

Consumer Protection<sup>6</sup>. The importance of involving the various players in preparing the National Report on Strategies for Social Protection and Social Inclusion was reflected by the fact that the Federal Minister attended both events held with the stakeholders and that he engaged in direct exchanges with them.

The Report also highlights the active role the Austrian social partners play in socio-political activities and initiatives. Various programmes and campaigns mentioned in the draft report, which focus on areas such as youth employment, increasing the labour market participation of older people, the training of skilled workers, minimum wage, etc., illustrate Austria's longstanding tradition of common policy-making in the framework of a smoothly working social partnership; a common contribution of the social partners is attached to the Report.

In general, it should be stressed that all relevant stakeholders – from local authorities to academic institutions – were regularly involved in the work for key social and labour market policy projects, such as restructuring the long-term care system or amending the invalidity pension law.

In the framework of the conference “Participating & Being Active – active inclusion forms part of the European social model” (“Teil-Haben & Aktiv-Sein - Aktive Eingliederung als Teil des Europäischen Sozialmodells”) of the Federal Ministry of Social Affairs and Consumer Protection on 15 May 2008, all stakeholders participating in the preparation of the Strategy Report were invited to explore issues regarding guaranteed minimum incomes, social services and an active labour market policy. The conference provided a platform for critical discussion and

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<sup>5</sup> Note: The Standards of Public Involvement were developed in a wide discussion process by an inter-ministerial working group and by involving the interest representations, NGOs and external experts. International models such as the British “Code of Practice on Consultation” were used as a basis. The Standards of Public Involvement were adopted by the Council of Ministers on 2 July 2008.

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<sup>6</sup> See: <http://www.bmsk.gv.at/cms/site/detail.htm?channel=CH0728&doc=CMS1204192701870>



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exchange between social policy stakeholders and selected European and Austrian experts in research and administration as well as the social partners and non-governmental organisations.

### **Mainstreaming**

The National Reform Programmes (NRPs) under the Lisbon strategy for growth and employment as well as the National Reports on Strategies for Social Protection and Social Inclusion in the framework of the OMC have to be prepared in 2008. Moreover this is the first time, that they cover the same reporting period, i.e. 2008 to 2010. The aim of synchronising report drafting was to facilitate interaction in the reporting process and to establish tighter links between national employment, economic and social policies. By taking into account the objectives of the strategy for sustainable development and its impact on the aforementioned policy areas, the reciprocal supportiveness of all three strategies is to be ensured.

For the first time, a joint meeting of the Federal Ministry of Economics and Labour (Bundesministeriums für Wirtschaft und Arbeit/BMWA), the Federal Ministry of Social Affairs and Consumer Protection (Bundesministerium für Soziales und Konsumenten-schutz /BMSK), the Federal Ministry of Agriculture, Forestry, Environment and Water Management (Bundesministerium für Land- und Forstwirtschaft, Umwelt und Wasserwirtschaft/BMLFUW) and the umbrella organisations of NGOs active in social and environmental affairs was organised to discuss the challenges for the national reform programme as well as interaction between the OMC, the strategy of sustainable development and measures in these areas. In the preliminaries of this event, discussions were held at inter-ministerial level on

how to handle feeding-in (impact of the OMC on the growth and employment objectives) and feeding-out (impact of the strategies defined in the NRP on the social cohesion objectives) most effectively, while complying with the respective reporting schedules. An introductory chapter on social policy as a productive factor in the National Reform Programme, joint drafting sessions as well as mutual consultation and/or comments regarding the optimal presentation of the interaction between the different policy areas have been planned. In addition, the NGOs will have the opportunity of making concrete contributions to the National Reform Programme.

### **Developing a permanent monitoring system based on additional national indicators**

To improve poverty reporting in Austria and to establish a permanent system for monitoring social trends as well as the political measures taken, the Federal Ministry of Social Affairs and Consumer Protection commissioned a study for developing a transparent and politically relevant national set of indicators covering poverty, deprivation and social exclusion in 2007. The national indicators supplement the indicators developed at EU level.

The indicators were developed jointly under the lead of the Austrian Statistical Office (Statistik Austria) and a research institute and by involving independent experts and representatives of the local authorities, social partners (Chamber of Labour, Austrian Economic Chamber and Federation of Austrian Industrialists) as well as NGOs.

In coordination with this research panel, poverty, the criteria of a deprived lifestyle and the central life spheres to be covered by the indicators were defined. This study also identified the characteristics of poverty and social

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exclusion based on the demographic, social and economic trends having an impact on the life situations of socially weaker groups or persons. The empirical findings were documented for selected areas.

The national set of indicators developed in this way and the relevant data are attached as an Annex to this Report.

# NATIONAL ACTION PLAN FOR SOCIAL INCLUSION

## 2 NATIONAL ACTION PLAN FOR SOCIAL INCLUSION

### 2.1 MORE DEVELOPMENT OPPORTUNITIES FOR CHILDREN AND YOUNG PEOPLE

Opportunities for social and economic participation are determined to a great extent in childhood and adolescence. It is a key socio-political objective to offer all children and young people equal development opportunities, e.g. regardless of the income situation of their parents, their nationality or their health status. To this end, general and well-designed measures are necessary, e.g. in the following areas:

- monetary transfers adequately covering the additional financial expenses of households with children; a suitable framework for the reconciliation of work and family life;
- an adequate supply with childcare facilities and increasing attendance by children displaying behavioural problems and children with physical, cognitive or linguistic barriers;
- better opportunities for disadvantaged children in school and pre-school education;
- a wide and varied offer to young people in transition phases between school, vocational training and career;
- support to families in crisis situations;
- rehabilitation programmes for delinquent young people.

The at-risk-of-poverty rate of children and young people (up to completing the age of 17) dropped from 15.2% to 14.7% between 2005 and 2006. The below programmes have been designed to create fair opportunities of participation and development for all children. They

are also a tool for gradually realising the objective of reducing the risk of material poverty of children and young people by one third by 2016, as defined in the Strategy Report 2006 to 2008.

#### 2.1.1 ADEQUATE MONETARY TRANSFERS

In Austria relatively high cash benefits are granted for children by comparison with the EU-27. The family allowance (plus the tax credit for children) amounts to EUR 2,000 on annual average per child and to EUR 4,200 in total for families with two children and EUR 6,500 for families with three children. This covers about two thirds of the amounts which correspond to the at-risk-of-poverty thresholds for children in Austria based on EU-SILC 2006<sup>7</sup>.

To counteract the high risk of poverty of households with three and more children, there is a multiple-child/siblings supplement to the family allowance. The family allowance for two and more children is topped up by EUR 12.8 per month. The supplement for three and more children was raised to EUR 35 in 2008. For four and more children an additional EUR 50 are granted.

Families with at least three children are also entitled to a multiple-child bonus of EUR 36.40 per month for every third and additional child provided that a specific household income is not exceeded. The income threshold was increased to EUR 55,000 in 2008. The higher benefits in the framework of the family allowance and the raised income threshold for the multiple-child bonus will lead to an improved income situation, especially of the socially weakest households with children. The additional annual costs total about EUR 36.8 million.

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<sup>7</sup> SILC stands for Community Survey on Income and Living Conditions. This EU-wide survey collects information on the living and income conditions of private households in the European Union on an annual basis.

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The childcare benefit is a universal transfer for households with small children. The childcare benefit has been designed to ensure optimal childcare in early infancy, to compensate for a substantial part of the loss of income often entailed by parenthood as well as to provide incentives for labour market participation. The reform of this financial benefit, which took effect in 2008, offers both parents more options to reconcile work and family life and encourages earlier labour market (re-)integration. Now it is possible to choose between three different eligibility periods, the shorter the period, the higher the monthly benefit. If the option of an 18-month period (including 3 months during which the partner is the recipient) is chosen, the benefit amounts to EUR 800 per month; EUR 624 correspond to the 24-month option (including payment to the partner during 4 months), EUR 436 is paid when opting for a period of 36 months (including 6 months of receipt by the partner). Moreover, the discretionary earnings cap was increased to EUR 16,200 per year for those entitled to childcare benefit. In the wake of the reform, career interruptions are expected to be shorter than in the past provided that a framework for adequate childcare is available. This is likely to improve the income situation of households with small children as well as long-term career opportunities, in particular of the mothers.

In line with the concept of a well-aimed combat against poverty, parents or lone parents with low incomes may apply for a monthly supplement of EUR 181 granted as a loan. The respective income thresholds up to which this supplement can be claimed were increased significantly with effect 1 January 2008.

Some of the Länder grant a one-time supplement to the childcare benefit/family allowance as a non-recurring financial aid for covering extra

expenses to low-income families and lone parents. The costs of childcare facilities are socially adjusted to help low-income families in some Länder and communities. Moreover, a so-called "Family Card" is available, which entitles families to reduced admission to leisure, sports and cultural institutions during one year.

One of the reasons for the above-average at-risk-of-poverty rates of single parent households is that ex-partners fail in making adequate maintenance payments. To reduce the risk of poverty of children in single-parent households due a parent defaulting on maintenance payments, an amendment to the current Act on Advance Maintenance Payments (Unterhaltsvorschussgesetz) is to contribute to facilitating and speeding up advance payments to lone parents. In addition, more social security is to be provided to persons entitled to maintenance payments by extending the maximum duration of eligibility for advance maintenance payments from three to five years. Moreover, the continuity of advance maintenance payments is to be ensured.

### *2.1.2 ENHANCING THE SUPPLY WITH CHILDCARE FACILITIES*

Enhancing the quality and quantity of childcare facilities is crucial to help households with children to avoid monetary poverty as well as to support the development potential of children. By offering an adequate supply with childcare facilities, parents are to be provided with an improved framework for their careers, which will allow them to earn an adequate livelihood. Moreover, increasing support is to be provided to children from educationally disadvantaged families to give them a successful start to school; this will also improve their future opportunities for social participation.

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The supply with childcare facilities for children younger than three years has doubled in the past ten years; the attendance rate of 13% (incl. childcare by day minders) is, however, still considerably below the EU's Barcelona target (33%).

Childcare facilities are predominantly financed by the Länder, local authorities and parents' contributions which are socially adjusted to the respective income. In some Länder free attendance of childcare facilities is available – or is planned to be made available – to children before reaching compulsory school age (crèche, nursery, etc.).

Improving the supply with childcare facilities for the age group 0 to 6 years (but especially for those younger than 3 years) and longer opening hours are major goals of the federal government and the Länder (which are responsible for childcare facilities). Childcare places are to be increased by a total of 18,000 up to 24,000 between 2008 and 2010. The Federal Republic of Austria and the Länder make available a total amount of EUR 105 million in this three-year period for these additional childcare places, with the Länder's contribution being one third higher. The financial aid granted increases with longer opening hours of the childcare facilities and may also be used for training day minders.

### *2.1.3 CURRICULUM FOR NURSERIES – MEASURES SUPPORTING EARLY LANGUAGE DEVELOPMENT*

The PISA studies show that especially children with inadequate language skills perform badly at school. Therefore, a curriculum promoting early language development in nurseries is developed. Moreover, additional funds are made available for intensifying language support at an early stage. In concrete terms, intensified language teaching in nurseries targets children who are

expected to face difficulties in understanding lessons in German at school.

By involving the nurseries, a curriculum is prepared which promotes the early language development of those aged 3 to 6 years. According to plans, implementation will start in autumn 2008. This subject is to be integrated to an even greater extent into the curricula of educational institutions and practical training centres for nursery teachers. The nursery curriculum will emphasise the independent educational mandate of nurseries and help intensify cooperation between nurseries, schools and families. Furthermore, the integration of children with disabilities will be promoted in regular nurseries, schools and day care facilities. Integration groups, therapeutic education groups as well as mobile counselling on integration and child development support are available for this purpose.

Moreover, the language skills of the children are to be tested no later than 15 months before school entry. The tests for the school year 2009/2010 were held up to the end of May 2008. The language skills of those children aged between four and a half and five years attending nurseries (about 90% of this age group) are assessed in naturally occurring interactions based on a standardised procedure. Children who do not attend nurseries are invited to attend taster sessions in nurseries, in which their language competence is assessed. About 10% to 15% of these children are expected to require remedial language education, which they should be given predominantly in the last year of nursery attendance.

To promote early language development, additional funds of EUR 15 million will be made available from the federal government budget within the next three years.

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## 2.1.4 ENHANCING DAY SCHOOL SERVICES

To create better conditions for reconciling work and family life and for the care of pupils, the supply with day school services is increased on an ongoing basis. The number of day pupils rose from 44,000 to 71,000 in the period 2002/03 to 2007/08; the share of day pupils in the age group 6 to 14 years climbed from 5% to 9%. If compulsory demand assessments show that the demand for day care has increased, the supply with day school services will be stepped up.

## 2.1.5 INCREASING PERSONALISATION OF INSTRUCTION AFTER REDUCING CLASS SIZES TO 25 PUPILS

Thanks to the legally required reduction of maximum class sizes, which has been started in the school year 2007/08, the institutional framework is better suited to respond to the special needs of children with school problems. This will particularly benefit children from educationally disadvantaged households.

“Personalisation” refers to the total of all measures concerning teaching methods and the organisation of learning/teaching that aim at optimally supporting and challenging the pupils and are tailored to their personality, their learning abilities and potentials. The initiative is based on the assumption that differences (“heterogeneity” and “diversity”) at school are the rule, both in terms of personal differences and differences between social groups.

## 2.1.6 PILOT MODELS “NEW MIDDLE SCHOOL” (NMS) FOR GRADES 5-8

Educational opportunities are to be decoupled to the extent possible from different social backgrounds. Children from educationally disadvantaged households need to be given the same opportunities for (school) careers as

other children, both in legal terms and in practice. In this way the New Middle School (NMS) also contributes to social cohesion in our society (by prevention). It is a main goal of the New Middle School to postpone the choice between specialised school types to a later date to allow all children to develop their potential to the maximum extent. This aim is to be supported also by an innovative mix of state-of-the-art pedagogical approaches. As the NMS is to offer outstanding pedagogical quality, it will show that a new culture of learning is possible.

The development work for the New Middle School will start in the school year 2008/09 on a safe legal foundation (Section 7a of the School Organisation Act [Schulorganisationsgesetz]) in 67 schools (167 classes), where the pupils will be taught on the basis of the curriculum of the first four years of the higher secondary school (Allgemeine Höhere Schule).

## 2.1.7 MORE EDUCATIONAL OPPORTUNITIES FOR CHILDREN WITH DISABILITIES

From 1995/96 to 2006/07 the number of pupils in special needs schools dropped from 19,000 to 13,200, while the number of pupils in need of special pedagogical support rose from 6,300 to 13,800 in the framework of integrative teaching in primary and lower secondary schools. The aim is to offer joint education for children without disabilities and children with (learning) disabilities (integrative teaching).

Measures for pupils in need of special pedagogical support are to be further improved. In the framework of the project “quality in pedagogy for special educational needs”, an evaluation covering all aspects of pedagogy for special educational needs was conducted to identify the weaknesses

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and potentials for further development of special needs education schemes. Proposals for quality standards, personalised tuition, more flexible allocation of resources as well as for professionalising teaching staff (for special needs education) have been developed (see <http://qsp.or.at>). The planned measures are as follows:

- creating a legal basis for continuing integrative education at secondary level II;
- converting special needs education centres into pedagogical competence centres (quality agencies);
- issuing by decree curricula for special needs schools, starting in the school year 2008/09 with the general special needs schools (Allgemeine Sonderschulen), the school for deaf children and the school for blind children;
- guidelines for assessing the demand for special needs education: developing criteria to achieve a binding character, uniformity and transparency;
- guidelines for implementing quality standards in the inclusion classroom;
- project “Ill and Isolated Children Connected – IICC”, virtual network for children and young people during hospital stays, see <http://communityrc2.schule.at/index.php?cid=5687>);
- barrier-free database for special needs education ([www.cisonline.at](http://www.cisonline.at)).

### *2.1.8 MORE EDUCATIONAL OPPORTUNITIES FOR CHILDREN WITH A MIGRATION BACKGROUND*

Pupils of non-German mother tongue (16% of all pupils in the school year 2006/07) are overrepresented in special needs schools and lower secondary schools, while they are significantly

underrepresented in academic secondary and advanced vocational schools as well as in apprenticeships. In the school year 2006/07, their share in special needs schools was 27%, in lower secondary schools 19%, in academic secondary and advanced vocational schools 10% and in apprenticeships 8%.

The opportunities of young people of non-German mother tongue in their school careers are expected to be improved considerably due to the planned reform of early language support in nurseries, intensified remedial German lessons at school, other measures regarding legal and organisational aspects of the school system as well as general initiatives based on inclusion approaches. The aim is to gradually raise the share of children of non-German mother tongue in higher schools and apprenticeships to that of their peers.

Remedial German lessons are offered, if required, of up to twelve hours per week for non-regular pupils at all schools of compulsory general education, of up to five hours per week for regular pupils of primary and special needs schools as well as of up to six hours per week at lower secondary schools and polytechnic schools. Since the school year 2006/07, it has become possible to offer remedial lessons in the language of instruction based on the curriculum for the voluntary subject “German as a second language” in the upper level of academic secondary schools.

The “remedial lessons in German language”, for which a legal basis was created in the school year 2006/07, have been designed as an additional measure for non-regular pupils of primary schools. The necessary human resources are not provided by the Länder but by the Federal Republic of Austria. A minimum number of eight pupils is required for offering these remedial lessons with a maximum duration of one school year.

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They may be organised to include pupils of different grades or types of school. The planned amendment to the School Organisation Act will include provisions to the effect that the remedial teaching programme may be continued in the next two school years and may also cover pupils of lower secondary schools and polytechnic schools.

Mother-tongue lessons for pupils speaking German as a second language are intensified; this is expected to promote German language acquisition. In the school year 2007/08 about 330 teachers of mother-tongue lessons (20 languages) are active across Austria.

## 2.1.9 GUARANTEED RIGHT TO EDUCATION UP TO THE AGE OF 18

The federal government set itself the goal of providing all young people with adequate continuing school education or vocational training. To implement the guaranteed right to education up to the age of 18, projects concerning the dual educational system (see 2.1.11) will be realised. At the same time the number of school places, notably in vocational schools, is to continue increasing, especially with a view to improving access to advanced schools. More attention is to be given to young people having difficulties in finding adequate training places within the existing system of basic vocational training.

In 2007 1,140 additional places were offered in vocational schools in some Länder. In 2008 another 1,050 school places were created. In developing the curricula of vocational intermediate schools traineeships in companies are to be taken into account to a greater extent. Furthermore, the educational pilot project combining the technical school with traineeships in companies will become part of the regular school system at the beginning of the school year 2008/09.

Optimal vocational and educational guidance is of crucial importance in the transition phase from compulsory school education to basic vocational training. In this context, vocational and educational guidance services in schools are to be further developed to support young people and their parents in making well-aimed decisions on future careers and further education. Therefore standardised sets of measures for compulsory vocational and educational guidance programmes for the 7<sup>th</sup> and 8<sup>th</sup> year of all types of schools and the penultimate grade of upper secondary schools are developed in close cooperation with the social partners.

The realisation of new educational pathways based on diversification within upper secondary schools is being discussed. This measure is expected to lead to a reduction in the number of teenagers changing educational/training institutions or dropping out<sup>8</sup>. So-called transition classes or vocational/educational guidance courses are to help pupils who missed content of educational/training programmes to catch up. After subjecting the pupils to a performance assessment, this type of

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<sup>8</sup> The following studies addressing this subject were commissioned by the Federal Ministry of Education, Art and Culture:

“Schulschwänzen-Verweigern-Abbrechen“ (“Playing Truant, Refusing, Dropping Out”), empirical study of Graz University, published in the series “Bildungsforschung” (“Research into Education”) of the Federal Ministry of Education, Art and Culture, volume 19, 2006  
- <http://www.bmukk.gv.at/schulen/sb/schulwschwaenzen.xml>

“Dropoutstrategie. Grundlagen zur Prävention und Reintegration von Dropouts in Ausbildung und Beschäftigung“ (“Dropout Strategy. Basic Prevention and Reintegration Measures for Dropouts in Education and Training”), Institute for Advanced Studies (HIS) commissioned by the Federal Ministry of Education, Art and Culture, Nov. 2007 – interdisciplinary strategy paper  
- <http://www.bmukk.gv.at/schulen/sb/dropoutstrategie.xml>



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catch-up education can be used flexibly in the 9<sup>th</sup> and 10<sup>th</sup> year.

### **“Vocational A levels“: completing apprenticeships with a leaving examination**

In the future, apprentices will be able to take “vocational A level exams” (“Berufsmatura”) in addition and to a large extent in parallel to their apprenticeship. This combines apprenticeship training with the A level exams. The new programme preparing for the A level exam will start in autumn 2008 in the framework of a countrywide pilot project. The amendment to the Act on the Vocational A Level Exam (Berufsreifeprüfungsgesetz) allows young people to take three out of four partial exams already during their apprenticeship. Furthermore, the federal government assumes the costs of preparatory courses for apprentices of up to EUR 6,000 per candidate (EUR 9.6 million in total). In the Länder the responsibility for organising courses preparing for the “vocational A levels” rests with institutions mandated by the governments of the Länder. About 1,600 apprentices (per year) are to benefit from this offer. Giving access to universities, specialised/technical universities, pedagogical universities, colleges and other educational institutions, the vocational A level exam is an important option promoting lifelong learning. The previous form of the “vocational leaving exam” (“Berufsreifeprüfung”) will remain available to all other target groups of the Act on the Vocational A Level Exam.

### **2.1.10 COUNSELLING AND DIAGNOSTICS FOR CHILDREN AND YOUNG PEOPLE WITH DEVELOPMENT PECULIARITIES**

In 1976 mobile counselling units were founded as an outreach programme of the Federal Social Welfare Agency. Today they are active in the Länder of Burgenland, Styria, Upper Austria,

Salzburg, Carinthia and Vienna; this service is now offered under the new name “Counselling and Diagnostics for Children and Young People”.

The tasks of the interdisciplinary team comprise the examination, counselling and support of children and young people with development peculiarities up to the age of 19 by experts in medicine, psychology, social work and, if required, other non-medical disciplines (e.g. early remedial education). Access is voluntary and free of charge for families. The client-centred teams also make home visits if required, and by closely cooperating with regional institutions and decision-makers they also fulfil coordination tasks.

This activity is characterised by a preventive approach and aims at offering optimal support and integration to children or young people in all spheres of life. With most children belonging to the age group 6 to 15 years, priority is given to supporting these clients during the transition from school to work (“Clearing” programme). Quality assurance measures are taken to improve the services on an ongoing basis. In the framework of the evaluation procedure concluded in August 2005, the quality of the service was rated very positively both by the families supported and the cooperation partners.

### **2.1.11 YOUTH EMPLOYMENT PACKAGE: GUARANTEED RIGHT TO TRAINING TO YOUNG PEOPLE**

Against the background of the trends in the markets for young labour force and apprentices, the promotion of apprenticeship training at training centres and in companies is a major challenge of the active labour market policy for young people.

The government has set itself the goal that all young people wishing to start working after completing the 9<sup>th</sup> year of

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school should be given the opportunity to receive apprenticeship training. To translate this into reality, the labour market policy funds for young people were increased from EUR 252 million in 2005 to EUR 385 million in 2007. This made it possible to finance the further development of training centres for young people seeking apprenticeships (Youth Training Consolidation Act /Jugendausbildungssicherungsgesetz), subsidies for companies training apprentices and youth-specific qualification and employment programmes. By stepping up funding, a significant contribution was made to the positive dynamic in the youth labour market. Since the beginning of 2006 the number of young jobseekers has been declining at an above-average rate.

To safeguard opportunities for access to basic vocational training, support measures for the dual training system as well as the quantitatively and qualitatively strongly enhanced system for training apprentices at training centres has proven highly useful. The number of apprentices rose by 3.1% from 2006 to 2007.

Young people will be a top priority of labour market policies also in the next years. With a view to further developing previous activities in this area, the federal government adopted a comprehensive “youth employment package” in 2008. The programme is predominantly based on joint proposals of the social partners.

The system of apprenticeship training in companies and at training centres will be subject to fundamental restructuring measures starting in the training year 2008/09. The cornerstones of this reform project are as follows:

### **Reforming company-related subsidies**

The new system of company-related subsidies for companies training

apprentices will be managed by the departments of the Austrian Economic Chamber competent for apprenticeship training by involving the employee representatives. The basic framework and objectives of the new subsidy scheme are laid down in the Vocational Training Act (Berufsausbildungsgesetz).

### **Basic subsidy for apprenticeships**

The uniform bonus previously granted for each individual apprenticeship is replaced by a new system of differentiated basic funding. This subsidy model provides for a graduated scheme (by year of apprenticeship training) based on the actually paid statutory apprenticeship pay under collective agreements (1<sup>st</sup> year of apprenticeship: three times the apprenticeship pay; 2<sup>nd</sup> year of apprenticeship: twice the apprenticeship pay; 3<sup>rd</sup> and 4<sup>th</sup> year of apprenticeship: one time the apprenticeship pay, or for a training period of 3.5 years: half the amount of the apprenticeship pay).

### **Additional quality-based and labour-market-oriented subsidies**

Besides basic funding, a legal framework for granting additional subsidies to companies is to be established, which will not only provide incentives to create additional apprenticeships but which are also based on quality-related criteria. These support measures include:

- subsidising new vacancies for apprentices to increase the number of training companies;
- quality bonus for companies whose apprentices pass a quality test successfully after completing half of the training period;
- supporting the (further) training of trainers;
- bonuses for apprenticeship completion exams passed with excellent or good marks;

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- supplementary training of apprentices going beyond the legally defined profile of the respective occupation;
- promoting training clusters to cover the required training content of the profile of the respective occupation;
- promoting measures for young people with learning difficulties;
- promoting measures at company level to ensure equal access for young women and young men to different apprenticeable occupations.

### **Further development of apprenticeship training at training centres**

To supplement the apprenticeship programmes of companies – which continue to be prioritised – training opportunities for apprentices at training centres are further developed. Forming part of the guaranteed right to training, this training option is established as an equivalent and standard pillar of the dual vocational training system. By amending the Vocational Training Act, a uniform programme of apprenticeship training at training centres was created. Apprentices may now complete the full apprenticeship, including the final exam, at the training centres. Nevertheless, placement of apprentices with training companies continues to be prioritised.

Besides socially disadvantaged young people and persons with learning difficulties, apprenticeship training at training centres is to target increasingly dropouts of the educational system. A main goal is to provide the target group of “older” young people with additional qualification pathways to prepare them for the apprenticeship completion exam (e.g. intensive training for skilled workers, courses of the Public Employment Service, etc.).

### **Programmes for disadvantaged young people**

In the framework of the integrative vocational training programme, two new options have been available to young people who are disadvantaged on grounds of their ethnic background, talents or physical handicaps since September 2003.

These new options are an “extended apprenticeship” allowing a possible extension of apprenticeship by a maximum of one year (in exceptional cases by 2 years) as well as “partial qualification” within a training period of one to three years, allowing the candidate to acquire partial qualification for one or several apprenticeable occupations.

On 31 December 2007 3,410 young people occupied training positions in the framework of the integrative vocational training programme (including 2,344 in companies and 1,066 in institutions).

The aim of the “Clearing” programme is to smooth the transition from school to career for young people with disabilities and to prepare this target group for the labour market.

“Clearing” teams have the task of designing the most suitable and personalised set of measures for vocational integration in the last or penultimate school year together with the person affected. This service comprises in particular:

- preparing a profile of talents and suitability,
- analysing strengths and weaknesses,
- identifying and/or outlining a possible need for catch-up training,
- indicating career opportunities based on the talent and suitability profile, as well as

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- preparing a career/development plan on this basis.

The number of young people supported under this programme rose from 5,000 in 2006 to 6,000 in 2007.

### *2.1.12 SUPPORT TO FAMILIES IN CRISIS SITUATIONS*

The task of supporting families and their children in crisis situations falls within the purview of the Länder. Youth welfare programmes provided in the framework of social services and parenting support measures take into account the income situation of families. In individual cases the Länder finance the parents' cost contributions (in total or partially) for day care, holiday camps, school events, etc., allowing the children of financially weak families to participate in programmes enhancing their development. Among these measures are parenting support (from preventive counselling to intensive support), psychotherapy, mobile services supporting families in coping with everyday life; these tasks are performed in close cooperation with specialised counselling centres, schools, nurseries as well as women's and children's shelters. New methods to explore parenting styles and the parent-child relationship are tested in a pilot phase (e.g. video-aided family intensive training, family coaching programme).

The increasing number of clients with a migration background poses a new challenge to the youth welfare system, to which some Länder have already responded by developing new models.

Families suffering from acute financial distress through no fault of their own but also single persons receiving family allowance as well as pregnant women may be eligible for bridging grants from the Family Hardship Fund to reduce or eliminate financial crises. In 2007 a total

of 632 in 336 families was supported in this way.

Moreover, some Länder provide financial support in the form of one-time, non-repayable grants to families and single parents in acute and not foreseeable crisis situations.

The Federal Republic's budget earmarked for family counselling centres and centres for parents and children centres was increased significantly and stood at EUR 12 million both in 2007 and 2008. Counselling services for pregnant women and for families as well as divorce counselling offered in cooperation with the courts will be priorities. Counselling is to target increasingly children in their own right.

### *2.1.13 STRENGTHENING REINTEGRATION MEASURES FOR DELINQUENT YOUNG PEOPLE*

As imprisonment is the severest form of social exclusion, out-of-court disposals were introduced as an alternative sanction for young offenders in 2000. The option of doing community work instead of imprisonment for the non-recovery of a fine was enshrined in the 2008 Criminal Law Amendment Act (Strafrechtsänderungsgesetz) after a favourable evaluation of the pilot tests in 2008. There is a growing trend towards using community work as a sanction. In 2007 about 3,000 clients were supported by social workers while doing community work; about half of them were young people. Between 2006 and 2007 an increase of 20% was recorded.

The number of pilot studies on electronically monitored house arrests during which the delinquent persons have frequent contacts with their social workers were increased. If the evaluation results are positive, this solution will become part of the standard criminal justice system.

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Moreover, another project envisages that voluntary support services for adolescents and young adults should be made available in all Länder immediately after they were reported to the police and not only by virtue of the court sentence or the public prosecutor's decision.

To prepare prisoners about to be released for successful reintegration into the labour market, educational and qualification measures as well as easily accessible work training programmes were developed in the framework of "Equal Projects" in the period 2005 to 2007. These measures became part of the regular system in Vienna, Graz, Linz and Klagenfurt, where the projects had been conducted. Due to the positive results of project evaluation, these measures will be introduced countrywide.

With a view to preventing young offenders from engaging in further criminal activities and to facilitating their social reintegration, the establishment of an independent Juvenile Court including an independent public prosecutor's office has been envisaged. A well-designed procedure and special response strategies are expected to make a vital contribution to preventing the detrimental effects of punishment. Unlike in adult criminal law, out-of-court disposals and even special sanctions not involving a court sentence should be applied in a wider range of cases.

In cooperation with experts, the anti-violence strategy "Weiße Feder" ("White Feather") (see <http://www.gemeinsam-gegen-gewalt.at>) was developed in autumn 2007. All school partners are involved in this programme focusing on the basic and further training of teachers as well as on support and counselling (telephone hotline: "Wireless Advice"/"Rat auf Draht"). Programmes promoting conflict settlement and fair treatment have been prioritised by the Federal Ministry of Education, Art and

Culture (BMUKK) for some time (see [www.faireschule.at](http://www.faireschule.at) – social learning and peer mediation). The "New Start Association" ("Verein Neustart") has offered to cooperate with the BMUKK in this area.

### 2.2 MEASURES FOR LABOUR MARKET INTEGRATION

In the framework of the European employment strategy, the Austrian labour market policy focuses on re-establishing full employment, increasing job quality and labour productivity as well as on strengthening social and territorial cohesion.

The central goal to be achieved with regard to persons of working age is to boost their labour market opportunities. Anti-poverty policies target persons with above-average labour market problems: unemployed (notably long-term unemployed) persons, young people facing transition between school, vocational training and career (see Chapter 2.1.11), older persons of working age, women with care responsibilities as well as persons with disabilities, migration backgrounds or inadequate training.

To achieve full employment and to minimise unemployment, the federal government earmarked a budget of EUR 927 million in 2006 for funding active labour market policies, which were implemented in 2007 and 2008. This record budget has been made available also after 2006 with a view to continuing the well-aimed labour market policy.

Other measures adopted in the context of the tax reform carried out before the originally planned date and the combat against the effects of price increases were a reduction of the unemployment insurance contribution and in some cases non-payment of the contribution

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(see Chapter 2.2.7) by low-income earners.

In 2007 the Public Employment Service met all targets set by the Executive Board.

and that 37% of the long-term unemployed people were to be provided with an employment opportunity was

### Annual target of the Public Employment Service for 2007

Labor market policy goals	Target	Actual value
Preventing long-term unemployment (transition rate into long-term unemployment)	max. 2.5%	1.1%
Activate long-term unemployed persons to work	min. 52,000	55,000
Keep unemployment of older workers short (unemployment of a maximum of 6 months)	max. 22,000	15,000
Facilitate labour market reintegration (people returning to work)	min. 20,000	24,000
Facilitate reintegration (training of job returners)	mind. 16,000	20,000
Keep unemployment of young people short (unemployment of a maximum of 6 months)	max. 7,000	4,700
Improving training effectiveness (% of jobs started after training within 3 months)	min. 49.6%	50.5%
Vacancies for quality jobs filled (at least completed apprenticeship)	min. 162,000	201,000
	min. 323,000	345,000

Increase in total number of vacancies filled by the Public Employment Service

The projected budget for active and activating labour market policy amounts to EUR 1,806 million in 2008.

#### 2.2.1 REINTEGRATION MEASURES FOR LONG-TERM UNEMPLOYED PERSONS AND RECIPIENTS OF SOCIAL ASSISTANCE

The low long-term unemployment rate (2007: total 1.2%, men 1.0%, women 1.4%) is certainly also due to the labour market programmes targeting this group, which have been intensified over the last years.

The target set in the Strategy Report 2006 to 2008 that at least 97.5% of the jobless persons were to be prevented from becoming long-term unemployed

met. In 2007 only 1.1% of the registered jobless became long-term unemployed; 48% of the previous long-term unemployed persons took up employment in 2007 (2006: 44%).

According to the “draft of the medium- to long-term plan 2008 to 2012“ of the Executive Board of the Public Employment Service, this policy will be continued. By early interventions (focusing on placement services and qualification) long-term unemployment is to be prevented. Close coordination between the Public Employment Service and external support institutions is to ensure the speedy integration of affected groups into the labour market. To this end, projects are conducted in the

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Länder, which will be further developed in the following years.

In Austria the funding of projects for long-term unemployed persons in the transition phase from unemployment assistance to social assistance is a top priority in allocating ESF funds in the new Structural Fund programming period from 2007 to 2013. For this purpose EUR 47 million are made available. Previously disadvantaged persons are to be empowered to earn adequate incomes through their own work. Other target groups are older persons, young people or women with migration backgrounds, people with drug addictions and young people facing the risk of social exclusion. Support services for these target groups fall within the competence of the Public Employment Service, the Länder and partly also the city administrations and local authorities. In most cases, labour market reintegration can not be successful unless personal, social and labour market policy issues are addressed by joint action of the responsible institutions. The projects cover areas such as finding training positions for apprentices, labour foundations and training courses, qualification measures, ongoing support to companies hiring social assistance recipients as well as assessment of the potential of those furthest away from the labour market. Through project documentation, more data are to become available about these target groups. Employment projects are developed in close cooperation with the economic sector, above all for young social assistance recipients. To assess a person's capacity for work as well as necessary labour market integration and health measures, social welfare institutions often apply the tool of occupational diagnostics (in coordination with the Public Employment Service). Monitoring and final evaluation are key components of the projects.

To a very large extent, the Länder use the infrastructure of the Territorial Employment Pacts co-financed from ESF resources to implement their labour market integration programmes. In designing these programmes, they focus on different target groups, such as older and younger people or women with a migration background, people with drug addictions, youngsters exposed to social exclusion risks as well as social assistance recipients. The projects address, inter alia, qualification measures, assessment of the potential of those furthest from the labour market, case-management activities, facilitated access to the labour market or qualification measures for young people with a low level of educational attainment or without completed education, improvement of databases on these target groups by creating person profiles in the process of project documentation.

### *2.2.2 INCREASING THE LABOUR MARKET PARTICIPATION OF OLDER PEOPLE*

The employment rate of older persons (55 to 64 years) has significantly risen over the past years, reaching 38.6% in 2007 (31.8% in 2005). Nevertheless, it is still on a relatively low level compared to the remaining EU Member States. The unemployment rate of the age group 45 plus has decreased more substantially than that of other age groups in recent years. The average period of unemployment registration decreased significantly (from 328 days in 2000 to 121 days in 2007). The objectives regarding older people listed in the "Report on Strategies for Social Protection and Social Inclusion 2006 to 2008" have been achieved. Only 7% of the unemployed older persons became long-term unemployed (target of the Public Employment Service: not more than 10%).

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In the last few years, the Public Employment Service's budget for measures focusing on older people increased sharply (from EUR 132 million in 2004 to EUR 176 million in 2007). This high level is to be maintained in the next years.

In the current ESF period 2007 to 2013, "active/productive ageing" is a horizontal strategy. It is a major goal of the labour market policy of the next years to maintain and promote the capacity for work of older persons. Against the background of this strategy and in the framework of the ESF intervention for unemployed persons, especially older persons will benefit from programmes providing them with qualifications adjusted to the needs of companies. Furthermore, new models will be developed in the context of promoting the employment of older workers.

In continuing early intervention for older unemployed persons within 6 months, strong emphasis will be placed on qualification. Nevertheless, company-related qualification measures (Implacement Foundation) and/or measures promoting employment (integration subsidies, socio-economic enterprises) will be developed and applied to a greater extent.

Based on a joint proposal submitted by the social partners, the federal government will develop an employment package for older workers. At the date of reporting, no further details have been available on this project.

### *2.2.3 INCREASING THE LABOUR MARKET PARTICIPATION OF WOMEN*

The financial situation of women and families with children is closely linked to the level of occupational integration of the mothers. The risk of poverty of households with mothers who are not working is three times higher than that of households with active mothers.

Besides the labour market policy measures listed below, the measures for improving the work-family balance (described in 2.1.1. and 2.1.2.) should be highlighted: more childcare places outside the home, a more flexible childcare benefit scheme based on different payment periods and adjusted to the parents' work intensity.

Since 2000 the gender mainstreaming approach has been applied in planning and implementing labour market policy support programmes (incorporating a gender-sensitive perspective, taking into account the different life situations and needs of women and men, review of gender-specific effects). In setting labour market targets, all objectives are formulated on a gender-specific basis. The gender mainstreaming strategy is rounded off by a women-specific project under the ESF programme and another project realised in the framework of the annual targets.

In 2007 50.2% of the average total funds that can be classified by gender went to women. The activities of the Public Employment Service will continue to be guided by the target of using gender-specific funding at a ratio of 50%:50%.

With the programme "Women in the crafts and technical occupations" (2006 to 2008), the Public Employment Service encourages women and girls to take up non-traditional occupations. In 2007 4,800 women participated in preparatory and qualification courses. Vocational training and qualification programmes for women in other future-oriented occupations (service sector, care services) will also be supported as from 2008 onwards with a view to improving their income and labour market opportunities on a sustainable basis.

The Public Employment Service grants aid to women (but also men) with care responsibilities to enable them to take up standard employment. To make



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childcare outside the home affordable, a childcare subsidy is provided. Moreover, care facilities are supported directly by way of initial financing. There is still a great demand for childcare facilities, above all in rural areas.

Easily accessible information programmes help persons in planning their return to their jobs in advance. With the programme “Supporting labour market reintegration”, the Public Employment Service sets new standards for information, counselling and the support of job returners after a career break.

In 2007 EUR 70.9 million were spent on support measures for job returners.

Women discriminated against or harassed at work, were given more rights under an amendment to the Equal Treatment Act (Gleichbehandlungsgesetz). Improved safeguards against discrimination include for example the application of equal treatment provisions to cases of non-extension of temporary employment contracts and of employment termination during the probation period. As women often do not want to stay in their job when they were discriminated against by the employer in terminating the employment, the possibility of claiming compensation will be introduced as an alternative to challenging the dismissal with/without fault. Moreover, the minimum compensation for discrimination in recruitment has been increased.

### **2.2.4 IMPROVING THE LABOUR MARKET PARTICIPATION OF PEOPLE WITH DISABILITIES**

The federal government makes a crucial contribution to boosting the labour market participation of people with disabilities with its set of measures promoting the employment of this group;

strong emphasis is placed on the primary labour market.

Due to the low employment rate and higher unemployment of people with disabilities, they are a key target group of labour market policies. Different types of disabilities as well as severity levels of disabilities require specific support programmes with different priorities. The Public Employment Service mainly offers integration programmes targeting the primary labour market. The Federal Social Welfare Agency does not only provide target-group-specific occupational measures and qualifications but also intensified counselling and long-term support, including assistance enhancing the mobility and rehabilitation of those affected. The Länder gear their programmes predominantly to the needs of persons who have only very limited employment opportunities in the primary labour market due to the severity of their disabilities. These three stakeholders engage in close cooperation; interface management is optimised on an ongoing basis.

### **Public Employment Service programmes**

The total of persons benefiting in 2007 from employment, qualification and support programmes of the Public Employment Service includes about 38,400 persons with health-related placement handicaps, among them about 6,900 (18%) people with disabilities eligible for special support under the Act on the Employment of People with Disabilities (Behinderteneinstellungsgesetz). The number of persons with health-related placement handicaps who benefited from funded qualification measures rose by 12% from the level of 2006. About EUR 136 million were spent on these support measures in 2007. This funding level will be maintained in 2008.

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In the framework of implementing the government programme “Enterprise Workplace“ (“Unternehmen Arbeitsplatz”), the Public Employment Service was instructed in 2006 to earmark employment subsidies for measures fostering the recruitment of an additional 3,000 persons with disabilities and persons with health-related placement handicaps (based on the definition of the Public Employment Service) and to increase funding for this purpose by EUR 18 million from the level of 2005. As a result, the Public Employment Service increased support for the employment of people with health-related placement handicaps in a special programme for people with disabilities in 2006/2007. The programme made use of the integration subsidy (which had proven an effective tool in the past) and also supported placement in social economy enterprises and non-profit employment projects. In the framework of this programme, spending in 2006 and 2007 exceeded the level of 2005 by EUR 24 million, benefiting 6,240 additional programme participants. In 2007 employment subsidies tied to individual jobs and projects were approved for a total of about 9,400 persons with health impairments.

In 2007 roughly 37,000 persons with health impairments were reintegrated into the labour market (+9.8% compared to 2006). About 9,400 employment subsidies had been earmarked for this purpose; this means that about every fourth case of labour market integration was supported with subsidies.

### **Federal Ministry of Social Affairs and Consumer Protection – employment campaign of the federal government**

In 2007 a budget of EUR 153 million was allocated to the Austrian federal government’s employment campaign for people with disabilities, which was

implemented by the Federal Social Welfare Agency (forming part of the Federal Ministry of Social Affairs and Consumer Protection). In 2008 the budget is expected to increase to EUR 161 million. The amount is made up by funds from the federal budget, the Compensatory Levy Fund (Ausgleichstaxfonds) and the European Social Fund (ESF), with the share of ESF funds having decreased to EUR 11 million in 2007 (7.2 %). The number of cases supported under this programme has more than doubled since 2002 (2002: 25,000, 2007: 52,000 supported cases).

The employment campaign comprises various measures, e.g. financial support for the barrier-free adaptation of workplaces for employees and trainees, the assumption of training costs, projects promoting apprentices, qualification-enhancing projects, a supported employment programme to obtain or extend employment subject to compulsory social insurance, job coaching, personal assistance at the workplace as well as labour cost subsidies (integration subsidy, pay subsidy, subsidy for safeguarding jobs). Currently, work is well underway to increase and diversify vocational training institutions for young people and to widen the range of training disciplines in which partial qualification pursuant to the Vocational Training Act (Berufsausbildungsgesetz) can be obtained. Furthermore, the vocational training of young women with disabilities in not gender-specific occupations is supported.

One of the main target groups of this employment campaign are mentally and socially disadvantaged young people; in urban areas this group often has a migration background. Besides integrative vocational training, individual support at the workplace for young people and training subsidies, the

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“Clearing“ programme has proven to be a very successful policy tool in the last years (see 2.1.11).

As far as the group of older people with disabilities is concerned, the top priority is to safeguard jobs. Measures aimed at longer working lives comprise improved working conditions to prevent health problems, increased financial aid to enterprises by granting pay subsidies and subsidies for safeguarding jobs, financial support for barrier-free workplaces as well as by providing the necessary technical aids. Based on the concept of lifelong learning, an increasing number of training measures for older people with disabilities is offered.

Targeted counselling by professional business consultants will be used to promote the willingness of companies to hire people with disabilities, to counteract recruitment obstacles and to remove information gaps. To this end, the Federal Social Welfare Agency offers services tailored to the needs of companies. The project “Support Service to Enterprises” (Unternehmensservice), which has been launched throughout Austria in early June 2008, is to provide objective counselling and optimal support to enterprises regarding all issues concerning the employment of people with disabilities.

The aim of the initiative “Action 500“ is to provide incentives for companies to create additional jobs and training positions. Companies making available an additional job for a person with disabilities in the period 1 November 2007 to 31 July 2008, receive a monthly subsidy of EUR 600 during a period of 6 months; they are eligible for this subsidy without losing entitlement to the integration subsidy. This measure is expected to result in additional 500 new training positions. The subsidy may also be granted to people with disabilities in

the process of becoming self-employed or establishing a company during this period.

The programme “Disability Flexicurity“ (non-profit staff leasing service), is to encourage employers to hire people with disabilities and test their achievement potential. Ultimately, the temporary employees are to be taken on by the company under an employment contract subject to compulsory social insurance. On the other hand, this model project tries to solve the problem of prolonged (very cost-intensive) idle periods. One option currently being examined to reduce idle periods is to obtain contracts for make-to-order production from workshops (e.g. job-order production).

**Integrative companies:** The role of integrative companies as a springboard for people with disabilities into the general labour market is being strengthened. As from 2008 onwards, this important task will be taken into account not only in the training module “career preparation“ but also in the module “employment“. In 2008 the necessary concrete measures are being developed in a study.

In 2007 the expenditure of the Compensatory Levy Fund (managed by the Federal Ministry of Social Affairs and Consumer Protection) on the module “employment“ amounted to about EUR 24.5 million. The modules “career preparation“ and “services“ are financed under the federal government’s employment campaign and are included in the respective budget.

The women’s share in all measures subsidised under the employment campaign is currently about 40%, while the future target for promoting the occupational integration of women with disabilities is 50%. It is to be achieved with the following measures:

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- implementing gender budgeting (fair distribution of project resources between the genders);
- development of models enabling women with disabilities to give up “dead-end jobs” and to choose non-traditional vocational and training options;
- mentoring and coaching of women;
- consulting and sensitising companies;
- developing special support programmes for blind women, women with severe visual impairments and deaf women.

Numerous measures promoting the integration into the primary labour market are also implemented at Länder level. These measures partly address young people, in particular girls. Besides job coaching and integration assistance programmes, successful projects supporting apprentices and enhancing qualifications, workplace assistance and subsidised jobs, the personal assistance supplement to the long-term care benefit was introduced. This supplement is a cash benefit paid directly to people with severe disabilities for financing personal assistance in various areas (e.g. household tasks, body care, health care, mobility, communication and leisure activities).

Persons who due to the severity of their impairment are not available for the primary labour market and who – in most cases – are not employable in the secondary labour market are offered day-structuring measures involving occupation (occupational therapies). This task mainly falls within the responsibility of the Länder. The range of measures spans from basal stimulation therapy to industrial production close to the labour market. Thus a suitable day-structuring occupation is available for all levels of disability. Despite widening their supply

over the last years, most Länder still have a great demand. Some Länder aim at offering the various types of occupations for persons with severe impairments not only in institutions outside the labour market but also in enterprises. In addition, the Länder make available a range of services and benefits reaching from early support, training, partly and fully assisted living, outreach/mobile care, transport services to leisure activities and temporary care services to reduce the stress on care-giving family members. If required, these measures can be expanded and further developed. The prioritised target groups for whom partly new concepts are being developed are people with severest disabilities, with mental and/or multiple disabilities, people with mental disorders/disabilities, young people with disabilities and the increasing group of older people with disabilities. Women-specific support programmes are offered in various institutions.

### 2.2.5 PERSONS WITH A MIGRATION BACKGROUND

Migrants are frequently employed in industries characterised by high unemployment and requiring only below-average qualifications. In 2007 40,000 foreign citizens<sup>9</sup> were unemployed; the national unemployment rate of foreigners stood at 8.8%.

Besides universal labour market policy programmes, migrants are offered target-group-specific sets of measures. Examples are vocational guidance for persons of non-German mother tongue, courses for adults to obtain the leaving certificate of the lower secondary school (Hauptschulabschluss), special skills courses facilitating access to labour

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<sup>9</sup> Reliable data are only available for persons with foreign citizenships. However, in general this section addresses also migrants holding the Austrian citizenship.

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market sectors requiring higher qualifications, assistance to migrants at the workplace or with job applications.

In special competence centres the qualifications acquired abroad are examined, and migrants are informed on the recognition of prior learning in Austria as well as possible further training. In large urban centres basic information on employment is offered also in the mother tongue of the migrants. Partly migrants themselves are trained to work as coaches and counsellors in this field.

In spring 2008 the Public Employment Service implemented an integration programme (by holding German language courses) on behalf of the Federal Ministry of Economics and Labour, from which about 5,000 people benefited. The target group were persons with an inadequate knowledge of German, registered as unemployed for at least two months and/or who were seasonally unemployed.

In 2007 43,000 (2006: 47,000) foreigners participated in support measures of the Public Employment Service; this corresponds to a share of 15% (steadily increasing since 2005) in the total number of participants in support programmes. Unemployed foreign nationals registered a rate of participation in programmes of the Public Employment Service of 29% (Austrians: 40%) in 2007.

### *2.2.6 PERSONS WITH A LOW EDUCATIONAL LEVEL*

Almost every second unemployed person attained an educational level that does not go beyond compulsory education. The unemployment rate of this group of persons is more than twice as high as that of persons with higher educational levels.

The Public Employment Service allocates about two thirds of the active

labour market policy budget to qualification measures. The strategy of spending two thirds of the budget for active labour market policy and the budget for passive labour market policy earmarked for active measures on qualification programmes as well as of adjusting these measures increasingly to the needs of persons with a low educational level will be continued.

A qualification programme for skilled workers in the metallurgical industry has been running since 2007 (ending in 2009). Moreover, the qualification measures targeting skilled workers will be stepped up based on the regional demand identified in labour market policy up to 2010. In accordance with an agreement between the social partners and the federal government, the supply with training programmes for skilled workers will be expanded for additional participants: 2,500 persons in 2008, 5,000 in 2009 and up to 10,000 in 2010; strong emphasis is placed on the training of women (notably job returners).

In the framework of the ESF programmes, a comprehensive support project was launched to promote lifelong learning, especially for persons with low qualification levels. It focuses on courses for adults wishing to acquire the leaving certificate of the lower secondary school (Hauptschulabschluss) and the vocational leaving exam (Berufsreifeprüfung). Supplementary German language courses help persons of non-German mother tongue to complete training programmes and to acquire certificates. Gender and diversity mainstreaming are horizontal subjects contributing to equal opportunities. Another aim of the programme is to further develop the existing offer: new learning models, e-learning and credits for informally acquired skills (e.g. work experience). An additional amount of EUR 25 million (national and ESF funds) has been and will be made available for

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the respective projects in the period 1 September 2007 to 31 August 2010.

As a tool enhancing qualification and promoting employability, the educational leave scheme for employees was made more attractive with effect 1 January 2008. The education maintenance allowance was increased to the level of the fictitious unemployment benefit.

Educational leave can be taken based on an agreement with the employer by taking into account the mutual interests. It can be approved for a duration from three months to one year within a timeframe of four years (as from the commencement of educational leave). Training courses offered in different modules can also be attended during educational leave.

Thanks to the measures strengthening the appeal of educational leave, seasonal workers whose uninterrupted temporary employment lasted for three months may also arrange for educational leave.

### **2.2.7 BETTER MINIMUM STANDARDS FOR EMPLOYMENT AND UNEMPLOYMENT**

Besides increasing the employment rate and minimum pay, adequate social security, decreasing incidental wage costs and the reform of the means-tested guaranteed minimum income described in Chapter 2.3 are to help ensure that economically active persons capable of self-support achieve incomes above the at-risk-of-poverty threshold.

#### **Minimum pay of EUR 1,000**

Between 2% and 3% of the working persons currently receive a gross income from gainful employment of less than EUR 1,000 (14 times per year) based on 38 to 40 weekly working hours.

In accordance with the goals of the social partners and without prejudice to their collective bargaining autonomy, the

government programme defined the objective that in concluding collective agreements the social partners should fix a minimum pay of EUR 1,000 per month (14 times per year) for full-time jobs.

In July 2007 the Austrian Economic Chamber and the Austrian Federation of Trade Unions adopted a policy paper, in which they agreed within their spheres of competence to fix a minimum pay of EUR 1,000 in the collective agreements for the individual sectors. The concrete implementation of this goal is to be completed within 2 years by 1 January 2009.

In sectors not represented by the Austrian Economic Chamber, a similar procedure will have to be used to realise a minimum pay of EUR 1,000 throughout Austria. Since lower incomes affect in particular women, the minimum pay is expected to contribute to reducing the income gaps between men and women.

#### **Increasing the unemployment insurance benefits for long-term unemployed persons and covering more people with unemployment insurance and occupational retirement schemes**

Besides the realisation of the means-tested guaranteed minimum income (see Chapter 2.3), all elements in the unemployment insurance system that safeguard minimum social security are being strengthened.

The net replacement rates of means-tested cash benefits granted under the unemployment insurance (unemployment assistance for long-term unemployed persons) are to be increased when the benefit received is low (below the reference rate for benefit equalisation for minimum pensions). For single households the net replacement rate is to be raised to a maximum of 60% and for persons eligible for family supplements to a maximum of 80%.

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Furthermore it has been planned to amend the provisions on the income of partners that has to be taken into account in calculating unemployment assistance entitlements. If the income of the partner is taken into account, this should not result in a household income below the reference rate for benefit equalisation (including children's supplements granted to families).

Quasi freelancers (freie DienstnehmerInnen) were covered by the unemployment insurance, and opting-in will be introduced for self-employed persons. In this way almost all employees – excluding those holding marginal part-time jobs – will be entitled to insurance benefits in the event of unemployment.

Modern working lives are characterised by more flexibility – a fact challenging self-employed persons and employees in the same way. However, this flexibility has to be accompanied and underpinned by social security. A consequence is that modern working lives are characterised by changing between employed and self-employed activities, and vice versa. Due to the fact that the different occupational groups are still subject to different social protection schemes, unjustified gaps may emerge. An occupational retirement scheme was established also for quasi freelancers and self-employed persons in 2008 under the Act Governing Employee Retirement and Severance Pay Provision (Betriebliches Mitarbeiter- und Selbständigenvorsorgegesetz/ BMSVG) – analogously to the provisions regarding the new severance pay scheme for employees. In line with the flexicurity concept, Austria now has an occupational retirement scheme covering both self-employed persons and employees.

### **Decreasing the incidental wage costs for low incomes**

New rules decreasing the unemployment insurance contributions of low income-earners entered into force on 1 July 2008. This means that those earning smaller incomes of up to EUR 1,100 will no longer have to pay unemployment insurance contributions. For incomes between EUR 1,100 and 1,200 the insurance rate is decreased from three to one percent and for incomes between EUR 1,200 and 1,350 from three to two percent. This measure is to reduce the burden on the factor “work” and boost the motivation to work of low-income earners. About 1 million employees, among them in particular women, are to profit from this measure. The total volume of this relief measure amounts to EUR 300 million annually.

### **2.3 MEANS-TESTED GUARANTEED MINIMUM INCOME (MGMI)**

It is a key objective of the government programme to reduce monetary poverty. In the framework of a comprehensive package, the following individual measures improving the financial situation of persons with low incomes have been planned or were implemented:

The reference rate for benefit equalisation for GMPs (guaranteed minimum pensions) was raised exponentially already in the years 2007 and 2008. For 2008 the reference rate for benefit equalisation amounts to EUR 747 gross per month (14 times per year), coming very close to the at-risk-of-poverty threshold as defined by EUROSTAT.

The social partners adopted an agreement in principle on the gradual introduction of the gross minimum wage of EUR 1,000 by the beginning of 2009 (see Chapter 2.2).

Persons and households not receiving incomes from economic activity, social

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transfers and maintenance payments that guarantee subsistence are currently granted supplements to their incomes under the social assistance scheme. These benefits are governed by different legal provisions in the Länder and are below the at-risk-of-poverty thresholds in most cases. In cooperation with the Länder, the federal government therefore set itself the goal of reforming “domiciliary social assistance” (i.e. social assistance for people living at home).

### **Developing domiciliary social assistance into a means-tested guaranteed minimum income**

In an agreement between the Federal Republic of Austria and the Länder pursuant to Article 15a of the Federal Constitution Act (Bundesverfassungsgesetz/B-VG), the key elements of the means-tested guaranteed minimum income to be transposed in laws at federal and Länder level are defined. The new system is to be introduced by 1 January 2010 at the latest.

The new system of means-tested guaranteed minimum income is to harmonise and add up the core benefits of “domiciliary social assistance”. It will provide for a uniform right to minimum standards and offer major improvements over the previous social assistance system. Concerns raised by individual NGOs and poverty researchers about the current social assistance system are to be taken into account in developing the means-tested guaranteed minimum income.

### **Uniform minimum standards**

The aim of the means-tested guaranteed minimum income is to guarantee the same minimum standards to all eligible persons and to introduce lower limits for benefit entitlement. These minimum standards are to be adjusted to the amount of benefit equalisation for

minimum pensions (2008: EUR 747 gross x 14).

While most social assistance laws treated lone parents as heads of household (which means that a lower reference rate was applied to them than to singles eligible for support), they will be granted a benefit of the same amount as eligible singles under the system of means-tested guaranteed minimum income. This measure has been designed to ward off the above-average risk of poverty of this group.

### **Legal certainty**

A special procedural law is to safeguard access to a means-tested guaranteed minimum income. If claims are rejected, a written administrative decision has to be issued. Furthermore, the maximum period for issuing this decision will be reduced to three months.

### **Restricted realisation of assets**

A clear definition of the assets to be exempted from the compulsory realisation of assets (e.g. indispensable motor vehicles, household equipment, objects necessary for earning one's living) is required, and a fixed tax allowance on assets is to be introduced. Moreover, the compulsory realisation of assets will be forbidden during a six-month period of uninterrupted receipt of the benefit (“grace period”).

### **Far-reaching abolishment of benefit recovery**

It is obvious that the obligation to repay benefits represents a major barrier to claiming benefits. The obligation of repaying benefits makes it more difficult for previous recipients of social assistance to break the endless cycle of poverty, even after (re)integration into the labour market. Therefore benefit recovery will be abolished almost completely in the GMI system.

### **Health insurance coverage**



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By covering previously not health insured recipients of social transfers by statutory health insurance, unrestricted access to medical services is to be guaranteed. This measure will make it considerably easier for this target group to take advantage of preventive health care measures (e.g. regular medical check-ups) and early treatment.

## **Incentives to economic activity**

The (re)integration into the labour market will be supported by the system of means-tested guaranteed minimum income. To this end, an “exemption for job returners” is to be introduced. It would have the effect that additional income is not fully deducted from the means-tested GMI. By abolishing the obligation of persons previously receiving benefits to repay them, especially with regard to assets subsequently bought from their own income, the attractiveness of labour market (re)integration is to be enhanced.

Persons outside the labour market should receive optimal support in labour market reintegration by the Public Employment Service.

## **Decreasing the non-take-up rate**

For various reasons social assistance is not claimed by a specific share of the persons basically eligible for them (non-take-up of benefits). Many people refrain for example from claiming social assistance for fear of stigmatisation, especially in small communities. In addition, the almost complete abolishment of cost recovery and more moderate conditions for the realisation of assets are expected to remove major access barriers to benefits.

## **2.4 INTEGRATIVE MEASURES IN OTHER POLICY AREAS**

### **2.4.1 AFFORDABLE HOUSING AND ASSISTANCE TO HOMELESS PEOPLE**

#### **Adequate rents**

The exponential increase of the consumer price index in 2008 has to a very large extent been due to surging rents and running costs. The increased rents affect in particular persons of lower income segments as they have to spend a significantly higher share of their available income on housing expenses than people with higher incomes.

To prevent increases in rents due to adjusting them to high consumer price index rates, the Act on Inflation Abatement in Tenancies (Mietrechtliches Inflationslinderungsgesetz) was adopted in March 2008, reforming the automatic adjustment of rents to the consumer price index.

Other measures planned are to examine the individual items included in statements of running costs, to lower the caps for commissions charged on tenancy agreements, to abolish legal fees charged on tenancy agreements and to make tenancy agreements more transparent with regard to the composition of rents.

#### **Social housing**

The responsibility for ensuring adequate supply with affordable housing rests with the Länder. To give low-income households access to high-quality and affordable housing, and consequently to prevent homelessness, as well as to achieve a social mix in residential areas, all Länder provide financial resources under the housing subsidy scheme. They may be used for subsidising the construction and renovation of housing (project-related subsidy) and granting

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subsidies to eligible persons (person-related subsidy).

Moreover, in some Länder public housing is provided to low-income households at relatively low costs. With about 220,000 communal flats (this corresponds to about one fifth of all flats in Vienna) the federal capital of Austria is Europe's largest public housing owner. The social eligibility criteria of access to communal flats are low household incomes as well as an officially acknowledged need for housing, e.g. because the present flat is detrimental to the health of the occupants or overcrowded. Since 2006 third-country nationals holding "long-term residence permits" or with "consolidated residence status" may also apply for communal flats. In some Länder a quota of social housing is reserved to homeless and socially disadvantaged persons (lone parents, persons exposed to domestic violence, etc.) who are not eligible under the "standard" procedures for obtaining communal flats.

In some Länder the provisions governing personal housing subsidies were amended (e.g. increasing income thresholds). This has led to an increase in the number of eligible persons. Children, young families, families with many children, lone parents, persons with a reduced earnings capacity as well as children with disabilities are given preference.

Moreover, integration objectives are pursued in the framework of the Guidelines on Subsidising Housing. They set standards for barrier-free housing responding to different needs on the one hand. On the other hand, they ensure that in realising new housing projects the social mix of the neighbourhoods is taken into account to prevent the emergence of ghettos.

Austria's federal capital Vienna is also a member of the network of large EU cities

– "EUROCITIES". This network is involved in the preparation of the National Strategy Reports across the EU. It coordinates the EUROCITIES working group "Cities' strategies against homelessness".

### **Preventing eviction**

In all Länder the rules governing eviction prevention are improved to tackle homelessness at the source. Eviction and homelessness are to be averted by safeguarding the individual's living space and by developing long-term funding solutions. The findings of an evaluation conducted by a Land showed that adequate financial support allowed 80% of the persons against whom eviction proceedings were instituted to stay in their flats.

### **Assistance to homeless people**

The primary objective of assistance to the homeless is to stabilise the social situation of homeless persons and to allow them to return to independent living as soon as possible. In this process they are to be supported by programmes of continuing and accompanying support. It is a permanent goal to professionalise and upgrade the quality of services for homeless people; to this end, some Länder developed quality checks and a catalogue of benefits/services.

A varied range of services – from street work, easy-access day centres, emergency hostels and transitional housing to socially assisted forms of living – is made available by the Länder.

In autumn 2007 the Federal Ministry of Social Affairs and Consumer Protection commissioned a study to quantify homelessness in Austria and to take stock of the homeless programmes in place. In cooperation with the Länder, quantitative data regarding institutional and mobile services for homeless people as well as the number of clients

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(assigned to different categories on the basis of different criteria) were collected.

To ensure a demand-oriented supply and to respond to the different needs of the clients, persons with a migration background are for example made available as interpreters. To take account of the different needs of men and women, assistance to homeless people is based on a gender-sensitive approach.

Furthermore, “socially assisted homes” developed specifically for older, previously homeless people who are no longer able to live independently can be mentioned as an example of innovative projects. The persons affected may benefit – depending on their needs – from in-situ support of social workers and the social services of the Land. Socially assisted forms of living will increasingly be made available to mentally ill and drug-addicted persons. In March 2009, the socially assisted housing programme in Vienna will be subject to a peer review by foreign experts in the framework of the EU project PROGRESS.

### 2.4.2 USING PUBLIC TRANSPORT AT REDUCED FARES

To reduce the financial burden on low-income earners using public transport as well as to enhance the mobility of this target group, a so-called “Mobility Card” (Mobilpass) was introduced for all recipients of social assistance and of benefit equalisation for minimum pensions in Vienna in April 2008. Holders of this Mobility Card may use public transport at significantly reduced fares.

Special groups of people with disabilities, such as

- eligible persons with disabilities under the Act on the Employment of People with Disabilities, with a level of disability of at least 70%,

- recipients of long-term care benefits in accordance with legal provisions at federal level or at Länder level,
- recipients of disability benefits whose earnings capacity was reduced by at least 70%,

may benefit from fare reductions up to 50%. They are granted a special concessionary fare card “VORTEILScard Spezial” on the rail and bus network of the Austrian Federal Railways (ÖBB) but excluding the transport system of the Transport Association for Eastern Austria (Verkehrsverbund Ostregion).

### 2.4.3 CULTURAL PARTICIPATION

Social inclusion does not only stand for participation in the social and economic life but also for participation in culture. To give low-income earners improved access to art and culture, the programme “Hungry for Art & Culture” (“Hunger auf Kunst & Kultur“) was launched in Austria in 2003. It had been initiated by the network of civil society organisations active in combating and preventing poverty (Austrian Poverty Conference) and various cultural institutions. The so-called “Culture Card” (Kulturpass) for cultural institutions (theatre, cinema, dance and music) grants recipients of social assistance or minimum pensions, unemployed persons and refugees free admission to currently no less than 200 cultural institutions in Austria participating in this programme. At present, 25,000 persons take advantage of this offer.

The programme is funded from private donations of visitors, institutions or companies as well as the Länder. Currently, six Länder participate in this project.

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## 2.4.4 MEASURES AGAINST THE OVER-INDEBTEDNESS OF PRIVATE HOUSEHOLDS

Due to the growing over-indebtedness of private households (based on the latest data of the debt counselling agencies, about 300,000 households are excessively indebted), measures have to be taken to improve debt relief through private bankruptcy proceedings. Based on the findings of a working group set up within the Federal Ministry of Justice, measures have been planned to facilitate relief from residual debt and to avoid pointless seizure proceedings against clearly insolvent debtors. A new basis for debt regulation is to be created subjecting all claims to one enforcement procedure.

As high interest rates quite often lead to a multiplication of the original debts, further measures under civil law will be taken to curb and prevent indebtedness. A planned amendment to the Consumer Protection Act aims at preventing situations in which the total debt is not reduced in the event of a default in payment. The instalments repaid have to be credited towards the principal. Another measure to avoid growing indebtedness is to fix rates for standard debt collection services.

The financing of the debt counselling agencies falls within the competence of the Länder. Due to the wider use of debt counselling services (especially by young people), many Länder increase the staffing levels of these agencies.

The aim of counselling is to raise awareness about the problem, for example when using credit services. An Austria-wide counselling concept for young people aged 18 years and above promotes a more conscious approach to risky every-day situations by improving the individual's self-awareness and risk behaviour. To take advantage of their knowledge, street workers as well as

youth and social welfare workers are involved as multipliers. Sensitisation to financial literacy partly starts with children and young people at school and/or during vocational training. Continuous exposure to this subject is likely to lead to a more careful use of financial resources.

Due to the high share of people with a migration background using the services of the debt counselling agencies, the most important procedures are available also in Turkish, Serbian and Croatian, if required.

## 2.4.5 IMPROVING ANTI-VIOLENCE MEASURES

In the framework of a comprehensive anti-violence package, the support of the victims of crimes needs to be improved.

As a psychosocial service protecting traumatised victims, victim support during court cases has for example proven very useful in criminal procedures, this service is to become available in civil proceedings and alternative dispute resolution as well.

The maximum period during which a partner can be excluded from the common home by an eviction order in cases of domestic violence is to be extended. Moreover, persistent violence will be recognised as a new criminal offense to cover for example violence of a husband against his wife, violent relationships in children's homes and nursing homes or violence against victims of kidnapping.

A concept for a victim support competence centre fulfilling coordination tasks is being developed. The intervention centres against domestic violence/anti-violence centres set up in all Länder have been further developed substantially since 2007. A pilot project of assisted temporary accommodation for victims of white slave trade was funded

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by the Federal Ministry of the Interior in 2007. A sound contractual basis for these shelters providing psychosocial, legal and health counselling to the victims of trafficking in human beings was established in 2008. The financial resources were made available by the Federal Minister of the Interior and the Federal Minister for Women's Affairs, Media and Regional Policy.

The total amount of EUR 3.4 million made available for covering the operating costs of these institutions in 2006 were increased to EUR 5.5 million in 2007 and to EUR 5.6 million in 2008. The main objectives are to ensure countrywide assistance, to further develop regional availability of the services and to enhance mother-tongue counselling for migrants. Other measures considered crucial are to assure the quality of the services provided by institutions targeting women as well as to improve staff qualification (a special curriculum is to be developed for psychosocial staff providing support during court cases).

With regard to the recommendation of the Council of Europe of 2006 that per 7,500 inhabitants one safe shelter should be available to women and their children, there is still need for action in some Länder. Services supporting victims in rebuilding their independent lives are to be further developed. This will ensure that women's shelters will have sufficient capacity for women in emergency situations.

A campaign was launched to publicise the women's hotline against male violence, which offers professional help to women in violent relationships. In addition, a brochure on anti-violence programmes at school will be developed.

### **2.4.6 DISABILITY EQUALITY LEGISLATION**

The Federal Republic's disability equality package entered into force in 2006. Its

aim is to improve the framework for eliminating discrimination in central life spheres and to ensure equality of people with disabilities in social life, in particular at the workplace, in access to goods and services as well as in the federal administration.

The prohibition of discrimination is enforced by means of a civil action for damages – either an individual action or a class action by the Federation of Interest Representations of People with Disabilities. Moreover, professional mediation is offered in the arbitration procedures which have to be conducted before bringing action with the Federal Social Welfare Agency. When arbitration procedures lead to a settlement, the parties do not have to undergo complex court proceedings (to date only an estimated 10 to 15 cases were brought before court).

An independent Ombudsperson for People with Disabilities active within the Federal Ministry of Social Affairs and Consumer Protection consults and supports people facing discriminatory situations.

The Austrian sign language was formally recognised in the Austrian Federal Constitution.

By presenting concepts for individual building stages, the Federal Republic of Austria met its obligation under the Federal Act on the Equal Treatment of People with Disabilities (Bundes-Behindertengleichstellungsgesetz) to develop – in cooperation with the Austrian National Council of Disabled Persons (Österreichischen Arbeitsgemeinschaft für Rehabilitation/ÖAR) – a plan for removing barriers in buildings used by the federal administration (about 6,000 in total) by 31 December 2006. Public transport operators were also required to prepare a plan for removing barriers to

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their facilities, equipment and means of public transport.

The amendment to the Act on the Employment of People with Disabilities and the Federal Act on the Equal Treatment of People with Disabilities, which entered into force on 1 May 2008, improved the legal standards for people discriminated against on grounds of disability, e.g. by raising the minimum entitlement to compensation, extending the deadlines for harassment complaints as well as adjusting the provisions on protection against discrimination in terminating employment.

Under the slogan "Removing barriers in the law and in the mind!", the effectiveness in implementing legislation on equal treatment of persons with disabilities (alternative dispute resolution, court procedures, class action, avoiding and removing barriers, status of the Ombudsperson for Persons with Disabilities, transition periods, etc.) will be evaluated as from 2008 onwards.

The federal government's second comprehensive report on the situation of people with disabilities in Austria will be published in 2008. Subsequently, this report will be prepared and submitted to Parliament every second year.

Interest representations and the clients are increasingly involved in the development of programmes, the identification of needs and evaluation, both at federal level and Länder level. In Upper Austria, for example, the interest representations are to participate in the planning panels of this Land and at regional level. In Salzburg quality assurance is not only handled through the usual (e.g. statutory) control mechanisms but also covers the evaluation of individual support planning, monitoring demand trends and client surveys. In some Länder people with disabilities are trained to become quality evaluators.

## 2.4.7 MEASURES FOR INTEGRATING MIGRANTS

### Creating an integration platform

By initiating an Austria-wide discussion on integration in autumn 2007, the Austrian federal government has made the integration of migrants a top priority of its work.

In several working groups of the Ministry of the Interior, deliberations were held with representatives of religious communities, large relief organisations, migrants' associations, local authorities, social partners and experts on the subject of integration. In the framework of the integration platform on the Internet, the respective reports were made available for discussion to all citizens and the stakeholders of integration.

At present numerous measures are in place, which are financed by different public bodies, e.g. the Ministries of Education, of Economic Affairs and Labour, of the Interior, partly with the support of the European Refugee Fund and the European Integration Fund, of the Länder or other partners. In the Länder integration platforms, advisory boards or conferences were organised to advise the governments of the Länder on integration, migration and anti-racism issues.

The Länder partly developed integration concepts and integration models. They also established advisory boards and conferences to facilitate networking and exchanges between the administration and the integration stakeholders. Furthermore, special agencies were set up that are in charge of coordinating and realising concrete support programmes for migrants focusing on counselling and improving German-language skills.

### Promoting mixed neighbourhoods

The Länder promote mixed neighbourhoods at local level by

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establishing networks between institutions and migrants' associations with the support of well-aimed neighbourhood services, initiating mediation processes and promoting participation and integration projects.

### **Specific measures for migrant women**

Programmes providing ongoing support to migrants in establishing a permanent residence and in integration place emphasis on women-specific measures, with language and health being prioritised. While migrant women participate in vocational guidance and qualification programmes, child-minding services are provided.

In 2007 the inter-ministerial working group "Migrant Women" was set up. Its aim is to develop demand-oriented measures for women with a migration background through cooperation of all ministries.

The Report on Migrant Women 2007 was prepared as a basis for further action on the rights of women with a migration background.

About 30 counselling centres for migrants as well as women's service centres predominantly active in counselling migrants are funded in 2008. To reach a target group as large as possible, access has been a priority in designing these services. Moreover, financial aid is granted for additional projects geared to the needs of migrant women as well as for emergency accommodation (including counselling and support services to female migrants).

Additional women's service centres will be officially recognised in the medium or short term which will help to meet the increasing demand for counselling and integration measures.

### **2.4.8 SUPPORTING REFUGEES AND ASYLUM SEEKERS**

The high number of asylum applications filed in the recent years and the great diversity of individual cases also led to longer asylum procedures in the past. To reduce the duration of procedures and to inform asylum seekers earlier whether they will be able to stay in Austria or not, procedural rules were streamlined in the process of revising the Austrian asylum law.

In addition, the decision had been adopted to introduce a Court of Asylum, which replaced the previous Independent Federal Asylum Senate with effect 1 July 2008. As a special administrative court, the Court of Asylum will in general be the last instance issuing final decisions; this means that in the future appeals to the Constitutional Court are admissible exclusively in cases of alleged violations of constitutionally guaranteed rights.

During court procedures, asylum seekers are provided with basic subsistence in the framework of a partnership agreement between the Republic of Austria and the Länder. Subsistence support does not only cover accommodation and food but also other benefits/services, such as guaranteed health care services, pocket money, social support, measures for persons in need of care, information and consulting, school provisions for pupils, clothes and assistance to those returning to their home countries.

An important day-structuring measure for adults are "remunerated occupations", allowing asylum seekers to do unskilled non-profit work for the Federal Republic, a Land or municipality for which they receive a small remuneration.

The Austrian Integration Fund (Österreichischer Integrationsfonds/ÖIF) plays an important role in integrating refugees in Austria. It grants support to

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persons qualifying for asylum in the first three years of integration through professional services provided by social workers, lawyers and teaching staff but also by giving material/financial aid (e.g. accommodation in the Integration Residence or funded first flats, initial financial aid, German language courses, scholarships to persons qualifying for/seeking asylum).

As far as the group of persons with subsidiary protection status is concerned, there used to be a one-year “waiting period” between recognition of the status and free labour-market access, i.e. during this period a work permit was required for starting gainful employment. The latest amendment to the Act on the Employment of Foreign Nationals

(Ausländerbeschäftigungsgesetz) removed this obstacle so that equality between those qualifying for asylum and persons with subsidiary protection status has been established.



### 3 NATIONAL STRATEGIES FOR PENSIONS

The primary objective of all measures is to maintain the statutory pension system which is organised on a pay-as-you-go basis. To this end, the policy mix designed in response to the objectives formulated in the Lisbon process is to reflect the social dimension (minimum pension, pension adjustment, special rules for specific groups) on the one hand and the dimension of reform (sustainability, reform of the invalidity pension law) on the other hand. By reforming the invalidity pension law (all relevant stakeholders at national and international level were involved), a discussion on the fundamentals of this area has for the first time been initiated, which covers all dimensions (prevention, rehabilitation, labour market issues, cooperation of the institutions as well as general and occupational health care).

#### 3.1 ADEQUACY OF PENSIONS

Besides pursuing the general objective of ensuring reasonable incomes for people in their retirement phase, Austria's flexible approach to guaranteed minimum income responds to the different life situations of pensioners. Persons whose pension and possible other incomes are below a specific threshold (reference rate for benefit equalisation = minimum pension) are granted an equalisation supplement to make up for the difference. The means-tested minimum pension amounts to EUR 747 monthly for singles and to EUR 1,120 per month for married couples in 2008. As it has often been raised more significantly than regular pensions in the past, a contribution to fighting poverty in old age has been made. Since pensions are paid 14 times a year in Austria, the amount translates into a monthly minimum pension for

singles of EUR 872; this is close to the at-risk-of-poverty threshold for one-person households recently published for Austria. An evaluation of the poverty risk by type of household shows that the share of pensioner households at risk of poverty is larger than that of working households; the difference to the at-risk-of-poverty threshold is, however, significantly lower. Taking into account the monetary value of the numerous other privileges and benefits in kind that are granted to the recipients of minimum pension, it is well possible that the at-risk-of-poverty threshold for this group of persons is exceeded.

Another policy tool is annual pension adjustment. In 2008 pension increases ranged between 2.9% for lower pensions and 1.7% for higher pensions; the highest 5% were increased by a fixed amount. Due to the sharply increased inflation, pension adjustment for 2009 was advanced by two months so that the pensions will be raised already in November 2008.

In the framework of the discussion about the possible earlier retirement of specific groups of manual workers ("heavy workers") not sanctioned by deductions from their pensions, the life expectancy of these groups will be examined to see whether it is significantly lower than that of other groups of workers (cf. "Supplementary Report 2007 on the Austrian Report on Strategies for Social Protection and Social Inclusion 2006 to 2008", p. 14). In autumn 2007 an extensive study (involving the social partners and experts) was launched to collect relevant data, which are to be used as a basis for decision-making. The project will be completed in spring 2009.

As far as the efforts to strengthen the development of a 2<sup>nd</sup> pillar (cf. "National Report on Strategies for Social Protection and Social Inclusion 2006 to 2008", p. 24) are concerned, the

## NATIONAL STRATEGIES FOR PENSIONS

favourable trend of the last years has been continued successfully. Significant increases were recorded in the number of people acquiring rights to pensions or drawing pensions from pension funds as well as in the number of contracts and persons entitled to benefits under employee income provision funds (“new severance pay scheme”). The model “new severance pay scheme”, which has been in place since 2003, is subject to labour law but the employees have the choice between demanding one-time payment of the amount saved and converted into pension instalments or maintaining the deposit in the employee income provision fund to draw pensions in the future.

### 3.2 FINANCIAL SUSTAINABILITY OF PENSION SYSTEMS

As announced in the 2007 Supplementary Report (cf. “2007 Supplementary Report to the Austrian Report on Strategies for Social Protection and Social Inclusion 2006 to 2008“, p. 14), the present sustainability factor is to be further developed up to 2010 to ensure the long-term financial viability of the pension system. To date, some models for a sustainability mechanism have been developed and discussed. However, no final decision has been made on the details of a new concept.

### 3.3 MODERNISING PENSION SYSTEMS

Besides the measures taken with a view to improving the situation of women (cf. “Report on the Austrian Pension Strategy 2005“, pp. 23/24), a multi-annual comparison of the development of the pension benefits paid to new pensioners shows a favourable trend. While from 1998 to 2001, the average first-time pension increased more significantly

than that of women, a trend reversal was recorded in the period 2001 to 2007. The average first-time pension of women rose more sharply than that of men. The last few years have shown a marked and steady downward trend in the number of women not drawing independent pensions.

A working group of the Federal Ministry of Social Affairs and Consumer Protection started amending invalidity pension law. This working group made up of social partners, experts and civil servants presented the final report to the Federal Minister for Social Affairs and Consumer Protection in summer 2008. The sub-working groups on “prevention and rehabilitation“, “better cooperation among the institutions involved“ and “changing the legal framework“ made a number of proposals for improvements and considered for example the following changes: Basically, prevention and health care are to be further developed at all levels and will be governed by a separate law. The Public Employment Service and the pension insurance institutions will jointly establish so-called “roads to health“. They will not only offer an opportunity for early diagnosis of disabilities but also for assessing a person’s (remaining) working capacity. By introducing task management coaching as well as establishing staff integration and retention management in their companies, the employers will be involved to a greater extent.

# NATIONAL STRATEGIES FOR HEALTH AND LONG-TERM CARE

## 4 NATIONAL STRATEGIES FOR HEALTH AND LONG-TERM CARE

### 4.1 PRIORITISED CHALLENGES AND OBJECTIVES FOR HEALTH AND LONG-TERM CARE

Considering the importance of the health and social sector as a labour market for –predominantly – women (more than three quarters of those employed in the health sector are women) and men, health services and long-term care are highly suited to make a contribution to the Lisbon strategy in terms of growth and employment. The employment development in these areas is closely associated with the changing age structure and the increasing demand. The social and health sectors face great challenges and tasks due to the demographic development on the one hand and the higher demands people requiring care and care-giving family members make on the quality of services on the other hand.

As far as the health sector is concerned, the supply with integrated health care services is – in addition to the long-term financial sustainability of the Austrian health sector – a declared aim of the cooperation partners, i.e. the Federal Republic, the Länder and the social insurance system. By regional planning, control and financing, based on an all-inclusive approach, as well as by using resources (for institutional as well as outreach services) efficiently, an adequate financial framework is to be created, which will guarantee a uniform supply with health services of standard quality adjusted to the demographic development also in the future. The integration of the various health services sectors will pose a major challenge in the next years.

Compulsory quality measures designed to promote the assurance and improvement of structural, process and result quality in the health sector throughout Austria is another objective of health policy.

Health promotion and prevention are important priorities. Greater importance is to be attached to prevention and health promotion based on a comprehensive Austrian strategy going beyond the limits of the health sector. The measures planned are to be oriented increasingly towards public-health principles in the future and are already reflected in the approach to a comprehensive strategy that needs to be adopted – “health in all policies”.

As a horizontal subject, prevention plays a key role in the area of long-term care. In the framework of further developing long-term care provision in Austria, the importance of prioritising prevention to long-term care has been stressed especially in the recent past. Care prevention mainly means to avert future care requirements, to delay progressing care requirements but also to support and ease the stress on care-giving family members. The development of the number of persons in need of care, of the quantitative volume of care requirements and, consequentially, the costs of care mainly depends on the amount of money invested in preventive measures. Regarding the subject of prevention, the current government programme states that *“the early diagnosis of care requirements as well as good preventive medicine and care prevention are important factors. Rehabilitation and secondary prevention are useful measures in respect of existing care requirements.”*

## 4.2 HEALTH

### 4.2.1 SHORT DESCRIPTION OF THE HEALTH SYSTEM

The health system falls within the purview of the Federal Republic of Austria – with one important exception: the system of hospitals and other medical institutions. As far as the latter are concerned, the Federal Republic may only enact basic laws, while their implementation and enforcement is the responsibility of the Länder. Therefore the Federal Republic and the Länder conclude mutually binding agreements to ensure health care provision within their respective competence. Due to its status as a self-governing body, the social insurance system has important regulatory functions, especially with regard to the supply with outreach health services.

In Austria the supply of the population with health services and the control of the health system are considered a predominantly public task. Health services are provided by government-owned, private non-profit and private organisations or individual persons.

Austria has a system of “mixed financing“. About three quarters of the health expenses are financed by the public sector through health insurance contributions and the tax yield; about one fourth is covered by private households.

Comparing international ratios, Austria has a qualitatively and quantitatively well- developed system of health care provision. Almost every Austrian can reach a health care institution within one hour.

The social health insurance, organised as a compulsory insurance, is the core of this system. It provides coverage to about 98.5% of the Austrian population. The social health insurance covers all

services forming part of medical treatment. The use and volume of the social health insurance services are in general not linked to the insurance contribution paid by the individual. For all persons covered by social health insurance the provision of services – which are recognised as services of the social health insurance in accordance with the legal provisions – is in principle unrestricted and independent from their income. Redistribution is ensured in the social health insurance system by income-based contributions and guaranteed access to demand-oriented services. Health insured persons have to make supplementary payments or co-payments for specific services; exceptions may be granted for social reasons to low-income earners or persons having above-average expenses due to bad health (persons in need of social protection).

Due to the high share of people covered by social insurance in the Austrian population, the main reasons for taking out an additional private insurance are to cover the costs of better rooms and food during hospital stays (the so-called “hotel component”) and to have a free choice of doctors in private hospitals. About one third of the population is covered by (additional) private health insurance. The (additional) private insurance finances about 5% of the routine health expenses.

### 4.2.2 HEALTH REFORM 2005 AND AGREEMENT ON THE ORGANISATION AND FINANCING OF THE HEALTH SYSTEM 2008 - 2013

Measures with the following objectives were initiated in the framework of the health reform 2005:

- integrated planning (better coordination in planning, management and financing of the entire health system);

## NATIONAL STRATEGIES FOR HEALTH AND LONG-TERM CARE

- assuring and improving quality in the health system throughout Austria;
- ensuring the financial sustainability of the health system (measures curbing costs and boosting efficiency) in the long term.

Based on the agreement (a kind of “state treaty” between the Federal Republic of Austria and the Länder) on the organisation and financing of the health system with the time horizon 2008 – 2013 (see Annex), the measures agreed on and launched in the framework of the health reform 2005 are further developed and intensified to ensure patient-oriented health care services within easy reach. The intention of guaranteeing a high-quality, effective and efficient health care system based on solidarity and with free and equal access in Austria was reiterated by the parties to the agreement. The health care system based on solidarity is to be preserved and improved. The financial sustainability of the Austrian health sector is to be ensured by integrated regional planning, control and financing adjusted to the underlying financial conditions and guided by the principle of using the financial resources as efficiently as possible.

The objectives and principles of planning have been laid down jointly in a master plan, i.e. the Austrian Health Care Structure Plan, by the Federal Republic of Austria, the Länder and social insurance institutions. Regional Structure Plans are used for detailed planning at regional level. The new agreement focuses on planning outreach services. Furthermore, the individual sectors as well as the entire health system are to be subject to ongoing monitoring at supraregional and cross-sectoral level in accordance with the demographic developments and the expected demand.

Measures are envisaged to strengthen health promotion based on a person/community-oriented approach, sensitivity to gender issues as well as integration, cooperation and interdisciplinary cooperation in the health sector. Great importance is attached to the concept of prevention.

In the future the implementation of the planned measures will increasingly be guided by public health principles. For example, a comprehensive health concept should be used as a basis for improving health for all and reducing health inequalities. Health objectives are to be developed both at federal level and Länder level (example: health objectives for the Land of Styria – see Annex).

### 4.2.3 ACCESS TO ADEQUATE HEALTH CARE

The Austrian health sector is characterised by an easy and generally equal access to all medical and therapeutic services for all persons as well as the principle that services may not be apportioned based on criteria, such as a person’s health status, age, gender, income, social status, religion, ethnic belonging, etc.

As mentioned before, the compulsory insurance system provides free access to health services – both institutional (intramural) and outreach (extramural) services. The social assistance system (within the competence of the Länder) finances the health insurance contributions or the costs of medical treatment of a small share of the persons not covered by health insurance. Despite the high coverage rate, about 1.5% of the Austrian population do not benefit from health insurance. The efforts of establishing equality between social assistance recipients and other persons covered by compulsory insurance are continued. In cooperation with public bodies, private social welfare

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organisations therefore specialised in providing primary and basic medical care to people not covered by health insurance. About 1,000 self-help groups play an important role in supporting patients and their family members. It is a vital goal to provide the self-help groups with an adequate financial basis.

To reduce the financial burden, especially on patients suffering from chronic diseases or several diseases, the total prescription charges payable by a person affected were limited to 2% of his/her income in 2008. This new cap for prescription charges was introduced in addition to the existing exemptions. About 300,000 persons (predominantly pensioners and chronic patients) will benefit from this measure.

Thanks to adequate staffing levels and equipment, there are no substantial waiting times or waiting lists for medical services. Longer waiting lists exist only for individual “non-emergency operations“. With a view to improving quality standards, in the Land of Vienna, for example, the registration system for planned surgery in the hospitals affiliated with the Federation of Hospitals (Krankenanstaltenverbund) is changed to meet the standards of a transparent management of waiting lists.

The gradual realisation of the quantitative targets, which were defined in the aforementioned Austrian Health Care Structure Plan to meet the future requirements of the population in the individual regions, ensures adequate regional supply with services. It will also contribute to providing fair access to medical care in the future as well as to safeguarding the quality of services. At present, Regional Structure Plans on Health are being prepared in the Länder. Their aim is to ensure the regional coordination of capacities and tasks of the institutional and outreach services sectors. Planning is based on a

population- and demand-oriented approach. The planning goal is to provide the population with uniform and equal health services. In this connection, the outreach sector is being restructured into new highly efficient organisational units.

The stigmatisation of people with mental and/or neurological illnesses poses a social and psychological obstacle in the sector of mental health care, in particular with regard to the diagnosis and therapy of various forms of dementia. It is therefore necessary to promote the development of very easily accessible therapies outside institutional settings.

One measure to assist the shift away from institutional health services to the outreach sector was to create the profession “specialist for general medicine” with a modified job description.

The far-reaching implementation of all measures will make it easier to reduce or eliminate existing overcapacities or shortages in the long run and, consequently inefficient resource allocation.

In planning the spectrum of health care services, great importance is attached to sectors where there are still gaps (e.g. inadequate supply with palliative and hospice services). In some Länder considerable progress has been made in establishing and further developing adequate palliative and hospice services. Efforts are made to ensure a more long-term and secure financial basis at federal level.

In some Länder different tools are used to improve interface management in the interest of the patients, guaranteeing needs-based access to all health care sectors. To facilitate the coordination among health and social services, more “administrative districts for social and health services” are to be created.

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In the future more attention will be paid to the interface between the health system and social services (nursing/long-term care) to promote the development towards integrated health care provision.

In Austria increasingly stronger emphasis is put on a “gender-sensitive health policy”; “gender medicine” is to be applied as a guiding principle to all levels of the health system. Structures for the provision of oncological services have been set out in the Austrian Health Care Structure Plan. Quality criteria have been defined for individual subsectors (e.g. gynaecological oncology). Moreover, quality criteria for breast health centres are being prepared. They will be incorporated into the Austrian Health Care Structure Plan. Two women’s health centres set up within hospitals in Vienna are to ensure easy access to health care services. In Vienna a men’s health centre is available for special treatment of men of all age groups. From a long-term perspective, the specific health needs and risks of women and men as well as the resources for the genders need be taken into account sustainably in all areas of the health system. Women’s health will be addressed on an inter-sectoral basis (curative – rehabilitative – health promoting).

### **Social inequalities**

Additional measures are required to gradually remove the existing health inequalities of the Austrian population, not only between different age groups and genders but above all between different regions, especially between eastern and western Austria. This provides a starting point for setting regional priorities in health promotion and preventive health care.

An analysis of the health survey 2006 shows that age, the income situation (unemployment and permanent incapacity for work) and migration

backgrounds are the demographic and socio-economic risk factors decisively influencing the state of health and health behaviour.

As people with a migration background are often exposed to different health risks, they also have special medical needs. In some Länder efforts are stepped up to improve the situation of people with a migration background. In Vienna a diabetes training project is for example conducted in cooperation between the Austrian Society for Diabetes (Österreichische Diabetesgesellschaft) and a large acute hospital to optimise care for diabetics with a migration background.

### **4.2.4 QUALITY OF HEALTH CARE**

It is a declared aim of the Austrian health policy to continue the work on safeguarding and improving the quality of the health system across Austria. The previous Austrian Hospital Plan had already set out binding quality criteria for selected health care sectors. The Austrian Health Care Structure Plan currently in force defines additional quality criteria for other health care sectors. It is a prerequisite for providing services in these sectors that the quality criteria are met by the end of the planning period of the Austrian Health Care Structure Plan (at present 2010).

Since 2000 Austria has made increasing efforts to design – in parallel to the existing legal foundation – an overarching framework for the obligatory strategic development and implementation of quality-enhancing measures in the health system.

The entry into force of the Act on the Quality of Health Services (Gesetz zur Qualität von Gesundheitsleistungen/GQG) and the Federal Act on Gesundheit Österreich GmbH (Bundesgesetz über die Gesundheit Österreich GmbH/GÖGG)

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was fundamental in developing the strategic framework for quality measures. Details on these Acts are provided in the Annex.

As one of three divisions of Gesundheit Österreich GmbH, the Federal Institute for Quality in the Health System (Bundesinstitut für Qualität im Gesundheitswesen/BIQG) was founded in July 2007. The establishment of this Institute has been a decisive structural improvement facilitating the future work on quality in the Austrian health system. Together with the other two divisions of Gesundheit Österreich GmbH (Austrian Federal Institute for the Health System and Fonds Gesundes Österreich GmbH), synergy effects can be reaped through better coordination in structural planning, health promotion and quality assurance. The Federal Republic of Austria (represented by the Federal Ministry of Health, Family and Youth) is the sole shareholder of Gesundheit Österreich GmbH. The company is not subject to instructions of the shareholder in carrying out its scientific mandate. The methodological and health-economic principles for the scientific development of standards, directives and guidelines regarding structural, process and result quality in the health sector are agreed on between the Federal Republic, the Länder and the social insurance system.

The Federal Institute for Quality in the Health System has been structured around four spheres of activity:

- structural and process quality,
- quality register and result quality,
- quality reporting,
- quality and economic efficiency.

Therefore the Federal Institute will support the Federal Ministry of Health, Family and Youth in addressing quality-related issues based on an evidence-based and scientific approach. By

involving the respective service providers, confidence is to be built, which is a prerequisite for the joint and constructive work on quality.

In the new agreement, the Federal Republic and the Länder reaffirmed their common objective of promoting quality-enhancing measures in the health system in their respective spheres of competence.

The framework for obligatory action on quality was strengthened by the legal standards described above. Challenges that will have to be faced in the future are to realise and implement the objectives agreed on by (further) developing standards and directives or guidelines into structural, process and result quality. As contemplated in the Act on the Quality of Health Services, the empowerment of the patients is to be supported (in a process of strengthening their self-determination and self-responsibility for their health) by setting clear standards. This will enable them to take better decisions.

In general, initiatives to use evidence-based medicine (EBM) and health technology assessment (HTA) have been increasing in Austria over the past years. This work is inter alia supported by the Federal Republic, the social insurance system, some health insurance institutions and research institutes. In 2003 a staff position for evidence-based health care was set up within the Federation of Austrian Social Insurance Institutions. A Ludwig Boltzmann Institute specialising in health technology assessment became active in April 2006.

The continuing development of quality indicators by the OECD, the Directorate-General for Employment, Social Affairs and Equal Opportunities and the Directorate-General for Health and Consumers of the European Commission



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poses an additional challenge in the work on quality.

Based on an amendment to the Act on the Medical Profession (Ärztegesetz), the Austrian Medical Chamber founded a company in charge of quality assurance (Gesellschaft für Qualitätssicherung & Qualitätsmanagement in der Medizin GmbH) in 2004. This company developed quality standards for physicians in private practices. The standards became legally binding for a five-year period by virtue of a decree issued by the Austrian Medical Chamber, which is subject to the approval of the Federal Ministry of Health, Family and Youth. The first decree of this type entered into force in February 2006.

### **Patients' rights**

Patients' rights are enshrined in various laws, e.g. the law on hospitals and in laws governing medical professions. The Federal Republic of Austria and the Länder agreed on a Patients' Charter to guarantee patients' rights. The Act on Patients' Advance Health Care Directives (PatientInnenverfügungsgesetz) established a clear legal framework for requirements concerning form, content, validity and counselling for drafting advance health care directives. This has been a crucial step in strengthening patients' rights.

Based on laws at Länder level, independent patients' representations were established, which provide free services. In addition, there are arbitration boards of the Medical Chambers in the Länder.

Irrespective of the above, interest representations, e.g. self-help groups, are increasingly involved in designing and further developing measures (this was for example the case in developing the Federal Quality Guideline on the Disease Management Programme Diabetes mell. Type 2).

### **Health promotion and prevention**

To strengthen health promotion in general in a system previously emphasising curative medicine, health-promotion initiatives have been taken across Austria in the past years. Since the adoption of the Health Promotion Act (Gesundheitsförderungsgesetz) ten years ago and the foundation of the Fund "Healthy Austria", a lot has happened with regard to health promotion in Austria. Numerous projects in nurseries, schools, companies, hospitals, municipalities and regions have been called into life. The initiative "Vienna Alliance for Health Promotion in Hospitals, Nursing Homes and Homes for the Elderly" focuses on health promotion measures benefiting in particular older and ageing staff in the work process. A consensus has been reached to incorporate health promotion in the Austrian law to an even greater extent in the future and to provide for more efficient structures. The target is an Austrian overall strategy in health promotion and prevention going beyond the health sector as health promotion requires an overarching approach ("health-in-all policies").

The aim of the public health administration is to maintain and promote the health of the population. In this context, a trend from curative individual medicine to health promotion – in terms of behavioural prevention and prevention related to the social context – has been recorded over the past year. This strategy is to be continued.

The association "Austrian Network of Health-Promoting Hospitals and Health Institutions ("Österreichisches Netzwerk gesundheitsfördernder Krankenhäuser und Gesundheitseinrichtungen"/ÖNGKG) develops strategies for promoting the health of patients and staff. Numerous hospitals are members of this association.

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Information campaigns on “healthy food” and “physical exercise” have been conducted since about four years and will be carried on in the future. Early prevention starts with children. Therefore, the Federal Ministry of Health, Family and Youth, the Federal Ministry of Education, Art and Culture and the Federation of Austrian Social Insurance Institutions launched the project “Healthy School”. In the framework of this project, strategies are developed that incorporate health promotion into the curricula of Austrian schools on a sustainable basis (see Annex) within a period of two years. With a view to improving the dental health of children and young people, the approach of prevention-oriented dental care – maintaining dental health comes before replacing teeth – will be applied also in the future.

In Austria there are about 400,000 people with diabetes. To prevent later health damages in diabetes patients, a Federal Quality Guideline for the Disease Management Programme DMP Diabetes mell. Type 2 is developed on the basis of the Diabetes Plan and Diabetes Report. In some Länder programmes of this type are already in place.

An Anti-Alcohol Forum was set up within the Federal Ministry of Health, Family and Youth in 2007. It has the task of preparing a “National Strategy against Drugs and Alcohol” by the end of 2008. As far as illegal drug use is concerned, it will address the aspects of prevention, therapy, harm minimisation and social reintegration.

The steps taken to improve the psychosocial health of the Austrian population have to a large extent been harmonised with the Mental Health Declaration for Europe. A Mental Health Advisory Board was set up within the Federal Ministry of Health, Family and Youth. It maps out a national strategy for realising the measures adopted in the

Mental Health Action Plan for Europe. Good practice models for integrated services close to the community are developed in a model region in the Land of Tyrol.

The social insurance system is also strengthening its role in prevention to reduce health risk factors in life and at work. The people insured and their dependants who are 18 years and above are entitled to free medical check-ups. Since 2005 a state-of-the-art programme of medical examinations has been available, i.e. the “new medical check-up”. It focuses on healthy lifestyles and individual consulting. A re-call system is to be introduced to increase the participation of the population.

Finally, mammography screening in accordance with the EU Guidelines is being tested in four pilot projects. The findings of the pilot projects will serve as a basis for decisions concerning the Austria-wide roll-out of this screening model. First results show that the programme reached women who had not undergone mammography previously (especially women with a migration background).

### *4.2.5 FINANCIAL SUSTAINABILITY OF ADEQUATE AND QUALITY HEALTH CARE*

The health expenditure including the costs of long-term care amounted to EUR 26,057 million or 10.1% of the GDP in 2006. The public health expenditure corresponds to about 75% of the total expenditure (see Annex). Thus Austria is among the top four in an EU-wide comparison.

Increasing the efficiency of the financial resources allocated to the health system is a continuing challenge. The Austrian way is “rationalisation instead of apportionment“, i.e. to benefit from efficiency potentials.

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To ensure the long-term financial sustainability of the Austrian health system, the existing efficiency potentials are to be taken advantage of by

- stronger integration of health care – integrated health plan and cross-sectoral financing,
- improving interface management,
- reducing acute beds and/or converting them into rehabilitation and nursing beds,
- development of quality standards in the health system,
- intensifying health promotion/prevention/preventive medicine.

To implement integrated health care, further steps are taken towards cross-sectoral financing. This is a prerequisite for making the necessary structural changes (further reduction of the burden on the inpatient acute sector and increasing day clinic and outpatient services). Health care is to be provided where a service of at least the same quality can be performed in the most cost-effective way for the national economy.

The use of state-of-the-art information and communications technologies is another priority of the measures launched in the framework of the health reform 2005. Great hope is placed on the use of new technologies, such as the “electronic health record” (EHR). The EHR is a tool to optimise therapeutic processes and to increase the quality of outcomes. The electronic health insurance card was introduced throughout Austria in 2005.

The cooperation instrument “reform pool” was developed in the wake of the health reform 2005 to promote the efficiency in resource allocation. It allows the stakeholders to compensate for shifts

between intramural and extramural services. In the future funding will focus on integrated health care projects (in particular DMP diabetes mell. type 2, care of patients after apoplectic fits, patients suffering from coronary heart diseases and patients with nephrological diseases as well as hospital discharge management and pre-surgery evaluation).

The agreement between the Federal Republic of Austria and the Länder provides for a set of measures to improve the income situation of hospitals and the social insurance system (notably Art. 9 and 12 of the agreement), on the one hand. On the other hand, it focuses on necessary structural changes in the health sector (notably Art. 3, 4, and 31 of the agreement) as well as measures curbing costs and increasing the efficacy and efficiency in the health system.

In the framework of the public health expenditure projections developed by the Economic Policy Committee of the EU, calculations were made also for Austria. The increase in public health expenditure – as a percentage of the GDP – was examined under different scenarios. Considering only the demographic effects, the health expenditure ratio is increasing by 1.7 percentage points up to 2050; based on the assumption of an improved state of health of the ageing population (a trend recorded in Austria in the past), the ratio will rise by 1 percentage point. Assuming that the share of persons in the last phase of life decreases in all age cohorts, while the average life expectancy continues to increase, the health expenditure ratio goes up by 1.3 percentage points. The EU’s new projection – “New Forecast” – with a planning horizon up to 2050 will become available in late 2008.

### **Medicinal drugs**

To curb the dynamically increasing costs of medicinal drugs sustainably,

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agreements with the medical and pharmaceutical professions as well as the pharmaceutical companies holding sales licenses are concluded at political level on an ongoing basis. However, also structural measures were adopted, e.g. the introduction of the Reimbursement Code (a transparent list of pharmaceutical products for which the costs are borne by the health insurance institutions) and a reduction of the distribution costs. Thanks to these price-curbing and structural measures, the average cost increase rates have been decreased significantly in the past years. At present, intensive talks are held with all partners in the sector of medicinal drugs to develop further measures in the framework of this strategy.

Based on a comprehensive approach to quality-related patient safety, the database “e-medication” (“Medication Safety Belt”) and electronic prescription are to be introduced countrywide

### **Financing the health insurance system**

The financial situation of the social health insurance system poses a great challenge.

In view of the financial challenge in the social health insurance system, measures safeguarding the financial viability of the social health insurance system (e.g. increasing health insurance contributions by 0.05 percentage points, earmarking the revenue from the tobacco tax for this purpose, increasing patient co-payments) were taken in the last two years to support the health reform 2005. Furthermore, the Federal Republic makes available to the Länder an additional annual amount of EUR 100 million (valorised) for financing hospitals during the term of the agreement (2008 to 2013).

To ensure the sustainability of liquidity and to ease the tight financial situation in the social health insurance system, the health insurance contributions were raised by 0.15 percentage points in 2008. This increase in contributions will be supported by concrete measures boosting the efficiency and curbing the costs of the social health insurance system.

The aim of the planned measures is to establish a basis for ensuring that no additional patient co-payments or the apportionment of services will have to be introduced in Austria. Based on a political consensus, Austria pursues the path of statutory health insurance.

In the light of the financial challenges, measures need to be taken to safeguard the provision of high-quality, effective, efficient, freely accessible and equal health care in Austria in the future. The financial sustainability of the Austrian health system has to be ensured in the long run.

## 4.3 LONG-TERM CARE

### 4.3.1 PROGRESS AND CHALLENGES

A comprehensive **reform of long-term care provision** was carried out in 1993. With the entry into force of the Federal Act Governing Long-Term Care Benefits (Bundespflegegeldgesetz/BPGG), Federal Law Gazette No. 110/1993, and the nine corresponding Acts of the Länder Governing Long-Term Care Benefits, a seven-level, means-tested long-term care benefit was introduced, to which the persons affected have a legal right regardless of their income and assets as well as the cause of their need for care. As a result, a closed system of long-term care benefits was established, including all those in need of long-term care.

In parallel, an agreement on joint measures for persons in need of care was concluded between the Federal Republic and the Länder, Federal Law Gazette No. 866/1993, which entered into force on 1 January 1994 (Long-term Care Provision Agreement). In this agreement the Länder agreed on ensuring that decentralised social services will be established and/or further developed across their territories.

The main goal of the reform of the long-term care system was to improve the opportunities of people in need of care for independent and needs-based lifestyles and participation in social life by granting direct financial benefits on the one hand and by providing social services on the other hand.

Long-term care has to be affordable to all those affected and must not lead to financial dependence and poverty. The long-term care benefit is income-independent but nevertheless makes a contribution to combating poverty, especially among lower income groups.

The provision of long-term care and support for older people has become a key concern of Austria's social policy. At present, more than 400,000 women and men – this corresponds to no less than about 5% of the Austrian population – receive long-term care benefits under the Federal Act Governing Long-Term Care or one of the Länder Acts. Due to the demographic development and the increasing life expectancy (which is a welcomed development), the number of eligible persons will continue to grow in the next years.

The long-term care benefit is paid 12 times a year; the below table shows the levels of long-term care benefits as well as the number of recipients:

About 80% of the people with care requirements are provided care in their own homes by family members, who shoulder a great burden and make a socio-politically highly valuable contribution. Therefore it is indispensable to support also care-giving family members in their difficult task, to ease the stress on them as well as to strengthen their position.

Even if the present long-term care provision system has led to a considerable improvement of the situation of persons in need of care and their care-givers, the system must undoubtedly be further developed. Moreover, additional steps have to be taken to safeguard the high level of Austrian long-term care provision.

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	Amount in EUR	Recipients under Federal Act	Share	Recipients under Länder Acts	Percentage
Level 1	148.30	74,482	21.96%	12,155	20.43 %
Level 2	273.40	115,525	34.06%	18,649	31.35 %
Level 3	421.80	55,337	16.32%	11,283	18.96 %
Level 4	632.70	51,651	15.23%	7,679	12.91 %
Level 5	859.30	26,905	7.93%	4,694	7.89 %
Level 6	1,171.70	9,412	2.77%	3,172	5.33 %
Level 7	1,562.10	5,860	1.73%	1,863	3.13 %
Total		339,172	100.00%	59,495	100.00 %

*Status:* Federal Republic of Austria March 2008;  
Länder 2006

*Source:* Federal Ministry of Social Affairs and  
Consumer Protection and Federation of Social  
Insurance Institutions

Progress has been made in the following  
areas:

### **24-hour care**

In 2007 the legal framework for legal, affordable and quality-assured care at home during up to 24 hours was created. The Home Care Act (Hausbetreuungsgesetz /HBeG) promulgated in Federal Law Gazette I, No. 33/2007 as well as the amendment to the Industrial Code (Gewerbeordnung) 1994, which both entered into force on 1 July 2007, created a foundation under labour and trade law for providing legal care services in private households during up to 24 hours – either by employed carers holding employment contracts or self-employed carers holding contracts for work.

The amendments to the Federal Act Governing Long-Term Care Benefits, Federal Law Gazette I, No. 34/2007 and Federal Law Gazette I, No. 51/2007, as well as the respective directives issued by the Federal Ministry of Social Affairs and Consumer Protection (creating a

funding model for 24-hour care allowing the granting of subsidies, which also entered into force on 1 July 2007) made it possible to take another crucial step towards improving the situation of people in need of care and their family members in Austria.

Since 1 January 2008 a new funding model has been in place (with exceptions), which was agreed on between the Federal Republic of Austria and the Länder. The model was adopted in an agreement pursuant to Article 15a of the Federal Constitution Act (B-VG) on the joint funding of 24-hour care (not yet signed by the Land of Lower Austria). The Federal Republic undertook to cover 60% of the expenditure on subsidies, while the Länder contribute 40%. Both parties agreed on establishing a joint provision system for procedures and benefits, to make available the necessary data and to evaluate the system of 24-hour care. The evaluation of the funding model for 24-hour care had been commissioned in May and the

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final report was submitted in summer 2008.

On 30 January 2008, the National Council adopted a Constitutional Act which incorporates transitional provisions for promoting legal care and support services in private households (Constitutional Act on Long-term Care, Federal Law Gazette No. I/43/2008). The Constitutional Act on Long-Term Care stipulates that the recipients of long-term care benefits or their family members do not have to pay retroactive social insurance contributions as well as fiscal and other administrative fines provided that the illegal carers were registered with the social insurance institution by 30 June 2008 or that illegal care was terminated before 1 January 2008 ("pardoning"). Registration is possible as an employee (General Social Insurance Act) or as a self-employed carer (Industrial Social Insurance Act). The Constitution Act has the positive consequence for carers that they cannot be prosecuted retroactively for performing services unlawfully (e.g. feeding the person in need of care). In general, the scope of pardoning goes far beyond the provisions of the Care Transition Act, which expired at the end of last year.

On 13 March 2008 the National Council adopted the amendments to the Health Care and Patient Nursing Act (Gesundheits- und Krankenpflegegesetzes/GuKG), i.e. the Act Amending the Laws on Health Occupations 2007/Gesundheitsberufe-Rechtsänderungsgesetz 2007/GesBRÄG 2007, Federal Law Gazette I, No. 57/2008, which entered into force on 10 April 2008. The new provisions authorise the carers providing 24-care services and personal assistants to fulfil individual tasks for the care recipient in the individual case which are otherwise reserved to nursing staff and medical doctors (e.g. assisting with food and fluid

intake, body care, administering medication). These tasks may not be performed unless the supervision by certified nursing staff or medical doctors has been ensured.

### **Support to people with dementia and their care-giving family members**

Since 1 February 2007 it has been possible to grant subsidies towards the costs of substitute care providers to improve the situation of care-providing family members of people suffering from dementia. The project is organised in cooperation with the Federal Working Community for Free Welfare (Bundesarbeitsgemeinschaft Freie Wohlfahrt), in which Austria's largest supporting organisations participate, and the Austrian Association of Relatives of Alzheimer's Patients (Verein Alzheimer Angehörige Austria). Due to the favourable feedback of this group, regular implementation of this measure became a goal. In the framework of the next amendment to the Federal Act Governing Long-Term Care Benefits, a legal basis will be created. Subsequently, this type of support will become a standard offer of the Federal Republic.

This financial aid has been conceived as a contribution to covering the costs of organising professional or private substitute care if the main care-giver is incapacitated. The annual maximum subsidy amounts to:

- EUR 1,200 for care provided to persons with dementia receiving a long-term care benefit under the Federal Act Governing Long-Term Care Benefits of levels 1, 2 or 3,
- EUR 1,400 for care provided to persons receiving a long-term care benefit of level 4,
- EUR 1,600 for care provided to persons receiving a long-term care benefit of level 5,

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- EUR 2,000 for care provided to persons receiving a long-term care benefit of level 6,
- EUR 2,200 for care provided to persons receiving a long-term care benefit of level 7.

**Handbook on Dementia.** In 2006 Gesundheit Österreich GmbH (GÖG) was commissioned by the Federal Ministry of Social Affairs and Consumer Protection to take stock of special care services for people with dementia and to give an overview in a Handbook on Dementia.

The GÖG sent out questionnaires to all residential homes for the elderly and nursing homes in Austria. A total of 70 institutions participated in this survey, about 2,200 places in residential and nursing homes were described in more detail. Care facilities are offered in special dementia wards, group living units, shared houses and flats as well as day care facilities for people with dementia.

The Handbook on Dementia, which has been available as a download<sup>10</sup> as well as a printed version since spring 2008, does not only provide information by experts on the subject of dementia, e.g. general quality criteria to be taken into account in establishing and designing a special dementia unit but also an Austria-wide listing and in-depth description of the institutions that participated in the survey. The Handbook on Dementia is therefore a valuable source of information and basis for decision-making for all those looking for special care services for people affected by dementia.

**Dementia teams.** Since 2008 the Federal Ministry of Social Affairs and

Consumer Protection has funded three easily accessible projects in Austrian model regions that aim at improving the situation of people with dementia and their care-giving family members:

- Family/Community/Networking – a mobile competence centre for people with dementia and their family members. Local people are trained as “family/community networkers“, their main task is to build and coordinate networks in the region. A pool of formal and informal carers is created. With its support, the strain on the care-giving family members of people with dementia can to be eased on a regular and long-term basis.
- Multi-professional dementia teams in Salzburg and Burgenland. These multi-professional dementia teams are made up by a dementia coordinator (health professional or certified nurse, social worker), a specialist for psychiatry and/or neurology, a certified health care professional or nurse as well as a clerk. Questions concerning dementia as such as well as care and support can be answered during visits to the homes of the persons affected. Moreover, comprehensive social counselling and in some cases further support services, e.g. social services, are offered. The aim is to provide the families affected with individual, tailored proposals for solutions.

### **Professional first counselling for those in need of care and their family members**

In model regions of Austria the recipients of long-term care benefits granted under the Federal Act are sent a voucher for free qualified counselling by certified nursing professionals together with the administrative decision regarding their entitlement to long-term care benefit or the application receipt. This voucher can be used for services of the member

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<sup>10</sup>[http://www.bmsk.gv.at/cms/site/attachments/2/2/1/CH0041/CMS1207142483589/Handbook\\_of\\_Dementia\\_Care\\_maerz\\_2008.pdf](http://www.bmsk.gv.at/cms/site/attachments/2/2/1/CH0041/CMS1207142483589/Handbook_of_Dementia_Care_maerz_2008.pdf)



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organisations of the Federal Working Community for Free Welfare.

Counselling focuses in particular on providing information on outreach services, aids, social insurance coverage or administrative procedures regarding long-term care benefits.

The Institute for Interdisciplinary Research on Non-Profit Organisation of Vienna University of Economics and Business Administration was mandated by the Federal Ministry of Social Affairs and Consumer Protection to provide scientific support in this project. One of the key findings of the study was that 79% of the persons counselled found the counselling session very useful according to their own assessment. Slightly more than half of the persons planned to use more care services and/or counselling services in the future. For 60.4% of those surveyed every-day life became easier after counselling.

In the Länder registered inhabitants (older than 65 years) are informed on the range of social services as well as long-term care benefits in the framework of a home visiting service which partly has been in place for more than 30 years. For migrants this service is available as from the age of 55 years. Furthermore, upon applying for care services (home help, meals on wheels, etc.) those in need of care and their relatives are provided comprehensive counselling in a case-management framework in counselling centres for care and support at home. These services are offered in various languages. The extensive network of care counselling centres established in some Länder offers free, objective, confidential counselling and support not related to individual care providers in all matters concerning care; concrete information and proposals are partly sent out to persons applying for benefits or benefit increases by the pension insurance institutions.

### **Care hotline – counselling for care-givers**

The care hotline is available during office hours under the Austria-wide toll-free telephone number 0800/201622 and informs on all issues in the context of care. In addition, written queries sent by fax (no: 0800 220490) or e-mail (pflegetelefon@bmsk.gv.at) are answered. In individual cases advice-seeking persons also request individual counselling sessions, which are held by appointment in the Federal Ministry of Social Affairs and Consumer Protection.

The Ombudsperson for Care Dr. Vogt has been available on the care hotline for answering questions on care services every Wednesday since September 2006.

### **Internet platform for care-giving family members**

In addition to the care hotline, the Internet platform for care-giving family members was set up in August 2006 to meet the requirement of providing comprehensive information to help carers in their every-day lives. Care-providing relatives are informed about long-term care benefits, social and labour law provisions concerning carers, mobile social services, technical aids for care, therapies at home, courses and self-help groups, financial benefits as well as institutional further care. They are also kept up-to-date on offers to ease the strain on carers, e.g. holidays for care-giving family members, temporary care and financial aid to support care-giving relatives.

In addition, the platform provides an open forum for tips and allows the exchange of experience on home care with other carers. The platform for care-giving relatives can be accessed at [www.pflegedaheim.at](http://www.pflegedaheim.at).

## NATIONAL STRATEGIES FOR HEALTH AND LONG-TERM CARE

### **Subsidising temporary and substitute care**

Pursuant to Section 21a of the Federal Act Governing Long-Term Care Benefits, a close family member of a person in need of care who is eligible for long-term care benefit of at least level 4 under the Federal Act Governing Long-Term Care Benefits may receive a subsidy from the Support Fund for People with Disabilities if he/she is predominantly responsible for providing care and is incapacitated due to sickness, holidays or other important reasons.

This subsidy has been conceived to cover parts of the costs of professional or private substitute care due to the incapacitation of the main carer.

This support option has been widely used by the care-providing family members. From the introduction of this scheme in January 2004 to the end of December 2007, subsidies totalling about EUR 10.5 million were granted in approximately 9,500 cases.

The study "Zu Gast im Pflegeheim – Was erwarten sich pflegende Angehörige von Kurzzeitpflege als entlastende Maßnahme?" ("Visiting the nursing home. How do care-giving family members expect temporary care to reduce stress?") was published in 2007. It had been prepared by the Institute of Nursing Research (Institut für Pflegewissenschaft) of the University of Vienna on behalf of the Federal Ministry of Social Affairs and Consumer Protection. It explored the experience of relatives with temporary care and looked into their expectations of temporary care as a measure easing the strain on them.

The study was based on the assumption that offers to reduce the stress on care-providing family members are in many cases not perceived as a relief. To create a user-oriented service, it was necessary to obtain information what care-giving

family members expect from temporary care and under what conditions they really feel supported through temporary care.

### **Holidays for care-giving family members**

Since September 2006, the Association of War Victims and People with Disabilities (Kriegsopfer- und Behindertenverband /KOBV) has offered a 14-day holiday in its resort in Helenental (Lower Austria) to main care providers alone or, if desired, together with the person receiving care (up to long-term care benefit level 3). Besides the recreational purpose which is the main goal, a supporting programme is offered (including a moderated exchange of experience, care tips, legal advice). This project is realised with substantial subsidies of the Support Fund for People with Disabilities. The total subsidies granted in the past amounted to about EUR 90,900. Due to the favourable response, this pilot project "Holiday and recreation for care-giving family members" sponsored by the KOBV Vienna, Lower Austria and Burgenland has been extended up to the end of September 2008.

### **More safeguards under social insurance law for care-giving family members**

The Act Amending Social Law 2007, Federal Law Gazette I, No. 31/2007 led to an improvement of the situation of care-giving family members as far as preferential continued coverage or self-insurance in the pension insurance during the provision of care to a close relative is concerned. Since 1 July 2007 the Federal Republic of Austria has to pay the major part or the total amount of insurance contributions for care-giving family members with voluntary pension insurance during a specific period of time. In accordance with the new Section 77, para. 9 of the General Social

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Insurance Act (ASVG) and equivalent rules in other social insurance laws, the Federal Republic of Austria does not only finance the employer's contribution as under previous legislation but also covers half of the share of the contribution payable by the care-giver insured on a voluntary basis (employee's contribution) during a maximum period of 48 calendar months if care is provided to a close relative eligible for long-term care benefit of level 4; if the close relative is entitled to a long-term care benefit of at least level 5, the Federal Republic pays the full contribution during a maximum of 48 calendar months.

### **Accompanying measures and improvements regarding family hospice leave**

To help persons taking unpaid leave in the framework of family hospice leave to provide end-of-life care to a close family member or to support a severely ill child living in the same household as quickly and unbureaucratically as possible, additional accompanying measures were enshrined in the Federal Act Governing Long-Term Care Benefits in 2002.

Since April 2005 the pension insurance institution has speeded up the processing of applications for granting or increasing long-term care benefits filed by persons receiving intramural care in a hospice. This measure has basically proven very useful as it ensures that applications are handled as fast as possible, especially in view of the high mortality rate of this group.

By virtue of a revision of the Act Amending Employment Contract Law (Arbeitsvertragsrechts-Anpassungsgesetz), Federal Law Gazette I, No. 36/2006, adoptive parents and foster parents became entitled to take leave to provide end-of-life care with effect 18 March 2006. Furthermore,

family hospice leave may also be taken to care for biological children of the spouse or companion.

Under the new rules, carers of children suffering from highly severe diseases may take family hospice leave of up to five months, with an optional extension to a total of nine months.

Persons taking unpaid leave for providing end-of-life care or for supporting children suffering from highly severe diseases may be granted a monthly subsidy depending on the household income. The aim of this measure is to avoid cases of severe hardship. In 2007 in 301 cases a total of 419 children were supported indirectly in this way.

### **4.3.2 ACCESS TO ADEQUATE LONG-TERM CARE**

Due to an agreement pursuant to Article 15a of the Federal Constitution Act (B-VG) between the Federal Republic of Austria and the Länder on joint measures for persons with care requirements (Federal Law Gazette No. 866/1993), the range of social services is widened in all Länder. As this requires long-term planning, the Länder prepared demand and development plans between 1996 and 1998, which have to be realised gradually by 2010. The Länder adjust their planning on an ongoing basis to current developments.

Moreover, this agreement on long-term care provision stipulated that a working group on long-term care provision had to be set up. One of its tasks is the preparation of an annual report. The report of the working group for long-term care provision for 2006 shows that the use of outreach services increased by 21% between 1999 and 2006.

# NATIONAL STRATEGIES FOR HEALTH AND LONG-TERM CARE

## **Working group “Reorganisation of long-term care provision”**

To safeguard and further develop the existing long-term care provision system, the current government programme provides for a set of measures.

In accordance with the government programme, a working group tasked with the reorganisation of the long-term care provision system was set up on 26 February 2007. Among its members are representatives of the Federal Republic, the Länder, local authorities, social partners and interest representations. The working group addresses the different problem areas of the existing long-term care provision system and develops pathways towards a sustainable system of affordable care.

This working group first discussed the framework for 24-hour care and developed models to support it.

With the aim of optimising the long-term care and support schemes in Austria, subsequently three subworking groups were set up on 10 October 2007. They address financing (incl. organisational issues, cf. Chapter 4.3.4), long-term care benefits (incl. quality assurance) and care-giving family members as well as benefits in kind (incl. quality assurance).

**Subworking group “benefits in kind (incl. quality assurance)”**. In this subworking group, in which representatives of the Länder play an important role (competence of the Land), a catalogue of individual benefits in kind was prepared. Subsequently, these benefits and their further development are to be quantified.

**Subworking group “long-term care benefit (incl. quality assurance) and care-giving family members”**. In this subworking group, the Länder are also represented. This is of great importance as measures have to be coordinated that are fundamental elements of the Long-

Term Care Provision Agreement. Other aspects of long-term care provision included in the government programme are also discussed by experts. A basis for political decision-making is being developed.

The main subjects addressed are as follows:

- increasing the long-term care benefit,
- long-term care benefit levels for people with dementia,
- long-term care benefit levels for children and young people,
- support to care-giving family members,
- counselling on care,
- the Federal Republic’s sole responsibility for handling long-term care benefit procedures,
- choice between cash benefits and benefits in kind,
- flexible level of long-term care benefit

## **Current measures and strategies of the Länder**

In addition to implementing support programmes for care-giving family members as well as preventive measures (health promotion, etc.), most Länder have intensified their activities to further develop institutional care and outreach services. In general, priority is given to the strengthening of outreach services and semi-institutional care over institutional care. Depending on the demand, the previous supply and on the structure of long-term care schemes in the individual Länder, the reforms differ but have comparable objectives.

In all Länder new and/or alternative forms of care are developed. In the next years intergenerational forms of living, shared living in flats and houses as well as autonomous institutions will for example receive special support. These

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measures respond to the trend of individualisation, and a varied range of services and facilities meeting the different requirements and adjusted to different life phases is created.

By establishing new care structures, the strain on the care-giving family members has to be eased. In this context, it is crucial to offer relief measures (e.g. day care, temporary care and care during the holidays of the carer). In the last years, numerous programmes were created for family members. Counselling and support groups for care-giving family members, temporary stays in a nursing home during holidays or sickness of the carer, counselling on medication and technical aids as well as various ombudspersons and information platforms.

An improved discharge management in hospitals as well as better coordination of social services should not only have preventive effects and prevent permanent care requirements but also facilitate access to care and support. Better coordination also means that the funds allocated are used more efficiently. To improve coordination, case management concepts are used also in organising outreach services. Case managers are not only responsible for ensuring that those affected and their family members are linked up to efficient networks and provided with counselling but also for helping them in making the right choice from a wide range of services.

### *4.3.3 QUALITY OF LONG-TERM CARE*

Due to the increasing share of older people in the population, care services for the elderly and people with disabilities will offer more job opportunities in the future. The study of the Austrian Federal Institute for the Health Sector (Österreichisches Bundesinstitut für Gesundheitswesen /ÖBIG) on

“Employees in the sector of elderly citizens and people with disabilities“ (Federal Ministry of Social Affairs and Consumer Protection, Vienna 2008) examined the development of the number of employees from 2003 to 2006. The study includes the numbers of people working for mobile, semi-institutional and institutional services in Austria. 66% of the institutions registered about 55,000 employees in late 2006. In care institutions for the elderly the nursing staff headcount rose by approximately 15% between 2003 and 2006. The trend towards quality care and support, which had been recorded already between 1993 and 2003, continued between 2003 and 2006.

Since the introduction of the long-term care provision system, accurate targeting of long-term care benefits and quality assurance of the care services provided have been main goals in creating an optimal care situation for all those involved.

Against the background of enshrining quality assurance in the Federal Act Governing Long-Term Care Benefits, the pilot project “Quality assurance in the long-term care sector” was realised in 2001. In the framework of this project, certified health care and nursing staff with the specific expertise in home care and great competence in counselling visited people requiring a high level of care in their homes and collected data on concrete care situations by means of a standardised questionnaire. However, the aim of these home visits was not only to examine care but equal importance is attached to offering all the care-giving persons involved information and counselling on this occasion. Therefore, home visits also have the purpose of supporting care-giving family members.

After the positive experience of implementing this pilot project, a follow-up project “Quality assurance in home

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care“ was launched in 2003. The evaluation of both projects by the former Austrian Federal Institute for the Health Sector, which was responsible for the scientific support of the project, showed that those affected strongly accepted and favoured this approach to quality assurance.

Thanks to the positive feedback of those involved, this quality-enhancing measure became a standard service of the Federal Republic offered in an institutionalised framework and on a considerably larger scale. A special competence centre in charge of the countrywide coordination and management of home visits was set up for all pension insurance providers within the Farmers' Social Insurance Institution. At present more than 100 certified health care and nursing care professionals pay visits to recipients of long-term care benefits of the levels 1 to 7. In 2007 no less than about 17,000 people receiving long-term care benefits were visited in their homes under this programme. The same number of visits to homes has been planned for 2008, including also cases in which subsidies for 24-hour care were granted.

The agreement pursuant to Article 15a of the Federal Constitution Act between the Federal Republic and the Länder on social care professions (Federal Law Gazette I, No. 55/2005; implementation deadlines: 26 July 2007, for Salzburg: 8 July 2008) signed on 6 December 2004 was an important step towards upgrading the jobs of carers for the elderly and people with disabilities as well as towards creating incentives for standard employment contracts. It provides for a modular system ensuring the smooth transition between individual occupations (strengthening flexibility and mobility in the labour market). The implementation of the agreement has been completed after necessary changes at federal level (health and educational sector) and to a

large extent also at Länder level. Moreover, the Länder are to introduce a uniform job profile for “home helpers”. This plan has been realised in all laws adopted so far at Länder level.

The development of state-of-the-art care and support concepts has to be paralleled by the provision of adequate, well-structured and decentralised accommodation. In the past few years a comprehensive programme has been implemented to enhance the quality of services and modernise care facilities.

### 4.3.4 FINANCIAL SUSTAINABILITY OF ADEQUATE QUALITY LONG-TERM CARE

The expenditure on **benefits in kind** in the social services sector totalled EUR 1.33 billion in 2006, which was covered predominantly from the budgets of the Länder (social assistance) and partly by the local authorities. Cost contributions – which are fixed by taking into account social aspects – are payable by the users of the services.

**Cash benefits.** The long-term care benefit is an independent social transfer. It is not a social insurance benefit as it is not financed from contributions of the insured but from the budgets of the Federal Republic of Austria and of the Länder.

The expenditure of the Federal Republic on benefits granted under the Federal Act Governing Long-Term Care Benefits amounted to EUR 1.62 billion in 2006. The expenditure of the Länder on benefits under the respective Länder Acts Governing Long-Term Care Benefits was about EUR 301.5 million in 2006; the cities and local authorities make contributions to cover the expenditure.

**Subworking group “Financing (incl. organisational issues)”.** This suborganisation of the working group “Reorganisation of long-term care

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provision“ (cf. Chapter 4.3.2) discusses strategies for the long-term financial sustainability of long-term care provision and prepares the basis for future political decisions. Due to the current legal framework and the government programme of the present legislative term, great importance is attached to the medium- and long-term development of the costs of long-term care provision. Furthermore, the Austrian model of long-term care provision is compared to other models in the European Union (best practice analysis). The development of alternative financing models (including their effects on the national economy) will also provide a basis for future decisions regarding the financing of long-term care provision.

## **5 ANNEX**



## 5.1 STATISTICAL ANNEX

The indicators were chosen on the basis of the List of Indicators adopted by the Social Protection Committee, which had been prepared for the National Reports on Strategies of the Member States as well as the Joint Report on Social Protection and Social Inclusion of the European Commission and the Council.

Moreover, the Federal Ministry of Social Affairs and Consumer Protection gave instructions to develop additional national indicators in 2007. These indicators and the corresponding data are for the first time included in this Report.

The sets of indicators addressing five key themes are subdivided into EU primary, secondary and contextual indicators as well as supplementary Austrian indicators, providing an insight into the origin of the respective indicator.

Every chapter is introduced with an overview depicting the trend of an indicator over a period of time (if applicable for the respective indicator).

## Social inclusion indicators

### 1. Living standard indicators

#### *Primary EU indicators*

- 1.1. At-risk-of-poverty rate by age and gender
- 1.2. At-risk-of-poverty threshold
- 1.3. At-risk-of-poverty gap

#### *Secondary EU indicators*

- 1.4. At-risk-of-poverty rate by household types
- 1.5. At-risk of poverty rate by work intensity of the household
- 1.6. At-risk-of-poverty rate by most frequent activity status
- 1.7. At-risk-of-poverty rate by accommodation tenure status
- 1.8. Income thresholds

#### *EU contextual indicators*

- 1.9. Inequality of income distribution (S80/S20)
- 1.10. Inequality of income distribution (Gini coefficient)
- 1.11. A-risk-of-poverty rate anchored at a fixed moment in time
- 1.12. At-risk-of-poverty rate before social transfers

#### *Supplementary Austrian indicators*

- 1.13. Persistent at-risk-of-poverty share
- 1.14. Material deprivation rate
- 1.15. Share and development of the median income of different population-groups
- 1.16. Income gap (in % of the GDP)

### 2. Employment indicators

#### *Primary EU indicators*

- 2.1. Long-term unemployment rate
- 2.2. Population in jobless households
- 2.3. Differences in the labour market inclusion of migrants

#### *Secondary EU indicator*

- 2.4. At-risk-of-poverty rate of the full-time and part-time employed

#### *EU contextual indicators*

- 2.5. Regional cohesion: dispersion of regional employment rates
- 2.6. Jobless households by household types
- 2.7. Making-work-pay indicators:
  - Inactivity trap
  - Low-wage trap

## ANNEX

### *Supplementary Austrian indicators*

- 2.8. Labour market exclusion rate
- 2.9. Activity rate
- 2.10. Share of long-term unemployed persons
- 2.11. Household incomes from activity below the at-risk-of-poverty threshold
- 2.12. Lowest wage per hour
- 2.13. Activity obstacles due to care responsibilities

### 3. Education indicators

#### *Primary EU indicators*

- 3.1. Early-school leavers
- 3.2. Persons with low educational attainment

#### *Secondary EU indicator*

- 3.3. Low reading literacy performance by pupils

#### *Supplementary Austrian indicators*

- 3.4. Vocational further training
- 3.5. Pre-school education
- 3.6. Education exclusion rate of young people

### 4. Health indicators

#### *EU contextual indicators*

- 4.1. Life expectancy
- 4.2. Persons with long-term health problems or with disabilities

#### *Supplementary Austrian indicators*

- 4.3. Health problems
- 4.4. Health care
- 4.5. Obesity
- 4.6. Social differences in life expectancy

### 5. Housing indicators

#### *Supplementary Austrian indicators*

- 5.1. Overcrowded
- 5.2. Inacceptable housing expenditure
- 5.3. Precarious housing quality
- 5.4. Neighbourhood stress

# ANNEX

## 1 Living standard indicators

### Overview

Indicators	Trend
1.1. At-risk-of-poverty by age and gender	0
1.2. At-risk-of poverty threshold	
1.3. At-risk of-poverty gap	++
1.4. At-risk-of-poverty by household types	
1.5. At-risk-of-poverty by work intensity of the household	
1.6. At-risk-of-poverty by most frequent activity status	
1.7. At-risk-of-poverty by accommodation tenure status	
1.8. Income thresholds	+
1.9. Inequality of income distribution (S80/S20)	+
1.10. Inequality of income distribution (Gini coefficient)	+
1.11. At-risk-of-poverty anchored at a moment in time	0
1.12. At-risk-of-poverty before social transfers	0
1.13. Persistent at-risk-of poverty share	
1.14. Material deprivation rate	+
1.15. Share and development of the median income of different population groups	
1.16. Income gap (in % of the GDP)	+

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**Trend** Development of the indicator during reference period in Austria. A positive trend refers to a positive development in terms of improved social inclusion.

**+** Positive change by 1 or 2 percentage points

**++** Improvement of the indicator during reference period by 2 percentage points or more

**-** Deterioration of the indicator during reference period by 1 or 2 percentage points

**--** Deterioration of the indicator of 2 percentage points or more

**0** No change

No trends can be stated for indicators without reference period and/or with heterogeneous developments.

## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.1. At-risk-of poverty after social transfers</b>						
<b>by age and gender</b> <sup>1</sup>						
Children (0-17 years)	20	19	19	15	15	15
Persons 18-64 years'	15	14	15	11	11	11
Men	14	14	14	10	11	10
Women	16	15	15	12	12	12
Persons 65+ years	18	19	19	17	14	16
Men	15	16	16	13	10	11
Women	20	21	21	20	17	20
Total	16	16	16	13	12	13

<sup>1</sup>Share of those persons (0+), whose equivalised household income after social transfers is below the defined at-risk-of-poverty threshold (60% of the median income).

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.2. At-risk-of-poverty threshold</b> <sup>1</sup>						
One-person household	7,853	8,275	8,368	10,182	10,796	10,711
2 adults and 2 financially dependent children	16,490	17,378	17,573	21,382	22,671	22,493

<sup>1</sup> In euro. The equivalised household income corresponding to the at-risk-of-poverty threshold is set at 60% of the median equivalised income according to the Eurostat definition.

Source: Eurostat, EU-SILC Survey

	2004	EU-25 2005	2006	2004	AT 2005	2006
<b>1.3. At-risk-of-poverty gap</b> <sup>1</sup>						
Men	:	24	23	19	15	18
Women	:	22	22	20	15	14
Children (0-17 years)	:	23	23	18	14	17
Persons 18-64 years	:	25	25	20	18	19
Men	:	26	25	19	19	19
Women	:	24	24	22	17	19
Persons 65+ years	:	18	18	21	14	13
Men	:	18	18	26	12	13
Women	:	18	18	20	15	13
Total	:	23	22	20	15	15

<sup>1</sup> As a measure of the intensity of poverty risk, the indicator represents the difference between the at-risk-of-poverty threshold and the median equivalised income of persons below the at-risk-of-poverty threshold, expressed as a percentage.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.4. At-risk-of poverty rate after social transfers by household types</b>						
Households without dependent children	15	15	15	13	12	13
One-person households	24	24	24	21	19	22
Men	22	22	22	16	14	16
Women	26	26	25	25	23	26
< 65 years	22	23	22	20	17	20
65+ years	26	27	26	23	23	26
2 adults, both < 65 years	10	10	10	11	9	10
2 adults, at least one 65+ y.	15	16	16	14	11	12
other households	7	7	7	5	7	6
Households with dependent children	18	17	17	13	13	12
Lone parent with at least 1 dependent child	34	32	32	25	28	29
2 adults, 1 dep. child	12	12	12	10	10	9
2 adults, 2 dep. children	15	14	14	9	12	11
2 adults, 3+ dep. children	27	24	24	22	20	19
Other households	18	16	18	10	10	5
<b><i>Distribution of the population at risk of poverty</i></b>						
One-person households	17	18	19	24	23	26
Men	7	7	7	7	7	8
Women	11	12	12	17	16	19
2 adults, both < 65 years	8	10	8	12	10	11
2 adults, at least one 65+ yrs.	10	9	10	9	8	9
Other households	7	7	7	5	7	6
Household without dependent children	42	44	45	50	48	52
Single parent with at least 1 dependent child	9	11	9	7	8	10
2 adults, 1 dep. child	9	9	9	9	8	8
2 adults, 2 dep. children	16	15	16	11	14	13
2 adults, 3+ dep. children	12	11	10	12	12	12
Other households	13	10	11	10	10	5
Households with dependent children	58	56	55	50	52	48
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

<sup>1</sup>Share of persons at risk of poverty by household types in the respective total population, expressed as a percent-

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.5. At-risk-of-poverty rate after social transfers by work intensity of the household<sup>1</sup></b>						
Households without dependent children						
WI = 0	32	29	30	19	21	22
0 < WI < 0.5	:	22	21	14	23	18
0.5 > WI < 1	:	7	7	9	7	9
WI = 1	5	5	5	6	4	5
Households with dependent children						
WI = 0	68	60	62	40	52	55
0 < WI < 0.5	44	40	42	44	33	27
0.5 > WI < 1	17	18	18	13	14	12
WI = 1	7	7	7	6	6	4

<sup>1</sup> Share of persons at risk of poverty by work intensity (= WI) of the household. Work intensity refers to the number of months the household members have been working during a reference year in proportion to the total number of 12 months. One month of part-time work counts as half a month of work. If more than 75% of the maximum months of work were achieved in a household, this corresponds to full activity. Up to 75% are taken into account as partial activity. No activity corresponds to zero months of work. The degree of work intensity ranges from WI=0 for jobless households to WI=1 for households in which all household members of working age are working.

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.6. At-risk-of-poverty rate after social transfers by most frequent activity status<sup>1</sup></b>						
Total population (18+)	:	15	15	12	12	12
Men	:	14	14	10	10	10
Women	:	16	16	13	13	14
At work	:	8	8	7	7	6
Men	:	9	8	8	7	6
Women	:	7	7	7	6	6
Not working	:	23	23	18	18	19
Men	:	22	23	16	17	17
Women	:	23	23	19	18	20
Unemployed	:	39	41	31	48	44
Men	:	43	46	35	51	50
Women	:	37	36	26	42	36
Retired	:	16	16	14	12	13
Men	:	15	15	11	10	10
Women	:	17	17	16	14	16
Other persons inactive	:	26	27	22	22	21
Men	:	26	27	22	26	18
Women	:	26	27	22	21	22

<sup>1</sup> The most frequent activity status refers to the activity status held during more than six months in the reference year.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.7. At-risk-of-poverty rate after social transfers by accommodation tenure status</b>						
Owner or rent free	13	14	14	10	10	9
Tenants	25	23	23	18	17	19

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.8. Income thresholds <sup>1</sup></b>						
40%	5	5	5	4	3	3
Men	:	5	5	3	3	3
Women	:	5	5	4	3	3
50%	10	10	10	7	6	6
Men	10	9	9	6	5	6
Women	10	10	10	8	6	6
70%	24	24	24	20	20	20
Men	:	23	23	18	18	18
Women	:	25	25	22	21	22

<sup>1</sup> Share of those persons (0+) whose equivalised household incomes are below a threshold of 40% or 50% or 70% of the median income.

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.9. Inequality of income distribution share ratio of income quintile (S80/S20)</b>	4.80	4.90	4.80	3.80	3.80	3.70

<sup>1</sup> This indicator represents the inequality of income distribution; the total of the equivalised incomes received by the fifth of the population with the highest income (80% lower than...) is divided by the sum of the equivalised incomes received by the fifth of the population with the lowest incomes (20% lower than...).

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.10. Inequality of income distribution (Gini coefficient)</b>	30	31	30	26	26	25

<sup>1</sup> This indicator measures the concentration of household incomes. A value of 0% means that all persons have the same income. 100% means that one person has all the income.

Source: Eurostat, EU-SILC Survey



## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.11. At-risk-of-poverty rate anchored at a fixed moment in time</b>						
Men	:	15	15	:	12	12
Women	:	17	17	:	15	15
Children (0-17 years)	:	19	19	:	16	16
Persons 18-64 years	:	14	14	:	12	12
Men	:	14	14	:	11	11
Women	:	15	15	:	13	13
Persons 65+	:	19	19	:	17	17
Men	:	16	16	:	11	11
Women	:	20	20	:	21	21
Total	:	16	16	:	13	13

<sup>1</sup> Share of persons at risk of poverty in relation to a fixed moment in time (60% of the median income at the anchor point): The threshold is adjusted for inflation annually.

Source: Eurostat, EU-SILC Survey

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>1.12. At-risk-of-poverty before social transfers, after pensions <sup>1</sup></b>						
Children 0-15 years	33	34	33	37	37	37
Persons 16+	24	24	24	23	22	21
Men	22	23	23	21	21	21
Women	26	26	26	24	23	24
Persons 16-64 years	24	24	25	23	23	23
Men	23	23	24	22	22	23
Women	25	26	26	24	24	24
Persons 65+ years	24	23	23	19	16	19
Men	20	20	20	15	11	12
Women	26	26	25	23	20	23
Total	26	26	26	25	24	25

<sup>1</sup> Share of persons whose equivalised household income after pensions but before social transfers is below the at-risk-of-poverty threshold (60% of the median income), in % of the respective total population.

Source: Eurostat, EU-SILC Survey

## ANNEX

		AT 2006
<b>1.13.</b>	<b>Persistent at-risk-of-poverty share<sup>1</sup></b>	
	Men	49
	Women	54
	Children < 19	46
	Young adults	47
	Age group 30-49	48
	Age group 50-64	48
	Retirement age 65+	74
	Risk groups	
	Educationally excluded	56
	Migration background	38
	People with disabilities	65
	Lone parents <sup>2</sup>	(37)
	Families with 3 and more children	46
	Families with children younger than 4 years	38
	Families with children between 4 and 16 years	56
	Total	52

<sup>1</sup> Share of those persons who are at risk of poverty in two successive years due to an annual income below the at-risk-of-poverty threshold. The indicator is defined as the share of persons at persistent risk of poverty in the total of persons at risk of poverty.

<sup>2</sup> Values in parentheses are highly stochastic.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	AT 2005	2006
<b>1.14. Material deprivation rate</b> <sup>1</sup>			
Children (<19 years)	18	16	17
Young adults (19-29 yrs.)	17	17	17
Age group 30-49	17	14	14
Age group 50-64	14	13	12
Retirement age (65+)	15	16	14
<b>Men</b>	16	14	14
Children (<19 years)	19	16	18
Young adults (19-29 J.)	17	16	17
Age group 30-49	17	14	13
Age group 50-64	14	12	12
Retirement age (65+)	11	12	11
<b>Women</b>	17	16	15
Children (<19 years)	18	16	17
Young adults (19-29 yrs.)	17	18	17
Age group 30-49	17	15	15
Age group 50-64	14	14	12
Retirement age (65+)	18	18	17
<b>Risk groups</b>			
Educationally excluded	:	:	26
Migration background	:	:	28
People with disabilities	:	:	27
Lone parents	:	:	32
Families with 3 and more children	:	:	14
Families with children younger than 4 years	:	:	18
Families with children between 4 and 16 years	:	:	14
<b>Total</b>	16	15	15

<sup>1</sup> Share of persons whose financial resources do not allow them a minimum living standard perceived as normal in their respective society. Material deprivation is assumed if a household cannot afford two of the following seven expenses: to buy new clothes when needed; to heat the home adequately; to pay the rent and electricity punctually, to eat chicken, fish, meat every second day; to pay for unexpected expenses; to invite friends or relatives to a restaurant; to consult a doctor or dentist.

Source: Eurostat, EU-SILC Survey

## ANNEX

		AT		
1.15a	<b>Standardised median income ratios of different population groups</b> <sup>1</sup>	Total	Men	Women
		Median income in euro	17,854	18,214
Children < 19	90	90	89	
Young adults	103	106	101	
Age group 30-49	103	104	102	
Age group 50-64	112	113	111	
Retirement age <sup>2</sup> 65+	95	102	90	
Risk groups				
Educationally excluded	83	84	82	
Migration background	77	77	77	
People with disabilities	93	95	90	
Lone parents	76	76	75	
Families with 3 and more children	85	85	83	
Families with children younger than 4 years	87	88	86	
Families with children between 4 and 16 years	94	95	94	
Total	100	102	98	
1.15b	<b>Development of the median income annual comparison<sup>3</sup> in %</b>	2003/4	2004/5	2005/6
		Children (<19 years)	1.10	1.05
Young adults (19-29 yrs.)	1.04	1.09	0.98	
Age group 30-49	1.08	1.04	1.01	
Age group 50-64	1.09	1.05	1.04	
Retirement age <sup>4</sup> (65+)	1.08	1.07	0.99	

Source: Eurostat, EU-SILC survey

The median of the standardised household income is a reference value for calculating the at-risk-of-poverty threshold corresponding to 60% of the median. 1) Share of the median-per-capita household income (=equivalised household income) of the respective group in the median income of the total population. 2) Illustrative example: The median per-capita household income of pensioners is 95% of the median income of the total population. 3) Increase in the median per-capita household income of the respective group within one year. 4) Illustrative example: The median per-capita household income of pensioners increase by 1.07% from 2004 to 2005 and by 0.99% from 2005 to 2006.

## ANNEX

		in billion euros 3-year average	AT in % of the GDP
<b>1.16.</b>	<b>Income gap</b> <sup>1</sup>		
	2001/03/04	1.86	0.82
	2003/04/05	1.97	0,83
	2004/05/06	1.98	0.80

<sup>1</sup> The income gap is defined as the additional income necessary for a household to exceed the at-risk-of-poverty threshold (60% of median). The indicator refers to the share of the GDP resulting from the total of all income gaps of recipients of low incomes. The income gap as a percentage of the GDP always refers to the period preceding the year of survey. To minimize fluctuation, the average of three successive years is calculated.

Source: Eurostat, EU-SILC Survey

## ANNEX

### 2. Employment indicators

#### Overview

Indicators	Trend
2.1. Long-term unemployment rate	0
2.2. Population in jobless households	+
2.3. Differences in the labour market participation of migrants	
2.4. At-risk-of-poverty rate of the full-time and part-time employed	
2.5. Regional cohesion: dispersion of regional employment rates	0
2.6. Jobless households by household types	+
2.7. Making-work-pay indicators:	
Inactivity trap	0
Low-wage trap	0
2.8. Labour market exclusion rate	++
2.9. Activity rate	++
2.10. Share of long-term unemployed persons	-
2.11. Household income from economic activity below the at-risk-of-poverty threshold	
2.12. Lowest wage per hour	
2.13. Obstacles to activity due to care responsibilities	

---

**Trend** Development of the indicator during reference period in Austria. A positive trend refers to a positive development in terms of improved social inclusion.

**+** Positive change by 1 or 2 percentage points

**++** Improvement of the indicator during reference period by 2 percentage points or more

**-** Deterioration of the indicator during reference period by 1 or 2 percentage points

**--** Deterioration of the indicator of 2 percentage points or more

**0** No change

No trends can be stated for indicators without reference period and/or with heterogeneous developments.

## ANNEX

		2004	EU 25 2005	2006	2004	AT 2005	2006
<b>2.1.</b>	<b>Long-term unemployment rate<sup>1</sup></b>						
	Men	3.7	3.6	3.3	1.3	1.2	1.3
	Women	4.7	4.5	4	1.4	1.4	1.3
	Total	4.2	4	3.6	1.3	1.3	1.3

<sup>1</sup> Based on the definition of the International Labour Organisation (ILO), the share of persons (15+) who were unemployed for at least 12 months. Share of long-term unemployed persons in % of the working population by gender

Source: Eurostat, EU-SILC Survey

		2004	EU 25 2005	2006	2004	AT 2005	2006
<b>2.2.</b>	<b>Population in jobless households<sup>1</sup></b>						
	Men	9.3	8.9		7.7	7.8	6.5
	Women	11.2	10.9		9.6	9.8	8.7
	Children (<18 years)	9.7	9.7	9.4	6.3	7.2	6.5
	Adults (18-59 years)	10.3	9.8	9.3	8.7	8.8	8.6
	Total	10.3	9.9		8.7	8.8	7.6

<sup>1</sup> Share of persons of working age (0-60/65) living in households in which all members are inactive (excluding person younger than 18 years or in education/training).

Source: Eurostat, EU-SILC Survey

## ANNEX

	Activity rate (age group 15-64)	Activity rate 15+ hours (age group 15-64.)
<b>2.3. Differences in the activity of migrants</b>		<sup>1</sup>
Austria/EU15	2.1	1.4
Men <sup>2</sup>	-3.2	-3.2
Women	5.8	4.0
Austria/ EU25	5.3	4.7
Men	1.5	1.0
Women	5.8	4.2
Austria/ex-Yugoslavia	5.5	3.9
Men <sup>2</sup>	5.4	4.4
Women	5.5	3.1
Austria/Turkey	16.6	15.3
Men	7.7	7.4
Women	26.5	24.1
Austria/others	10.3	9.7
Men	5.9	6.2
Women	13.3	11.5

<sup>1</sup> Shows the difference in labour market participation of persons born abroad compared to persons born in Austria. The countries of origin are grouped into ex-Yugoslavia, Turkey, EU25 and EU15 and others. The activity rate refers to the share of active persons of working age in the total population, expressed in %.. For the activity rate 15+ hours only persons with an activity of at least 25 hours per week are taken into account.

<sup>2</sup> Illustrative example: The activity rate of men from the EU-15 is 3.2% higher than that of Austrian men. The activity rate of men from ex-Yugoslavia is 5.4% lower than that of Austrian men.

Source: Eurostat, EU-SILC Survey

	2004	EU25 2005	2006	2004	AT 2005	2006
<b>2.4. At-risk-of-poverty rate of full-time and part-time employees</b>						
Working full time <sup>1</sup>		7	7	6	6	5
Working part-time		10	11	8	10	10

<sup>1</sup> Share of persons working full time and part time whose equivalised household income is below the at-risk-of-poverty threshold (60% of the median), i.e. the "working poor". Full-time means at least 35 hrs. of activity per week.

Source: Eurostat, EU-SILC Survey



## ANNEX

		2004	EU25 2005	2006	2004	AT 2005	2006
<b>2.5.</b>	<b>Dispersion of regional employment rates</b>						
	<sup>1</sup>						
		12.2	11.9	:	3.5	4.1	3.4

<sup>1</sup> This indicator represents a coefficient of variation (standard deviation divided by the mean) of regional employment rates (Länder level = NUTS 2).

Source: Eurostat, EU-SILC Survey

		2004	EU25 2005	2006	2004	AT 2005	2006
<b>2.6.</b>	<b>Jobless households by household types</b>						
	Households with dependent children	:	10	10	8	8	6
	Lone parents with dependent children	:	16	17	15	16	12
	2 or more adults with dependent children	:	9	9	7	7	6
	Household without dependent children	:	6	6	7	6	7
	One-person household	:	10	9	12	9	10

<sup>1</sup> Share of persons in whose household no household member of working age is active.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	EU25 2005	2006	2004	AT 2005	2006
<b>2.7. Inactivity trap</b> <sup>1</sup>						
	74.1	75.0	75.4	67.0	67.0	67.0
<b>Low-wage trap</b> <sup>2</sup>						
Single person without children	46.7	46.7	47.4	38.0	36.0	37.0
Married couple with one income and 2 children	58.9	61.6	62.2	65.0	62.0	64.0

<sup>1</sup> Share of the gross income lost due to higher direct taxes, social contributions as well as discontinued payment of benefits (social transfers) when taking up employment. The indicator is based on model calculations of the OECD for singles without children with 67% of the median income (Average Production Worker earnings).

<sup>2</sup> Financial consequences for active persons working more and thereby increasing their incomes. Percentage of gross income resulting from effects of higher taxes and social contributions combined with lower or discontinued social transfers if income increases from 33% to 67% of the average income in a single household or a household with a married couple and two children.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2005	AT 2006	2007
<b>2.8. Labour market exclusion rate<sup>1</sup></b>			
Young people (age group 15-19)	57.7	56.7	54.6
Young adults (age group 20-29)	19.8	20.1	19.6
Prime working age (age group 30-49)	12.0	11.4	11.0
Higher working age (age group 50-64)	51.0	47.3	44.7
<b>Men</b>	20.7	19.5	18.3
Young people (age group 15-19)	51.5	50.7	49.8
Young adults (age group 20-29)	15.9	15.8	14.4
Prime working age (age group 30-49)	5.6	5.1	4.7
Higher working age (age group 50-64)	41.4	38.1	35.1
<b>Women</b>	30.4	33.0	32.1
Young people (age group 15-19)	63.8	62.6	59.3
Young adults (age group 20-29)	23.7	24.3	24.8
Prime working age (age group 30-49)	18.5	17.7	17.3
Higher working age (age group 50-64)	60.2	56.0	53.9
<b>Risk groups</b>			
Educationally excluded			36.6
Migration background	:	:	28.3
Lone parents	:	:	26.9
Families with 3 and more children	:	:	27.6
Families with children younger than 4 years	:	:	24.2
Families with children between 4 and 16 years	:	:	22.0
<b>Total</b>	<b>27.6</b>	<b>26.3</b>	<b>25.3</b>

<sup>1</sup>The indicator measures the share of persons who could be working in principle but do not participate in the labour market in the total of persons of working age (15-64 yrs.)

Source: Microcensus 2007

## ANNEX

	2005	AT 2006	2007
<b>2.9. Activity rate (16+ hours)</b> <sup>1</sup>			
Young people (age group 15-19)	34.6	36.3	36.6
Young adults (age group 20-29)	69.3	69.4	69.9
Prime working age (age group 30-49)	80.5	81.3	81.8
Higher working age (age group 50-64)	44.2	47.4	49.9
<b>Men</b>	73.9	75.4	76.7
Young people (age group 15-19)	41.1	43.1	42.4
Young adults (age group 20-29)	74.2	74.7	77.0
Prime working age (age group 30-49)	90.1	91.1	91.6
Higher working age (age group 50-64)	55.2	58.1	60.9
<b>Women</b>	56.1	57.3	57.9
Young people (age group 15-19)	28.2	29.5	30.9
Young adults (age group 20-29)	64.4	64.1	62.8
Prime working age (age group 30-49)	70.9	71.4	71.9
Higher working age (age group 50-64)	33.6	37.2	39.3
<b>Risk groups</b>			
Educationally excluded	:	:	52.6
Migration background	:	:	61.9
Lone parents	:	:	61.5
Families with 3 and more children	:	:	62.6
Families with children younger than 4 years	:	:	65.9
Families with children between 4 and 16 years	:	:	69.5
<b>Total</b>	65.0	66.3	67.3

<sup>1</sup> Share of working persons in total population. To exclude precarious employment relationships, only persons with standard working hours of more than 15hrs. are taken into account

Source: Microcensus 2005

## ANNEX

	2005	AT 2006	2007
<b>2.10. Share of long-term unemployed persons<sup>1</sup></b>			
Young people (age group 15-19)	14.4	15.1	11.8
Young adults (age group 20-29)	14.2	17.9	17.0
Prime working age (age group 30-49)	28.5	28.6	30.2
Higher working age (age group 50-64)	48.7	53.2	50.1
<b>Men</b>	25.7	29.7	26.6
Young people (age group 15-19)	16.1	15.7	11.9
Young adults (age group 20-29)	13.5	21.6	17.9
Prime working age (age group 30-49)	28.4	28.9	27.9
Higher working age (age group 50-64)	51.2	55.6	49.8
<b>Women</b>	24.9	25.1	27.1
Young people (age group 15-19)	12.5	14.5	11.6
Young adults (age group 20-29)	15.0	13.4	16.0
Prime working age (age group 30-49)	28.6	28.4	31.9
Higher working age (age group 50-64)	44.9	49.4	50.5
<b>Risk groups</b>			
Educationally excluded	:	:	31.9
	:	:	29.0
Lone parents	:	:	34.6
Families with 3 and more children	:	:	21.0
Families with children younger than 4 years	:	:	18.8
Families with children between 4 and 16 years	:	:	25.0
<b>Total</b>	25.3	27.4	26.8

<sup>1</sup> Long-term unemployed persons are defined as persons who have been unemployed for more than 12 months. Share of the long-term unemployed persons in unemployed population.

Source: *Microcensus 2007*

## ANNEX

	AT 2006
<b>2.11. Household income from activity below the at-risk-of-poverty threshold<sup>1</sup></b>	
Men	34
Women	40
Young adults (age group 19-29)	23
Age group 30-49	20
Age group 50-64	47
Risk groups	
Educationally excluded	62
Migration background	38
People with disabilities	73
Lone parents	53
Families with 3 and more children	26
Families with children younger than 4 years	25
Families with children between 4 and 16 years	21
<b>Total</b>	<b>37</b>

<sup>1</sup> Share of persons whose income from activity (including income from other household members and family benefits) is below the at-risk-of-poverty threshold. Share of persons with an income below the at-risk-of-poverty threshold for the respective household type in % of persons in active households.

Source: Eurostat, EU-SILC Survey 2006

## ANNEX

	<b>AT 2005</b>
<b>2.12. Lowest wage per hour<sup>1</sup></b>	
Young people (age group 15-19)	26.7
Young adults (age group 20-29)	7.3
Prime working age (age group 30-49)	3.5
Higher working age (age group 50-64)	3.1
Retirement age (65+)	8.1
 Men	 3.0
Young people (age group 15-19)	29.3
Young adults (age group 20-29)	4.9
Prime working age (age group 30-49)	2.1
Higher working age (age group 50-64)	2.1
Retirement age (65+)	6.1
 Women	 6.5
Children (<15 years)	
Young people (age group 15-19)	24.7
Young adults (age group 20-29)	10.0
Prime working age (age group 30-49)	5.3
Higher working age (age group 50-64)	4.4
Retirement age (65+)	12.1
 Risk groups	
Educationally excluded	6.7
Migration background	7.1
Lone parents	6.1
Families with 3 and more children	6.0
Families with children younger than 4 years	10.0
Families with children between 4 and 16 years	4.1
 Total	 4.6

<sup>1</sup> Share of employed persons (excluding apprentices) whose (gross) wage per hour earned in 40 standard working hours is not sufficient to achieve a monthly minimum income from employment of 1,000 euros (14 x year).

Source: *Microcensus 2005/Wage Tax Data 2005*

## ANNEX

	AT <b>2007</b>
<b>2.13. Activity obstacles due to care responsibilities<sup>1</sup></b>	3.9
Young adults (age group 20-29)	9.1
Prime working age (age group 30-49)	3.7
Higher working age (age group 50-64)	0.4
Men	0.2
Young adults (age group 20-29)	0.6
Prime working age (age group 30-49)	0.1
Higher working age (age group 50-64)	0.1
Women	7.0
Young adults (age group 20-29)	13.1
Prime working age (age group 30-49)	6.8
Higher working age (age group 50-64)	1.0
Risk groups	
Educationally excluded persons	5.3
Migration background	6.2
Lone parents	7.0
Families with 3 and more children	4.3
Families with children younger than 4 years	5.5
Families with children between 4 and 16 years	3.1

<sup>1</sup> Share of parents who are not or only partly active as no adequate childcare facility is available for their child/children.

Source: *Microcensus 2007*



### 3. Education indicators

#### Overview

Indicators	Trend
3.1. Early school-leavers	--
3.2. Persons with low educational attainment	
3.3. Low reading literacy performance by pupils	--
3.4. Vocational training	0
3.5. Pre-school education	
3.6. Educationally excluded young people	

---

<b>Trend</b>	Development of the indicator during reference period in Austria. A positive trend refers to a positive development in terms of improved social inclusion.
+	Positive change by 1 or 2 percentage points
++	Improvement of the indicator during reference period by 2 percentage points or more
-	Deterioration of the indicator during reference period by 1 or 2 percentage points
--	Deterioration of the indicator of 2 percentage points or more
0	No change

No trends can be stated for indicators without reference period and/or with heterogeneous developments.

## ANNEX

	2004	EU 25 2005	2006	2004	AT 2005	2006
<b>3.1. Early school-leavers<sup>1</sup></b>						
Men	18.5	17.6	17.5	9.5 b	9.4	9.3
Women	13.7	13.6	13.2	7.9 b	8.5	9.8
Total	16.1	15.6	15.3	8.7 b	9.0	9.6

<sup>1</sup>Share of persons aged between 18 and 24 years not completing higher secondary school (highest attainment is lower secondary school = level 2 based on ISCED) and who are not undergoing training. The indicator refers to the share of early school-leavers in the total age group 18 to 24, expressed in %.

Source: Eurostat, EU-SILC Survey

	EU 25 2006	AT 2006
<b>3.2. Persons with low educational attainment<sup>1</sup></b>		
25-34	21.3	12.7
Men	23.1	15.2
Women	19.5	10.1
35-44	27.2	16.4
Men	27.0	21.7
Women	27.3	11.1
45-54	32.9	23.3
Men	30.1	31.3
Women	35.7	15.3
55-64	43.6	28.6
Men	37.9	37.8
Women	49.3	18.8
65+ years	65.6	50.4
Men	55.7	62.6
Women	72.7	32.5
25-64 years	30.5	19.7
Men	29.0	25.9
Women	32.0	13.5

<sup>1</sup> Share of all persons (25+) whose highest educational level based on the International Standard Classification of Education (ISCED) is a maximum of level 2. In Austria these are persons without education beyond compulsory school.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2000	EU 25 2003	2006	2000	AT 2003	2006
<b>3.3. Low reading literacy performance of pupils</b> <sup>1</sup>						
aged 15	19.4	19.8	:	14.6	20.7	21.5

<sup>1</sup> Share of pupils aged 15 who reached level 1 or lower on the reading literacy scale of PISA as a percentage of this age group. No data are available for 2006.

Source: OECD, PISA

	2005	AT 2006	2007
<b>3.4. Vocational training</b> <sup>1</sup>			
Men	14.9	14.9	14.6
Women	15.4	15.7	15.8
Young people (age group 15-19)	84.6	85.3	85.3
Young adults (age group 20-29)	31.9	32.1	32.1
Prime working age (age group 30-49)	14.0	13.8	13.6
Higher working age (age group 50-64)	7.1	7.8	7.6
Retirement age (65+)	2.2	2.5	2.2
Risk groups			
Educationally excluded persons	:	:	3.1
Migration background	:	:	13.0
Lone parents	:	:	20.2
Families with 3 and more children	:	:	20.2
Families with children younger than 4 years	:	:	7.1
Families with children between 4 and 16 years	:	:	19.8
<b>Total</b>	<b>15.1</b>	<b>15.3</b>	<b>15.2</b>

<sup>1</sup> Annual average share of persons 15+ who participated in (further) school education or (further) vocational training.

Source: Microcensus 2007

## ANNEX

	<b>AT 2006</b>
<b>3.5. Pre-school education<sup>1</sup></b>	
Aged 0	0.6
Aged 1	7.0
Aged 2	24.4
Aged 3	68.7
Aged 4	89.4
Aged 5	91.9

<sup>1</sup> Share of children of pre-school age attending a public or private day care facility (outside the family). This indicator refers to the share of children attending a childcare facility in all children of the respective age group, expressed in %.  
 Source: *Child Day Care Facility Statistics 2006*

	<b>AT 2006</b>
<b>3.6. Educationally excluded<sup>1</sup> young people</b>	
Men (age group 16-24)	11.9
Women (age group 16-24)	10.8
Age group 16- 19	9.8
Men	10.2
Women	9.4
Age group 20- 24	12.5
Men	13.2
Women	11.8
<b>Total</b>	<b>11.4</b>

<sup>1</sup> Share of young people aged 16 to 19 and aged 20 to 24 who have not completed secondary education of level II (apprenticeship, BMS or A levels) or a higher level or are currently not participating in an educational programme of this level.  
 Source: *Microcensus 2006*

## ANNEX

### 4. Health indicators

#### Overview

<b>Indicator</b>	<b>Trend</b>
4.1. Life expectancy	+
4.2. Persons with long-term health problems or disabilities	0
4.3. Health problems	+
4.4. Health care	
4.5. Obesity	
4.6. Social differences in life expectancy	

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<b>Trend</b>	Development of the indicator during reference period in Austria. A positive trend refers to a positive development in terms of improved social inclusion.
+	Positive change by 1 or 2 percentage points
++	Improvement of the indicator during reference period by 2 percentage points or more
-	Deterioration of the indicator during reference period by 1 or 2 percentage points
--	Deterioration of the indicator of 2 percentage points or more
0	No change

No trends can be stated for indicators without reference period and/or with heterogeneous developments.

## ANNEX

	EU25				AT			
	2000	2002	2004	2006	2000	2002	2004	2006
<b>4.1. Life expectancy<sup>1</sup></b>								
Men				:				
at birth	74.4	75.0	75.6	:	75.2	75.8	76.4	77.2
aged 45	31.8	32.2	:	:	32.4	32.9	33.4	34.0
aged 65	15.7	16.0	:	:	16.0	16.3	16.9	17.3
healthy	:	:	:	:	64.6	65.6	:	
Women				:				
at birth	80.8	81.2	81.7	:	81.2	81.7	82.1	82.8
aged 45	37.2	37.5	:	:	37.5	37.8	38.3	38.9
aged 65	19.4	19.6	:	:	19.6	19.8	20.2	20.7
healthy	:	:	:	:	68.0	69.0	:	

<sup>1</sup> Remaining life expectancy (in years).

## ANNEX

	EU25			AT		
	2004	2005	2006	2004	2005	2006
<b>4.2. Persons with long-term health problems or disabilities<sup>1</sup></b>						
Men	29.9	29.7	21.4	20.1	21.4	
Women	33.8	26.2	19.9	20.5	18.4	
Age group 18-44	16.6	16.8	10.2	7.7	7.4	
Age group 45-54	31.7	31.4	23.2	22.3	21.7	
Age group 55-64	44.3	43.4	33.7	32.4	31.3	
Age group 65-74	55.3	55.4	41.0	40.7	40.6	
75+	63.6	64.2	48.6	47.2	48.6	
< 20% of the median income	37.6	37.9	26.5	28.1	29.9	
Age group 18-44	20.1	20.1	12.9	14.4	14.9	
Age group 45-54	40.5	38.9	27.5	30.9	31.5	
Age group 55-64	52.1	52.4	39.3	44.8	38.0	
Age group 65-74	57.3	57.5	45.6	44.9	47.3	
75+	62.1	62.4	46.0	45.5	45.1	
>20<40% of the median income	36.1	37.1	24.4	22.3	23.1	
Age group 18-44	17.9	18.5	11.4	10.3	10.9	
Age group 45-54	33.7	34.9	26.1	23.6	27.5	
Age group 55-64	50.1	49.0	38.0	31.5	33.6	
Age group 65-74	57.4	58.8	45.3	43.2	43.3	
75+	63.7	64.9	49.4	48.0	48.9	
>40<60% of the median income	32.9	32.4	21.6	22.6	21.9	
Age group 18-44	16.8	16.7	9.0	10.7	11.1	
Age group 45-54	32.9	31.2	25.6	22.0	18.9	
Age group 55-64	46.2	45.6	36.7	33.8	31.2	
Age group 65-74	56.6	55.7	38.1	40.7	39.0	
75+	65.1	65.3	52.	51.4	48.0	
>60<80% of the median income	28.7	28.0	20.5	19.6	20.7	
Age group 18-44	15.3	15.2	10.0	10.9	9.3	
Age group 45-54	29.4	28.9	22.4	20.0	18.7	
Age group 55-64	40.9	39.6	31.3	30.0	32.8	
Age group 65-74	53.2	52.0	35.6	34.3	35.7	
75+	66.5	66.3	50.8	46.1	54.1	
>80% of the median income	24.7	25.2	19.6	19.1	17.4	
Age group 18-44	13.5	13.9	10.2	7.7	7.4	
Age group 45-54	26.0	26.5	18.1	18.0	15.8	
Age group 55-64	35.6	34.7	26.9	25.9	24.9	
Age group 65-74	47.7	48.3	36.2	39.1	34.7	
75+	60.5	62.9	46.2	46.3	51.3	
Total	32.0	32.1	22.5	22.3	22.4	

<sup>1</sup> Share of persons suffering from long-term adverse effects in their every-day lives due to health problems or disabilities, by income groups.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	AT 2005	2006
<b>4.3. Self-perceived health problems</b>			
Adolescents (age group 15-19)	1	1	1
Young adults (age group 19-29)	1	1	1
Age group 30-49	4	4	4
Age group 50-64	12	10	9
Retirement age (65+)	24	23	20
<b>Men</b>	8	7	7
Adolescents (age group 15-19)	3	1	1
Young adults (age group 19-29)	1	2	2
Age group 30-49	4	3	4
Age group 50-64	14	11	10
Retirement age (65+)	18	20	17
<b>Women</b>	10	9	8
Adolescents (age group 15-19)	0	0	1
Young adults (age group 19-29)	1	1	0
Age group 30-49	5	4	3
Age group 50-64	10	9	8
Retirement age (65+)	28	24	23
<b>Total</b>	9	8	8

<sup>1</sup> Share of persons perceiving their state of health as problematic, suffering from adverse effects in their every-day lives due to severe health problems or disabilities or suffering from a chronic disease, in % the respective total population, aged 15+.

Source: Eurostat, EU-SILC survey



## ANNEX

		<b>AT 2006</b>
<b>4.4.</b>	<b>Health care</b> <sup>1</sup>	
	Young adults (aged 16 to 29)	20.4
	Working age	25.2
	Higher working age	29.4
	Retirement age	19.0
	<b>Men</b>	<b>19.0</b>
	Young adults (aged 16 to 29)	12.6
	Working age	18.0
	Higher working age	26.0
	Retirement age	21.5
	<b>Women</b>	<b>28.2</b>
	Young adults (aged 16 to 29)	28.6
	Working age	32.4
	Higher working age	32.6
	Retirement age	17.3
	<b>Risk groups</b>	
	People with disabilities	15.1
	Migration background	16.4
	Educationally excluded	16.7
	Families with 3 and more children	22.8
	People at risk of poverty	19.7
	<b>Total</b>	<b>23.8</b>

<sup>1</sup> Share of persons who underwent a preventive medical exam in the past 12 months in % of the respective total population aged 15+. These exams include annual health check-ups, colonoscopy for older persons, preventive prostate examinations for men and gynecological examinations and mammography for women.

Source: ATHIS (Austrian Health Survey) 2006/07

## ANNEX

		<b>AT 2006</b>
<b>4.5. Obesity</b>	<sup>1</sup>	
Men		12.0
Women		12.7
Young adults (age group 16 to 29)		4.8
Working age		10.9
Higher working age		19.5
Retirement age		16.2
Risk groups		
People with disabilities		21.9
Migration background		15.5
Educationally excluded		16.0
Families with 3 and more children		15.6
At risk of poverty		13.7
<b>Total</b>		<b>12.4</b>

<sup>1</sup> Measurement based on the Body Mass Index (BMI). According to the WHO definition, persons are obese when the weight in kilograms is 30 times higher than the height in square meters. The indicator refers to the share of obese persons in % of the respective total population aged 15+.

Source: *ATHIS (Austrian Health Survey) 2006/07*

		<b>AT</b>		
		<b>1981/82</b>	<b>1991/92</b>	<b>2001/02</b>
<b>4.6. Social differences in life expectancy</b>	<sup>1</sup>			
Difference men		5.46	6.57	6.16
remaining life expectancy – university graduates		41.52	44.26	46.23
remaining life expectancy – completed compulsory education		36.06	37.69	40.08
Difference women		3.29	3.67	2.84
Remaining life expectancy – university graduates		46.01	48.15	49.42
Remaining life expectancy – completed compulsory education		42.71	44.49	46.59

<sup>1</sup> Differences in life expectancy by educational level attained, stated as the difference in life expectancy of persons with completed compulsory school education compared to university graduates.

Source: *Statistik Austria (Austrian Statistical Office) Linking Census Data with Data of the Deceased*

## 5. Housing indicators

### Overview

Indicators	Trend
5.1. Overcrowded	++
5.2. Inacceptable housing expenditure	0
5.3. Precarious housing quality	+
5.4. Neighbourhood stress	

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<b>Trend</b>	Development of the indicator during reference period in Austria. A positive trend refers to a positive development in terms of improved social inclusion.
<b>+</b>	Positive change by 1 or 2 percentage points
<b>++</b>	Improvement of the indicator during reference period by 2 percentage points or more
<b>-</b>	Deterioration of the indicator during reference period by 1 or 2 percentage points
<b>--</b>	Deterioration of the indicator of 2 percentage points or more
<b>0</b>	No change

No trends can be stated for indicators without reference period and/or with heterogeneous developments

## ANNEX

	2004	AT 2005	2006
<b>5.1. Overcrowded<sup>1</sup></b>			
Men	7	5	4
Women	7	5	4
Children (<15 years)	11	9	7
Young people (age group 15-19)	7	5	5
Prime working age (age group 30-49)	8	6	5
Young adults (age group 20-29)	7	5	4
Higher working age (age group 50-64)	4	3	2
Retirement age (65+)	2	1	1
<b>Total</b>	<b>7</b>	<b>5</b>	<b>4</b>

<sup>1</sup> Share of persons with reduced housing quality due to overcrowded accommodation. A home is overcrowded if there are less than 2 rooms for 2 persons, less than 3 for 3-4 persons, less than 4 for 5-6 persons, less than 5 for 7-8 persons, less than 6 for more than 9 or more persons. Overcrowded also refers to less than 16m<sup>2</sup> in total or if the rooms are smaller than 8m<sup>2</sup> on average.

Source: Microcensus 2007

	2004	AT 2005	2006
<b>5.2. Inacceptable housing expenditure<sup>1</sup></b>			
Children (<19 years)	17	16	17
Young adults (age group 19-29)	22	19	20
Age group 30-49	17	16	17
Age group 50-64	15	15	15
Retirement age (65+)	17	17	16
Men	16	15	15
Children (<19 years)	16	15	17
Young adults (age group 19-29)	21	18	18
Age group 30-49	16	16	16
Age group 50-64	12	12	12
Retirement age (65+)	12	10	10
Women	19	18	18
Children (<19 years)	19	17	18
Young adults (age group 19-29)	24	20	22
Age group 30-49	17	17	17
Age group 50-64	18	17	17
Retirement age (65+)	20	21	19
<b>Total</b>	<b>17</b>	<b>16</b>	<b>17</b>

<sup>1</sup> Share of persons who have to spend more than one fourth of the household income on housing expenses, including running costs and loan repayment.

Source: Eurostat, EU-SILC Survey

## ANNEX

	2004	AT 2005	2006
<b>5.3. Precarious housing quality<sup>1</sup></b>			
Men	4	3	4
Women	4	3	3
Children (<19 years)	3	3	4
Young adults (age group 19-29)	5	3	4
Age group 30-49	4	3	3
Age group 50-64	4	3	3
Retirement age (65+)	3	3	3
<b>Total</b>	<b>4</b>	<b>3</b>	<b>3</b>

<sup>1</sup> Precarious housing quality is assumed if one of the following criteria applies: no toilet or bathroom in the flat, washing machine cannot be connected, humidity, mold and/or dark flats.

Source: Eurostat, EU-SILC Survey

	AT 2006
<b>5.4. Neighbourhood stress<sup>1</sup></b>	
Men	8
Women	9
Children (<19 years)	8
Young adults (age group 19-25)	9
Age group 30-49	8
Age group 50-64	10
Retirement age (65+)	8
<b>Total</b>	<b>9</b>

<sup>1</sup> Share of households affected by crime, noise and environmental pollution. Neighbourhood stress is assumed if at least two of this criteria apply.

Source: EU-SILC 2006

# ANNEX

## 5.2 ANNEX LONG-TERM CARE

### Recipients of long-term care benefits, 1995 - 2006 (Federal Republic of Austria and Länder)

	1995			1999			2000			2005			2006		
	Fed. Republic	Länder	Total	Fed. Republic	Länder	Total	Fed. Republ	Länder	Total	Fed. Republi	Länder	Total	Fed. Republic	Länder	Total
Level 1	22.151	8.359	30.510	45.571	8.987	54.558	50.379	9.608	59.987	70.437	11.710	82.147	74.294	12.155	86.449
Level 2	148.467	14.017	162.484	112.964	15.272	128.236	110.605	15.602	126.207	112.150	18.124	130.274	115.455	18.649	134.104
Level 3	51.681	10.248	61.929	48.701	10.697	59.398	49.644	10.601	60.245	52.865	11.042	63.907	54.986	11.283	66.269
Level 4	23.544	4.212	27.756	40.581	6.150	46.731	42.156	6.516	48.672	49.215	7.299	56.514	51.458	7.679	59.137
Level 5	19.494	4.526	24.020	21.889	4.641	26.530	22.743	4.579	27.322	25.409	4.619	30.028	26.578	4.694	31.272
Level 6	4.372	2.877	7.249	5.630	2.861	8.491	6.058	2.866	8.924	8.052	3.158	11.210	8.848	3.172	12.020
Level 7	2.633	1.192	3.825	3.551	1.390	4.941	3.915	1.440	5.355	5.160	1.796	6.956	5.703	1.863	7.566
Total	272.342	45.431	317.773	278.887	49.998	328.885	285.500	51.212	336.712	323.288	57.748	381.036	337.322	59.495	396.817

Status: 31 December of the respective year

Source: Reports of the Working Group on Long-term Care Provision 1995, 1999, 2000, 2005 and 2006

## ANNEX

### Recipients of long-term care benefits by gender (Federal Republic and Länder), 2006 (excl. victims' benefits and teachers of the Länder)

	Women	Men	Monthly amount of long-term care benefit
Level 1	62.009	23.851	€ 148,30 monthly
Level 2	88.514	44.638	€ 273,40 monthly
Level 3	43.750	22.002	€ 421,80 monthly
Level 4	38.597	20.093	€ 632,70 monthly
Level 5	20.767	10.179	€ 859,30 monthly
Level 6	7.277	4.604	€ 1.171,70 monthly
Level 7	4.928	2.549	€ 1.562,10 monthly
Total	265.842	127.916	

Status: 31 December 2006

Source: Report of the Working Group on Long-term Care Provision 2006

## ANNEX

### Recipients of long-term care benefits by age (Federal Republic and Länder), 2006 (excl. NS victims' benefits and teachers of the Länder)

	0 - 20 years	21 - 40 years	41 - 60 years	61 - 80 years	81 years and more	Total
Level 1	2.290	3.702	10.500	35.132	34.087	85.711
Level 2	3.475	5.465	14.108	47.183	62.747	132.978
Level 3	2.568	3.086	6.591	20.858	32.573	65.676
Level 4	1.481	2.341	4.794	17.482	32.558	58.656
Level 5	816	1.641	2.796	8.656	16.972	30.881
Level 6	839	1.550	1.445	2.996	5.021	11.851
Level 7	681	829	992	1.932	3.034	7.468
Total	12.150	18.614	41.226	134.239	186.992	393.221

Status: 31 December 2006

Source: Report of the Working Group on Long-term Care Provision 2006



## 5.3 ANNEX HEALTH

**Agreement pursuant to Art. 15a of the Federal Constitution Act (B-VG) regarding the organisation and financing of the health sector 2008 – 2013**

[http://www.bmgfj.gv.at/cms/site/attachments/3/2/6/CH0717/CMS1104315559331/bgb\\_l\\_15a-vereinbarung\\_2005.pdf](http://www.bmgfj.gv.at/cms/site/attachments/3/2/6/CH0717/CMS1104315559331/bgb_l_15a-vereinbarung_2005.pdf)

**Federal Act on the Quality of Health Services (Bundesgesetz zur Qualität von Gesundheitsleistungen/GQG),  
Federal Law Gazette I, No. 179/2004**

[http://www.bmgfj.gv.at/cms/site/attachments/3/4/1/CH0703/CMS1043931577060/health\\_care\\_quality\\_act.pdf](http://www.bmgfj.gv.at/cms/site/attachments/3/4/1/CH0703/CMS1043931577060/health_care_quality_act.pdf)

**Federal Act on Gesundheit Österreich GmbH (GÖGG),  
Federal Law Gazette I, No. 132/2006**

<http://www.biqq.org/upload/files/GOeGG.pdf>

**Health objectives for Styria**

[www.gesundheit.steiermark.at/cms/dokumente/10743729\\_9586209/e33cd577/Gesundheitsziele07.pdf](http://www.gesundheit.steiermark.at/cms/dokumente/10743729_9586209/e33cd577/Gesundheitsziele07.pdf)

**Health expenditure**

[www.statistik.at/web\\_de/statistiken/gesundheit/gesundheitsausgaben/019701.html](http://www.statistik.at/web_de/statistiken/gesundheit/gesundheitsausgaben/019701.html)

**Project “Healthy School“**

[www.gesundeschule.at](http://www.gesundeschule.at)

**Austrian Health Survey 2006/2007**

[www.bmgfj.gv.at/cms/site/attachments/1/1/8/CH0713/CMS1187768952223/oesterr\\_gesundheitsbefragung\\_2006\\_20071.pdf](http://www.bmgfj.gv.at/cms/site/attachments/1/1/8/CH0713/CMS1187768952223/oesterr_gesundheitsbefragung_2006_20071.pdf)

**Socio-demographic and socio-economic health determinants**

[www.bmgfj.gv.at/cms/site/attachments/1/1/8/CH0713/CMS1187768952223/endbericht\\_soziooekonom.pdf](http://www.bmgfj.gv.at/cms/site/attachments/1/1/8/CH0713/CMS1187768952223/endbericht_soziooekonom.pdf)

### 5.4 JOINT CONTRIBUTION OF THE SOCIAL PARTNERS TO THE REPORT ON STRATEGIES FOR SOCIAL PROTECTION AND SOCIAL INCLUSION 2008 TO 2010<sup>11</sup>

#### **General remarks:**

A key message of the present proposal of the European Commission for the Joint Report on Social Protection and Social Inclusion is that social policy and economic policy have to be mutually supportive. In the framework of a common declaration to mark the 60<sup>th</sup> anniversary of the Austrian social partnership in autumn 2006, the Austrian social partners agreed on this common key objective and stated that full employment was to be achieved based on a policy of sustainable growth by 2016. In this declaration the social partners emphasised their responsibility, in particular vis-à-vis people strongly affected by the rapid pace of transformation. Hence, the social partners made a clear commitment to joint, sustainable steps and measures to combat poverty and poverty risks in Austria.

The social partners' joint declaration of autumn 2006 was followed by other joint proposals of the social partners, which addressed for example the problems of groups exposed to high unemployment risks, e.g. apprenticeship seekers and other newcomers to the labour market (especially young people), persons with low qualifications and older workers. The main goal was to enhance the competitiveness of these persons with a view to ensuring their sustainable labour market integration. As a result, the concept promoting lifelong learning "Education as an Opportunity" ("Chance Bildung") was jointly prepared in 2007. In this paper the social partners expressed their shared responsibility for education and training in our country, especially vocational training. In the framework of the joint reform paper "Labour Market 2010" ("Arbeitsmarkt 2010") – prepared also in autumn 2007 – a bundle of measures was adopted targeting particularly youth employment and qualification. At present, the social partners conduct negotiations on a common set of measures for older workers.

With these measures, the social partners intend to reduce unemployment, notably in the group of long-term unemployed persons, to improve social security both of active and jobless persons and to increase the level of qualifications as a basis for long-term labour market integration. Strong emphasis is placed on women and persons with a migration background, who are also exposed to higher poverty risks.

On 10 January 2008, the government incorporated almost all proposals of the social partners in the document "Labour Market – Future 2010 – Agreement of the Social

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<sup>11</sup> Note: To provide an overview as comprehensive as possible of the projects and planned activities of the Austrian social partners in the sectors relevant to this Report, the joint contribution of the social partners to the Austrian Strategy Report for Social Protection and Social Inclusion 2008-2010 is reproduced in full length.

## ANNEX

Partners with the Federal Government on Youth Employment and on Meeting the Demand for Skilled Workers” (“Arbeitsmarkt – Zukunft 2010 – Vereinbarung der Social partners mit der Bundesregierung zur Jugendbeschäftigung und zur Deckung des Fachkräftebedarfs“). With the government’s proposal having already been submitted to Parliament, the legislative process is making good progress. The government, the Public Employment Service and the social partners are working on further proposals for improving the situation of older workers. They have already embarked on developing special qualification measures.

### **Details regarding the joint proposals of the social partners:**

#### **“Education as an Opportunity” – concept of the Austrian social partners for lifelong learning**

In the joint concept “Education as an Opportunity” of the social partners’ organisation “Advisory Boards on Economic and Social Issues”, the social partners – Austrian Federation of Trade Unions, Austrian Economic Chamber, Federal Chamber of Labour and Chamber of Agriculture – pledged their joint co-responsibility for education and training in Austria, especially vocational training. The social partners defined guidelines for a comprehensive and consistent strategy of lifelong learning and expressed their readiness to devote their best efforts to ensuring that existing talents may be further developed and that reserves can be mobilised.

Against the background of a quickly changing work environment, the social partners underline the importance of vocational guidance. In the framework of the labour market policy, they emphasise the significance of practice-oriented further training of unemployed persons, resulting in high rates of successful reintegration. They stress the importance of promoting internal further training in the companies, especially for persons with low qualifications and older workers. As these two groups participate only infrequently in further education/training and face an above-average unemployment risk, they are exposed to a high risk of poverty.

#### **Measures for young people in the concept paper “Education as an Opportunity“**

A core element of this package are proposals regarding the educational system for children and young people. The social partners highlight major weaknesses in the basic education of young people and request several measures, e.g. to reduce the number of young dropouts.

- Basic literacy in reading, writing and arithmetic is the foundation of continuing education programmes. Therefore, the social partners demand that the share of young people aged 15 who reached only level 1 or less in PISA should be reduced from currently 20% to less than 10%.
- Young people should be prevented from dropping out due to a lack of support and remedial education. The share of young people with compulsory school as the highest educational attainment is to be cut by half by 2012.
- By applying suitable instruments, disadvantaged young people and those with needs for remedial education should be enabled to acquire qualifications adjusted

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to their skills and talents. The support measures for young people with (learning) disabilities are to be improved in vocational schools and with vocational training assistance programmes.

- Besides apprenticeships as an equivalent alternative to education obtained exclusively in (vocational) schools, the social partners support the right to guaranteed education up to the age of 18. The goal to be achieved is a 50% reduction of the share of young people in the age group 20-24 not successfully completing any further educational programme going beyond compulsory school by 2012 (currently 17%).

Thus the social partners' concept paper "Education as an Opportunity" addresses key elements in the combat against poverty. Completed vocational training provides teens with a basis for participating in further education/training after reaching adult age and for future successful labour market participation. This is of vital importance, especially for disadvantaged young people. The aim of further education/training measures for adults is to make groups exposed to a risk of unemployment, e.g. people with inadequate qualifications, more competitive and to protect them against poverty.

### **Labour market 2010**

In view of the demand for skilled workers and the forthcoming opening of the labour market, the social partners (Austrian Federation of Trade Unions, Chamber of Labour, Austrian Economic Chamber, Chamber of Agriculture) agreed on a comprehensive reform package under the title "Labour Market – Future 2010" ("Arbeitsmarkt- Zukunft 2010") in autumn 2007. It offers new strategies for training and the labour market integration of young people and other groups disadvantaged in the labour market, such as older workers, inadequately qualified persons and women.

#### Labour market 2010 – measures reducing long-term unemployment

Excessive long-term unemployment – against the background of a favourable labour market development – was one of the reasons leading to the adoption of the reform package. With a view to reducing the number of long-term unemployed persons and to preventing the persistence of unemployment, persons – and in particular those with a migration background – are to receive retraining or supplementary training for labour market sectors with staff shortages by taking into account their existing competence.

Practical experience has also shown that sometimes useful training measures cannot be realised as the subsistence of the participants is not guaranteed. In these cases higher subsidies for covering the costs of living should be made available. An implementation guideline has to be adopted in the Executive Committee, and the measures have to be evaluated.

Furthermore, measures are proposed that provide incentives for strengthening the integration of less competitive persons, e.g. the development of a new combined wage scheme and increased use of the integration subsidy.

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Finally, preventive measures for older workers are proposed. The details of the set of measures for older people are being developed in additional negotiations of the social partners.

### Reform proposals for the training of young people

A core element of the package is a bundle of reform proposals for the training of young people. The approaches to better training of young people mentioned in the paper “Education as an Opportunity“ were further developed. The social partners commit themselves to good, professional and effective educational/vocational counselling and vocational guidance for young people. The aim is to support young people as early as possible in making adequate career decisions in an era of drastically changing occupations and activities. This will also help them avoid career re-orientation later in life due to choosing an occupation based on inadequate decisions. Thorough basic training is the key to sustainable labour market integration. Therefore, new support measures were developed to increase the number of apprenticeships and to enhance the quality of apprenticeship training.

For young people not finding training positions in the regular market for apprenticeships, equivalent training is to be provided based on a guaranteed right to training (e.g. in special training centres for apprentices, by intensive training for skilled workers or in Implacement Foundations). The spotlight is to be turned on the support of young people, in particular of girls, in future-oriented sectors and non-traditional occupations. The increase of the training subsidy granted during training in special training centres, which has been laid down in an agreement, is a decisive factor to ensure that the young people can complete their apprenticeship.

Young people who are socially disadvantaged or have learning difficulties and require special assistance (e.g. by socio-pedagogical special needs education) receive support in special training centres for apprentices as well as programmes funding apprenticeships.

A bill concerning the implementation of the agreement between the social partners and the federal government of 10 January 2008, which has been based on the social partners’ proposals, has already passed the Council of Ministers.

### **Target group: job returners**

Parents, especially women, who want to gain a foothold in the labour market after staying at home to care for their children face difficulties, even if they have high qualifications. A loss of qualification and a deteriorated income position pose problems, especially after longer career interruptions and in occupational sectors with rapidly changing activities. Labour market integration is also obstructed as these persons are less flexible in time and lack geographical mobility. Finally, job returners are disadvantaged due to an alleged higher risk of absence from work due to childcare responsibilities.

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The social partners responded to this specific problem situation by adopting a special bundle of measures for job returners. Its aim is to help women go back to work as quickly and smoothly as possible after career interruptions due to childcare (Paper of the Executive Committee meeting of 1 April 2008, item 8). A priority are urgently required improvements of childcare facilities, which are to be adjusted to a much greater extent to the flexible requirements of the parents. By enhancing their qualifications and increasing incentives for returning to work, women with care responsibilities are to be supported and encouraged in taking up employment. Women who are lone parents are among the groups facing the highest poverty risks. Adequate measures to protect their subsistence and appropriate funding (e.g. by granting financial aid for external childcare) are therefore of vital importance, especially for those returning to work. The new combined wage model has been designed to provide special support to women seeking reintegration into the labour market. The existing consultancy programmes are to assist companies in implementing family-friendly models of working hours to promote the reconciliation of work and family life. Together with the Public Employment Service, the social partners are currently planning measures to draw the attention of the other key decision-makers in this area (e.g. local authorities, Länder), the public and the political players to the problems to be tackled and to improve the situation.

### **Target group: persons with a migration background**

The at-risk-of-poverty rate of migrants from non-EU/EFTA countries is about 30%; this is almost three times higher than that of the Austrian total population, which stood at 11% in 2004. One of the reasons is the low educational level of migrants, who are almost three times as likely to be school dropouts and participate only inadequately in lifelong learning.

An effective integration policy is considered a top priority by the social partners – today and in the future.

### High poverty risk – high unemployment among migrants

Completed compulsory school is the highest educational level attained by almost half of the persons unemployed. People who only completed compulsory school education have a greater risk of becoming unemployed. Against this background and in view of the fact that three quarters of the unemployed migrants have inadequate qualifications, there is urgent need for action. Important requirements are the better training of migrants and their children as well as well-aimed labour market integration. Obviously many migrants, above all those from former Yugoslavia and Turkey, failed in improving their educational levels. Completed compulsory education is the highest educational attainment of 74% of the persons with a Turkish background and of about 50% of the migrants from former Yugoslavia.

### The social partners' demands for improving the training of migrants:

To improve the training situation of migrants, of notably the 1<sup>st</sup> and 2<sup>nd</sup> generation, the social partners propose the following measures:

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- Training of nursery teachers and teachers of compulsory schools in the subject “German as a foreign language” as well as providing them with integration know-how and intercultural skills.
- Introduction of a compulsory, free year of pre-school education for all children. Especially children with a migration background would profit from one year of compulsory nursery education as the members of the second generation show a reading literacy performance which is significantly below that of children without a migration background (and that of members of the first generation). Nevertheless reading literacy is a vital competence.
- Guaranteeing educational standards  
Young people must be guaranteed that upon completion of any educational level, but especially in the transition phase to further training or to the labour market, they really achieved the standards defined as targets for the respective educational level.

### Measures improving the employment situation of migrants

A comprehensive mix of measures is required, which has partly already been put into practice by the Public Employment Service, to improve the currently bad employment situation of persons with a migration background.

The social partners agree on focusing the labour market policy increasingly on the specific problems of migrants and propose in particular the following measures:

- Taking into account migrants in the long-term plan of the Public Employment Service. The labour market integration of migrants should be addressed in the long-term plan of the Public Employment Service to map out special strategies and concrete measures for migrants, for which the necessary staff and technical resources have to be made available.
- Special counselling services for persons with a migration background, if necessary by external consultants.
- Adaption and further development of existing measures of the Public Employment Service based on the special needs of migrants, especially the young generation.
- Further development of combined training/German language courses. Training in specific skills combined with German language courses has proven very useful and should be continuously further developed using good practices as a model.

### **Means-tested guaranteed minimum income**

The best strategy against poverty is sustainable employment guaranteeing a secure livelihood.

Unemployed persons are often at a risk of poverty, especially with the increasing duration of unemployment.

As a tool against poverty risks, the guaranteed minimum income has to be designed in a way that labour market integration is supported as efficiently as possible. A key element strengthening and accompanying the means-tested minimum income is to take measures of active labour market policy to re-integrate employable persons (currently) receiving social assistance. The social partners will support the Public Employment Service in implementing the means-tested minimum income with a view to ensuring that employable social assistance recipients can be integrated into the labour market optimally.

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### **Minimum wage of 1,000 euros**

Gainful employment is a core element of social inclusion. Adequate pay is of crucial importance. To counteract the trend of people becoming increasingly marginalised despite holding jobs, the social partners adopted – on the basis of the respective objective laid down in the government programme – a minimum wage guaranteed by collective agreement.

In July 2007, the social partners agreed for their spheres of competence on the introduction of a minimum wage/salary of 1,000 euros (paid 14 times per year) for the statutory or collectively agreed standard working hours in the respective sectoral collective agreements. In sectors where the lowest gross wage/salary was between 900 and 1,000 euros at the date of concluding the agreement, the increase in pay had to take effect no later than on 1 January 2008. In sectors where the lowest gross wage/salary was lower than 900 euros at this date, the effective date of the pay increase is 1 January 2009. The implementation of the agreement is progressing according to the plans of the social partners.

The social partners promote the universal introduction of the minimum wage/salary by 2009 also in spheres outside their direct competence.

### **Additional joint initiatives of the social partners**

#### **Joint Internet platforms**

The social partners have provided the Internet platforms [www.arbeitundbehinderung.at](http://www.arbeitundbehinderung.at), [www.arbeitundgesundheit.at](http://www.arbeitundgesundheit.at) as well as [www.arbeitundalter.at](http://www.arbeitundalter.at) for some years.

These websites are information platforms for different stakeholders at company level (employers, personnel managers, shop stewards, etc.).

#### **Social partners' initiative "Taking advantage of opportunities"**

In the framework of the social partners' initiative "Taking advantage of opportunities" ("Chancen nutzen"), companies are offered a free consultancy service on "work and disabilities". As this service has met with widespread approval, it is carried on also in the current year.



### **Contributions by the employee representatives:**

The Chambers of Labour and the Austrian Federation of Trade Unions (Österreichischer Gewerkschaftsbund/ÖGB) jointly represent the interests of employees in Austria.

In this capacity, they have widened the range of support services for employees considerably. Numerous measures help to avoid and combat poverty and social exclusion.

### **Key activities relevant to poverty:**

#### **Participation in legislation**

The ÖGB and the Chambers of Labour are involved in the legislative process in Austria, in particular by exercising their right of review (in the preliminaries of the submission of draft legislation to Parliament). They appraise draft legislation from the perspective of the labour force and also take into account the factors “poverty” and “social exclusion”.

#### **Support services for members**

The ÖGB and the Chambers of Labour offer their members a wide range of services that are free of charge. The support encompasses information and counselling on issues such as labour law, social insurance law, tax law, policies for women and families, apprenticeship training as well as the legal protection of employees and apprentices.

These services make a very significant contribution to avoiding poverty as they are mainly geared to the needs of persons at high risks of poverty (legal advice and, if required, legal representation in cases concerning the loss of employment and insolvency of the employer, support funds for groups in need, etc).

Free counselling on labour and social law and, if required, representation before court is of fundamental importance, especially for groups at risk of poverty and/or persons having lost their jobs.

### **The Chambers of Labour provided in particular the following services in the period 2006 to 2007:**

- Answering of 4.3 million queries  
Labour, social, insolvency law: 3.1 million  
Tax law: 280,000  
Consumer law: 885,000  
Education (incl. further education): 50,000
- Representation in out-of-court settlement and court proceedings

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Employees were represented in out-of-court settlement proceedings affecting labour law in 82,022 cases and affecting consumer protection issues in 45,979 cases. Representation before court in the framework of the free legal advice service of the Chambers of Labour was granted in 28,575 labour law cases, 21,150 social law cases, 51,253 insolvency cases and 451 consumer law cases.

500 million euros in total were recovered through this service on behalf of the members affected.

- In 2001 the “education voucher” was created to provide employees with “seed money for career advancement”. The education voucher of the Chamber of Labour supports further training but has not been designed to replace government funding. The members of the Chamber of Labour took advantage of this voucher in 130,510 cases and received support through this instrument worth 8,807,783 euros.

### **Projects of the Austrian Economic Chamber (WKÖ) in the field of social inclusion**

#### **Target group: migrants**

##### Mentoring for migrants

One of the most fundamental criteria of successful integration is employment. Nevertheless, the dialogue between migrants and the local population is at least as important for translating integration into reality. These two concerns are addressed jointly in the programme Mentoring for Migrants. In early March 2008 the Austrian Economic Chamber (Wirtschaftskammer Österreich/WKÖ), the Austrian Integration Fund (Österreichischer Integrationsfonds/ÖIF) as well as the Public Employment Service (Arbeitsmarktservice/AMS) launched a joint initiative with the aim of integrating migrants into the labour market. Persons with a migration background often face obstacles in accessing the labour market, even when they are adequately qualified. They lack the necessary contacts and informal knowledge about the labour market. In the framework of the initiative Mentoring for Migrants, persons with a migration background (mentees) are to be given a helping hand in starting their careers by experienced members of the business community (mentors).

#### **Target group: women**

##### Measures of the WKÖ to improve the reconciliation of work and family life

As in the past years, the WKÖ continues to support

- contests at Länder level as well as the federal contest “**women- and family-friendly companies**” (the jury includes for example representatives of the Austrian Economic Chamber)
- the initiative “**family qualifications**” providing job returners with a certificate acknowledging personal skills acquired during the baby break (this certificate is officially recognised by the Austrian Economic Chamber)
- the certificate “**Family and Work Audit**” (the certificate may and should be used for PR work to boost the company’s image).

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- Girls' Day to motivate women to become active in men-dominated activities. The Girls' Day sponsored by the Austrian Economic Chamber is therefore an important step towards improving women's income opportunities.

### **Target group: young people**

#### Project "Give youth a chance"

The project "Give youth a chance" ("Jugend Chance"), which had been jointly launched by the WKÖ and the AMS in autumn 2005 to combat long-term youth unemployment has been incorporated into the standard AMS programme in 2007 due to its favourable outcomes.

### **Target group: people with disabilities**

#### Event "Handicaps as an opportunity"

To sensitise society to the subject "work and disability", the WKÖ organised an event addressing "Handicaps as an opportunity" ("Handicap als Chance") in March 2008. At this event, the measures of the equality package for people with disabilities were explored from the perspective of employees/employers with disabilities as well as self-employed persons with disabilities. A panel of experts took stock of the measures taken and discussed proposals for improvement. Last but not least, entrepreneurs with disabilities who employ disabled persons informed about their favourable experience.

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### 5.5 GOOD PRACTICES

Name of Measure	Member State
Credit account for people affected by poverty / persons without cash	Austria
End Purpose of the Measure	
<ul style="list-style-type: none"> <li>• Social inclusion and reintegration into regular economic life by means of a current account</li> <li>• Support in reintegration into the labour market</li> <li>• Creating a basis for financial matters, security in dealing with money</li> <li>• Strengthening individual self-responsibility</li> <li>• Rebuilding confidence</li> <li>• Learning process for regular banking operations</li> </ul>	
Main Results in summary	
<p>Status: July 2008:</p> <p>To date, five branches (Vienna, Innsbruck, Salzburg, Graz, Klagenfurt) have been opened. There are now almost 2,000 customers, and per day 10 customers on average are added. The approx. 400 staff members are active in an honorary capacity.</p> <p>There is a close cooperation between the bank and especially the debt counselling agencies and social counselling centres of Caritas.</p> <p>Based on estimates of the experts, the number of possible customers is more than 50,000 persons in Austria.</p>	
Targeted Beneficiaries	Policy Focus
General Population <input checked="" type="checkbox"/> Children <input type="checkbox"/> Single-parent Families <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Older People <input type="checkbox"/> Young People <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / Refugees <input type="checkbox"/> Ethnic Minorities <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/> Healthcare <input type="checkbox"/> Long-term Care <input type="checkbox"/> Governance <input type="checkbox"/>
	Geographical Scope
	National <input type="checkbox"/> Regional <input checked="" type="checkbox"/>

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Homeless <input checked="" type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input checked="" type="checkbox"/> Persons who are not granted access to accounts and financial services, especially indebted or excessively indebted persons	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Implementing Body</th> </tr> <tr> <td style="padding: 5px;">           "DIE ERSTE österreichische Sparkasse Privatstiftung" in cooperation with the Debt Counselling Agency and Caritas         </td> </tr> </table>	Implementing Body	"DIE ERSTE österreichische Sparkasse Privatstiftung" in cooperation with the Debt Counselling Agency and Caritas
Implementing Body				
"DIE ERSTE österreichische Sparkasse Privatstiftung" in cooperation with the Debt Counselling Agency and Caritas				
<b>Context/Background to the Initiative</b>				
<p>In contrast to other countries, there is no general law in Austria putting banks under an obligation of concluding an account agreement with the client for providing financial transactions.</p> <p>A bank account is, however, a basic requirement for managing finances effectively, also in private households and allows active participation in economic and social life. If people are prohibited from opening a bank account due to their lack of creditworthiness, they lose control of their personal finances. This leads to delays in paying regular expenses (rent, heating, loan instalments), threatening the fulfilment of their basic subsistence needs. In addition, an account is often a prerequisite for starting a job and is therefore in many cases indispensable for labour market reintegration.</p> <p>The stabilisation of the life situation of socially weak/indebted people is to be supported and influenced favourably by enabling them to open a temporary credit account.</p> <p>The credit account of "Sparcasse" (savings bank) is a useful element of a comprehensive package of support and counselling services, which are provided predominantly by debt counselling agencies and the social counselling centres of Caritas.</p>				
<b>Details of the Initiative</b>				
<p><b>1. What is/was the timescale for implementing the initiative?</b></p>				
<p>The savings bank providing credit accounts has been set up in five Länder and is to be introduced successively throughout Austria.</p> <p><u>The procedure is as follows:</u></p> <p>The persons affected have to participate in an ongoing support programme of a NGO and have to produce evidence that they cannot open an account with another bank.</p> <p>Subsequently, a completed case history sheet with the core data of the person affected is sent by e-mail to the savings bank keeping the credit account.</p>				

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	Finally, a meeting between the person affected and a representative of the savings bank is arranged. After clarifying essentials, the temporary account is opened.
<b>2.</b>	<b>Specific Objectives</b>
	<p>Thanks to this project, the number of socially disadvantaged persons who cannot open a bank account due to lacking creditworthiness is reduced.</p> <p>Professional counselling (social workers, bank clerks) helps the clients to regain control over their finances. The fact that someone has no account number deters potential employers; this obstacle in seeking a job is eliminated.</p>
<b>3.</b>	<b>How did the initiative address these objectives?</b>
	<p>Social workers support clients in planning their household budgets.</p> <p>Clients open a “credit account” and use this account for their regular payments. Their income is also transferred to this account.</p> <p>Experienced bank clerks volunteer to support these clients in an honorary capacity, learning many useful things for their regular job in the bank. This has also preventive effects.</p> <p>Additional services such as a low-cost household insurance to cover household damages are offered.</p> <p>No expenses are charged for this account.</p> <p>After the end of the period agreed on, the customer may (again) open an account with a regular bank.</p>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>
	<p>Reports by the heads of the bank branches;</p> <p>reports of the social workers,</p> <p>meetings for reflection</p>
<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<p>Almost 2,000 credit accounts have already been opened.</p> <p>Social counselling centres and debt counselling agencies are involved in the coun-</p>

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	<p>selling process.</p> <p>Employees of the savings bank or retired former employees provide their support to the clients in an honorary capacity.</p> <p>As experience has been available only for two years, no information can be provided on the medium-term effects.</p>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	<p>At the beginning of the initiative, it was difficult to assess whether clients with financial problems would be willing to accept the offer. As the account is not kept by a regular bank but a bank <u>specifically founded for this purpose</u> and only having clients in financial trouble there was a risk that going to this bank could be experienced as socially exclusive or stigmatising. Thanks to well-aimed counter-measures, this has not been the case.</p>
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	<p>Comprehensive information of the clients; information of the social workers and bank employees; avoiding stigmatising conditions</p>
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>
	<p>It was totally unexpected that so many people would volunteer and work in an honorary capacity; the bank transactions can now be handled entirely on this basis.</p> <p>The wide acceptance of this initiative and the learning effect for the persons and organisations involved were also unexpected.</p> <p>In the process of realising the project, an opportunity for cooperating with an insurance company arose. Subsequently, the clients were offered a household insurance at low cost as most of them do not have a household insurance but are occasionally affected by damages in the household.</p>

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Name of Measure	Member State
KomenskýFond (KomenskyFund): an initiative of the ERSTE Foundation and Caritas	Austria
End Purpose of the Measure	
<p>The KomenskýFund was established...</p> <ol style="list-style-type: none"> <li>1) to help people in difficult social and economic situations to take advantage of educational opportunities, and</li> <li>2) to raise awareness of the fact that education is the most efficient way to end poverty.</li> </ol>	
Main Results in Summary	
<p>The objectives of the project “Learn for Life“ of the KomenskýFund of the ERSTE Foundation are as follows:</p> <ul style="list-style-type: none"> <li>• By supporting and making possible educational measures, concrete poverty risks of people are prevented. Education improves and enhances their opportunities in life considerably.</li> <li>• To make a contribution to social and ethnic cohesion in Europe. Education strengthens and promotes the social competence and coexistence of different ethnic groups.</li> </ul> <p>To realise the objectives of the project, partial projects are carried out in the following countries: Austria, the Czech Republic, Slovakia, Hungary, Croatia, Serbia, Romania, Moldova and in the future in Ukraine. A main priority are measures improving the situation of the Roma population, especially in the CEE countries; they are still one of the population groups affected most severely by poverty in Europe. During the first two project years, about 950 persons in Austria and 1900 persons in the partner countries benefited from these measures.</p> <p>The results show very clearly that educational and/or measures supporting education have favourable effects on life situations of the persons concerned. Some examples are provided in the following:</p> <ul style="list-style-type: none"> <li>• Retraining helped some clients to increase their income situation by up to 100%. This led to a significant improvement in the precarious financial situation of some families.</li> <li>• In some cases the decision of individual family members to continue education had effects on the whole family. When adult family members start to attend courses and to study regularly, this also motivates their children. They begin to show a greater interest in school and understand the importance of passing leaving exams.</li> <li>• According to reports of social counsellors, some clients would not have been able to complete education/training programmes if they had not been supported and motivated repeatedly. Therefore long-term counselling is effective and has sustainable effects – a special service which can be guaranteed by the KomenskýFund.</li> <li>• Thanks to educational measures provided by the KomenskýFund, two clients</li> </ul>	



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<p>managed to change from special needs school to lower secondary school, which improved their future opportunities significantly.</p> <ul style="list-style-type: none"> <li>• By cooperating with external bodies, such as the Public Employment Service, educational facilities, etc., it became possible in some cases to strengthen the network around the client and to improve his/her situation.</li> <li>• In two regions in Moldova the number of school dropouts was reduced significantly in our target group with the aid of tutoring projects.</li> </ul> <p>Cooperation between the ERSTE Foundation and Caritas is unique insofar as we may realise projects addressing the same issues in Austria as well as in Central and Eastern Europe. Moreover, the fact should be stressed that the KomenskýFond has been developed jointly between the project partners and is therefore optimally adjusted to the needs of the target groups.</p>	
Targeted Beneficiaries	Policy Focus
<p>General Population <input type="checkbox"/></p> <p>Children <input checked="" type="checkbox"/></p> <p>Single-parent Families <input checked="" type="checkbox"/></p> <p>Unemployed <input checked="" type="checkbox"/></p> <p>Older People <input type="checkbox"/></p> <p>Young People <input checked="" type="checkbox"/></p> <p>People with disabilities <input type="checkbox"/></p> <p>Immigrants / Refugees <input checked="" type="checkbox"/></p> <p>Ethnic Minorities <input checked="" type="checkbox"/></p> <p>Homeless <input type="checkbox"/></p> <p>Specific Illness/disease <input type="checkbox"/></p> <p>Other [Please specify:] <input type="checkbox"/></p>	<p>Social Exclusion <input checked="" type="checkbox"/></p> <p>Healthcare <input type="checkbox"/></p> <p>Long-term Care <input type="checkbox"/></p> <p>Governance <input type="checkbox"/></p>
	Geographical Scope
	<p>National <input checked="" type="checkbox"/></p> <p>Regional <input type="checkbox"/></p>
	Implementing Body
	<p>Caritas</p>
Context/Background to the Initiative	
<p>The ERSTE Foundation is devoted to developing an inclusive and participatory society in Europe, in which people are not only free but also willing to assume their responsibility and to exercise it for the benefit of all. Its social commitment is founded on the idea that human co-existence in modern societies faces enormous challenges and that – to make sure that</p>	

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Europe will be a “success” – the intellectual, economic, cultural and social capital has to be used in an equally efficient way to achieve social integration in Europe.

Caritas and the ERSTE Foundation have been united by their long-term and successful commitment to disadvantaged people. Against this background, the KomenskýFund was created as a joint initiative. It is founded on the firm conviction that education is an effective tool to break the cycle of poverty.

### Details of the Initiative

#### 1. What is/was the timescale for implementing the initiative?

The KomenskýFund is a joint initiative of the ERSTE Foundation and Caritas; it was jointly developed over a period of 1.5 years. The project has been conducted since May 2006; currently it is in the third project phase. One project phase has a duration of 12 months.

#### 2. Specific Objectives

The objective is to improve the educational opportunities of socially disadvantaged persons and groups in Central and South Eastern Europe with the aid of projects promoting education and individual support in education and training.

Another objective is to promote dialogue and knowledge transfer between the organisations participating in project realisation.

To this end, partial projects are realised in the following countries: Austria, Slovakia, the Czech Republic, Hungary, Republic of Moldova, Serbia, Croatia and in the future Ukraine.

#### 3. How did the initiative address these objectives?

##### **Austria:**

To realise the projects, the Austrian headquarters of Caritas cooperate with a total of 32 social counselling centres of the Caritas organisations of the dioceses. These centres counsel and support people in difficult social and economic situations. The staff of the social counselling centres also strengthen the self-help potential of the persons assisted and activate additional resources to ensure the sustainability of the support measures granted (help for self-help).

About 950 persons were able to improve their educational opportunities or those of their children in Austria during the first two project years. They were given concrete support in the form of financial aid from the KomenskýFund. The financial resources were used for (partial) financing of an educational measure or a measure supporting education. When an acute emergency situation posed a risk to the children’s continuing education, an additional subsistence subsidy was granted.

## ANNEX

	<p><b>CEE countries:</b></p> <p>In realising the projects Caritas cooperates with longstanding partners in Slovakia, the Czech Republic, Hungary, Romania, the Rep. of Moldova, Serbia, Croatia and in the future Ukraine.</p> <p>The target groups of the projects are disadvantaged children and young people from difficult family and social backgrounds as well as young adults who have a good chance of improving their future opportunities with the help of educational measures. The project activities make an important contribution to improving the living conditions of children and to promoting the social and emotional development of girls and boys. Often incentives are required (e.g. lunch at school, joint leisure activities) to make education possible.</p> <p>About 1900 persons were supported during the first two project years.</p> <p>To promote the exchange of knowledge and information of the social counsellors of Caritas in Austria as well as the project team members in the partner countries, networking meetings as well as an expert meeting were held. In this way the staff improves its knowledge about the interplay between education, poverty and social inclusion.</p>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>
	<p>For each project phase Caritas files a new application with the ERSTE Foundation, in which the objectives are formulated.</p> <p>Project realisation is closely coordinated with the dioceses and the partners of Caritas in the CEE countries. Regular exchange and coordination as well as project visits and evaluation is ensured by Caritas Austria.</p> <p>The successful realisation of the objectives is documented comprehensively in regular reports to the Foundation (interim report &amp; final report).</p>
<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<p>The objectives were met as follows:</p> <p>The objective is to improve the educational opportunities of socially disadvantaged persons and groups in Central and South Eastern Europe with the aid of projects promoting education and of individual support in education and training. → about 950 persons in Austria as well as 1900 persons in the partner countries could be supported by the KomenskýFund during the first two project phases. Concrete</p>

## ANNEX

	<p>examples of cases illustrate the positive effects (e.g. new job after retraining measures, increased school attendance through incentives like offering hot meals, etc. ). The examples show that these measures made it possible to supplement acute emergency aid with measures aimed at the sustainable improvement of life situations.</p> <p>Knowledge and information exchange among the project partners: → To this end, networking meetings as well as an expert meeting on the subject “Poverty and Education” were held. Another meeting has been planned to take place in Hungary in September 2008.</p>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	<p>1) Austria: The KomenskýFund is a new instrument of social counselling. In the past, financial resources earmarked specifically for educational measures have been lacking. To enable people to take advantage of educational measures, in many cases more needs to be done than paying the course fee. The subsistence costs (rent, heating, food) have to be cover or the children have to be minded during course attendance of the adults. In addition, comprehensive counselling and motivation is required.</p> <p>2) Partner countries: Education does not have the same importance in all countries and families and/or education is not always recognised as a way to break the circle of poverty. In this context, communication about this idea among the project partners, parents, children and school is vital.</p>
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	<p>1) Austria: The KomenskýFund does not only support educational measures (e.g. courses) but also measures supporting education (e.g. child-minding services, financing transport fares to the place of course...) and measures of social security (e.g. rents).</p> <p>2) Partner countries: A close exchange between project partners, schools and families facilitates cooperation. “Educational incentives”, such as one hot meal per day in school, improves school attendance.</p>
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>
	<p>Since the KomenskýFund has been established only in the recent past, it is not yet possible to comment on that. Unexpected favourable developments in individual cases encourage the ERSTE Foundation and Caritas to continue and intensify this initiative.</p>

## ANNEX

Name of Measure	Member State
<p>"Mummy learns German" at nurseries and schools in Vienna</p>	Austria
End Purpose of the Measure	
<p>The objective is that mothers should not only improve or acquire German language skills but also establish social contacts, develop a favourable attitude towards the country of residence as well as generally widen their scope of social participation.</p> <p>Target group:</p> <p>Mothers with low or no school education who stayed for years in Austria and failed to acquire German language skills are to be motivated to learn German in a relaxed atmosphere at a familiar and easily accessible place (school or nursery of the child). The aim of the courses is that mothers should not only improve or acquire German language skills but also establish social contacts, develop a favourable attitude towards the country of residence as well as generally widen their scope of social participation; therefore, the "Mummy-learns-German" courses are in practice and with regard to their effects considerably more than a mere German course. They make a fundamental contribution to the integration of the course participants.</p>	
Main Results in summary	
<p>As far as the learning progress of the course participants is concerned, 60.8% think that they were "quite" or "very" successful in acquiring and consolidating their basic knowledge of the German language. Slightly more than 50% also perceived improvements in speaking, writing, reading and listening comprehension.</p> <p>As far as communication within the school is concerned – another main objective of the series of courses – the course teachers stated that they perceived an increase in the contacts between the mothers with the teachers, the school administration and the headmaster's office (58.8%).</p> <p>The "Mummy-learns-German" courses were a priority programme of Municipal Department 17 for non-German-speaking mothers and were held at 90 schools for the first time in the school year 2006/2007. After a pilot phase, a total of 59 private and municipal nurseries were added as course premises in the school year 2007/2008. The courses consisted in 150 lessons, 2 x 3 hours per week. The courses were held in parallel to the children's school year.</p>	
Targeted Beneficiaries	Policy Focus
General Population <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/>
Children <input type="checkbox"/>	Healthcare <input type="checkbox"/>
Single-parent Families <input type="checkbox"/>	Long-term Care <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Governance <input type="checkbox"/>
Older People <input type="checkbox"/>	
Young People <input type="checkbox"/>	
	Geographical Scope

## ANNEX

People with disabilities <input type="checkbox"/> Immigrants / Refugees <input checked="" type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Homeless <input type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input type="checkbox"/>	National <input type="checkbox"/> Regional <input checked="" type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr style="background-color: #cccccc;"> <td colspan="2" style="text-align: center;"><b>Implementing Body</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">Province Administration of Vienna/Vienna City Administration</td> </tr> </table>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	<b>Implementing Body</b>		Province Administration of Vienna/Vienna City Administration	
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<b>Implementing Body</b>										
Province Administration of Vienna/Vienna City Administration										
<b>Context/Background to the Initiative</b>										
<p>Easily accessible basic German language course at nurseries and schools across Vienna, also for persons requiring literacy training, supported by integrative educational modules (lectures / workshops / excursions). All courses are offered with child-minding services.</p> <p>The long-term sustainability of this programme is ensured through the participants' knowledge of German, the contacts made with pedagogical experts and other parents on the course premises (nurseries / schools) as well as their participation in parents' evenings, parents' forums, festivities at nurseries and schools.</p>										
<b>Details of the Initiative</b>										
<b>1. What is/was the timescale for implementing the initiative?</b>										
1. Project year – April 2006 to June 2007 2. Project year – March 2007 to June 2008  The project is to be continued and become a standard offer in the school year 2008/09.										
<b>Specific Objectives</b>										
<ul style="list-style-type: none"> <li>• To motivate women with children/childcare responsibilities to attend a German language course by offering child-minding services in parallel to the language course</li> <li>• Learning German up to level A2 (GER)</li> <li>• Improving the communication between the mothers and schools / nurseries</li> <li>• Acquiring techniques allowing the women to support their child in learning</li> <li>• Literacy training for women who attained inadequate literacy or literacy in different writing systems in their country of origin</li> <li>• Incorporation of information components (lectures about health / educational system...) and excursions to the most important institutions of the district and the city into the course programme; exchange with participants from different countries of origin within the German language course groups on subjects like meeting other people / housing / positive emphasis on linguistic diversity and cultural diversity; increasing the self-assertiveness and independence of the women as a result of meeting the other mothers of the school, e.g. at parents' evening / parents' forum / school festivities.</li> </ul>										

## ANNEX

<b>3.</b>	<b>How did the initiative address these objectives?</b>
	<p>The course participants are taught either by qualified DaF (German as a Foreign Language) / DaZ (German as a Second Language) trainers or course teachers who obtained special qualifications for holding “Mummy-learns-German” (MLG) courses in a short-training seminar. The course teachers undergo continuous further training; the Municipal Department 17 of the City of Vienna subsidised for a example a further training seminar “Recognising literacy requirements“ in autumn 2007 and spring 2008 to enable the MLG course teachers to recognise the literacy needs of the mothers more easily and to respond to them adequately.</p> <p>Besides language teaching, additional “integrative educational modules” are offered to improve the communication between the mothers and the institutions nursery / school as well as to empower the mothers to cope with every-day life in the city of Vienna. The core subjects of integrative educational modules are adjusted to the social environment of the mothers and cover the following subjects:</p> <ul style="list-style-type: none"> <li>▪ Meeting other people, e.g. provide information about oneself, fill in simple forms, introduce oneself</li> <li>▪ Living in Vienna, e.g.: Vienna and its districts, the district in which the course participant lives in, the most important sights, transport connections, leisure activities in the city</li> <li>▪ Nursery/school, e.g. basic vocabulary: what the child should understand (hungry, thirsty, toilet...), drafting a message when the child cannot attend the nursery or school (sickness, holiday, ...), every-day objects for the nursery, what children like to eat and the “healthy snack”, maturity for school, registering the child at school, school timetable, parent communication notebook, homework notebook, marks,...</li> <li>▪ Education and occupation, e.g. the Austrian school system, names of occupations, curriculum vitae, adult education / further education, job vacancies, applications</li> <li>▪ Health, e.g. express health problems, social insurance, parts of the body, going to the doctor, inquire after somebody’s health, children’s diseases, hospital and ambulance, names of the most important specialists, social services of the City of Vienna</li> <li>▪ Festivities, celebrating, social contacts, e.g. accepting or declining invitations, arranging appointments and meeting places, extending invitations, preparations for festive events</li> </ul>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>
	<p>A project team of the University of Vienna (Department of Linguistics), consisting of university professor Rudolf de Cillia, doctoral candidates Verena Blaschitz and Niku Dorostkar, was commissioned by Municipal Department 17 with conducting the evaluation of the “Mummy-learns-German” courses in August 2006. The project team supported the project from September 2006 to August 2007 and evaluated the course measures with different methods (qualitatively and quantitatively, based on the triangulation method). Concept, curricula, datasheet, interviews, questionnaires, study folders, learning progress documentation, group discussions.</p> <p>(see: <a href="http://www.wien.gv.at/integration/deutschlernen/pdf/evaluation.pdf">http://www.wien.gv.at/integration/deutschlernen/pdf/evaluation.pdf</a>)</p>

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<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<p>Most participants improved their German language skills significantly. 94.4% of the school headmasters stated that the contact between schools and parents was considerably improved as a result of the course programme.</p> <p>Due to the additional information components and excursions, the mothers were encouraged to take advantage of the culture and leisure facilities in Vienna for themselves and their families.</p>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	<p>An important prerequisite of the success of the measures has been and is smooth cooperation with the schools. Not all the schools showed equal commitment to the project. Difficult conditions regarding the organisation and realisation facing the course teachers in some schools had to be overcome. At times inadequate rooms for child-minding services and often large children's groups with many infants and babies posed problems.</p> <p>There was a risk of fluctuating participation of course participants due to persons joining after course commencement and other ending the course prematurely. This was rather detrimental to group formation. In the first year the programme registered a drop-out rate of 24.7%. The reason given most often for dropping out was pregnancy.</p>
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	<p>As the sponsoring organisation, Municipal Department 17 also has the task of networking and coordination between the participating institutions, i.e. regular contacts were maintained with representatives of the school administration, the course promoters and the municipal departments involved, the project was advertised, optimal project management was ensured and the policy for further developing the programme content was mapped out in meetings of the course promoters. Training for the child-minders was subsidised and the ratio of staff was increased depending on the number of very small children in a group.</p>
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>
	<p>(+)</p> <ul style="list-style-type: none"> <li>▪ At some schools the mothers started to network outside the course. Joint activities such as a mothers' café, joint cycling lessons, joint excursions, and many other activities have already taken place.</li> <li>▪ For many child-minders of the respective mother tongues this was a first "test" towards taking up employment, in this connection, they will benefit from this work experience.</li> <li>▪ "Mummy-learns-German Party": In May a party was staged in the City Hall of Vienna to celebrate the completion of the course. The self-confidence of the course participants was improved by presenting their work and knowledge to their husbands and children. This has also positive effects on</li> </ul>



## ANNEX

	<p>the children of the course participants. Moreover, important steps towards empowerment and an opening up of the women to their German-speaking environment were taken.</p> <p>(-)</p> <ul style="list-style-type: none"><li>▪ Success depends to a very great extent on the commitment of the school, which can be influenced by those responsible for the project only to a very limited extent.</li><li>▪ Involvement of the parents' associations and mother-tongue teachers, in particular the class teachers, was not as strong as desired.</li><li>▪ Obviously it was a problem for some women to pay the costs of EUR 150.- (EUR 1 per teaching unit).</li><li>▪ The participation of women having to comply with the Integration Agreement led to increased pressure on the course teachers to work towards achieving specific examination targets.</li></ul>
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## ANNEX

Name of Measure	Member State
<p>Three projects of the City of Vienna – Municipal Department 17 – address the subject labour market integration of migrants and persons entitled to asylum:</p> <ol style="list-style-type: none"> <li>1. “Prospects“: vocational and educational counselling for persons entitled to asylum and financial support for further education</li> <li>2. “Competence Centre“: counselling regarding the recognition of prior learning and on further education for new migrants;</li> <li>3. The third project “Basic vocational guidance in the mother tongue” targeting newcomers is organised by the Vienna Employee Support Fund (Wiener ArbeitnehmerInnen-Förderungsfonds) in cooperation with other departments of the City of Vienna and the Vienna Public Employment Service (AMS). The aim is to provide basic vocational guidance, to identify the qualifications and work experience of newcomers in their mother tongue.</li> </ol>	Austria
End Purpose of the Measure	
<ul style="list-style-type: none"> <li>• Improving the labour market integration of recently arrived migrants and persons entitled asylum</li> <li>• Taking advantage of the potential of previous training/work experience of migrants and persons entitled to asylum</li> <li>• Reducing the gradual loss of qualification of migrants and persons entitled to asylum in the labour market</li> </ul>	
Main Results in summary	
<p>→ Prospects – vocational and educational counselling for persons eligible for asylum in 2007: 462 persons (66% men, 34% women) were counselled in an average of 4.1 sessions per person (individual counselling).</p> <p>174 programmes of further education were financed for a total of 127 persons entitled to asylum. Several quality employments have been achieved.</p> <p>→ Competence Centre – body providing counselling on the recognition of previous qualifications and on further education. In 2007 (September-December) 108 persons (72% women, 28% men) were counselled in 197 sessions (individual counselling).</p> <p>→ Basic vocational guidance in the mother tongue: in 2007 27 group sessions were offered.</p>	
Targeted Beneficiaries	Policy Focus

## ANNEX

General Population <input type="checkbox"/> Children <input type="checkbox"/> Single-parent Families <input type="checkbox"/> Unemployed <input type="checkbox"/> Older People <input type="checkbox"/> Young People <input type="checkbox"/> People with disabilities <input type="checkbox"/> Immigrants / Refugees <input checked="" type="checkbox"/> Ethnic Minorities <input type="checkbox"/> Homeless <input type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/> Healthcare <input type="checkbox"/> Long-term Care <input type="checkbox"/> Governance <input type="checkbox"/> <hr/> <b>Geographical Scope</b> <hr/> National <input type="checkbox"/> Regional <input checked="" type="checkbox"/> <hr/> <b>Implementing Body</b> <hr/> Province Administration of Vienna/Vienna City Administration
<b>Context/Background to the Initiative</b>	
<p>To offer qualified support for labour market integration to all persons who immigrated recently – migrants as well as persons entitled to asylum in Vienna – partial projects building on the previous project were developed. In a first step they offer basic vocational guidance in the mother tongue, identify previous qualifications and work experience and inform about official recognition of qualifications in Austria. This is to ensure that the new citizens are informed about the labour market in Vienna and can be given adequate support in entering it based on their individual know-how. In this way newcomers receive well-aimed information and counselling regarding the recognition of qualifications / recognition of university degrees (Nostrifikation) acquired abroad. Persons entitled to asylum are also given financial support during further education.</p>	
<b>Details of the Initiative</b>	
<b>1. What is/was the timescale for implementing the initiative?</b>	
	<p>In 2006 the project “Prospects – vocational counselling, counselling on further education and the recognition of qualifications for persons entitled to asylum” was launched.</p> <p>In 2007 the basic vocational guidance service in the mother tongue as well as the Competence Centre for newcomers to Austria providing counselling on the recognition of qualifications and on further education were created.</p>
<b>Specific Objectives</b>	
	<ul style="list-style-type: none"> <li>• Newcomers to Vienna are to undergo a first counselling session about their (future) occupation, if possible in their mother tongue.</li> <li>• By providing comprehensive information about procedures for the recognition of qualification, on further training and on obtaining additional qualifications in Vienna, opportunities for occupational reorientation, accompanied by possible further education/training, are to be developed and realised together with the person affected.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Reducing labour market integration below a person's qualification level</li> <li>• Indicating opportunities for labour market integration, occupational reorientation and advancement as well as support and ongoing assistance during the individual steps towards realising this goal</li> <li>• Financial support of persons entitled to asylum who receive further education</li> </ul>
<b>3.</b>	<b>How did the initiative address these objectives?</b>
	<p><b>Basic vocational guidance in the mother tongue</b> is provided in group sessions (of three hours per session), covering the following subjects</p> <ul style="list-style-type: none"> <li>• labour market situation in Vienna (what are the sectors with a greater demand for labour, where are the job prospects less favourable?)</li> <li>• legal framework</li> <li>• information on support in job seeking as well as after recruitment (programmes offered by the Public Employment Service and WAFF, the Vienna Employee Support Fund)</li> <li>• collecting labour-market-relevant client data (legal title of abode, previous school education, previous work experience, self-assessment of German language knowledge, etc.).</li> </ul> <p>To ensure that the participants fully benefit from the subjects addressed in the counselling session, basic vocational guidance is offered in Albanian, Arabic, Bosnian/Serbian/Croatian, Bulgarian, Chinese, English, Polish, Romanian, Russian and Turkish.</p> <p>For more information see: <a href="http://www.wien.gv.at/integration/waff.html">http://www.wien.gv.at/integration/waff.html</a></p> <p><b>Competence Centre – responsible for the recognition of qualifications and counselling on further education for newcomers to Vienna</b> Support is provided by a wide range of assistance and service programmes, e.g. individual case support, if required group work, partly mother-tongue or multilingual counselling and support. Emphasis is placed on individual advice, information, support as well as problem solutions. Help for self-help is a top priority.</p> <p>For more information see: <a href="http://www.migrant.at/homepage-2006/kompetenzzentrum/kompetenzzentrum.htm">http://www.migrant.at/homepage-2006/kompetenzzentrum/kompetenzzentrum.htm</a></p> <p><b>Counselling on employment, further education and the recognition of qualifications for persons entitled to asylum:</b> identifying the educational and occupational qualifications, assessing job opportunities in the Vienna labour market, information on the recognition of the qualifications obtained abroad, checking possibility of financial support for further education, financial aid, support during the recognition procedure. Individual counselling and support in Russian, Persian, German and English.</p> <p>For more information see: <a href="http://www.migrant.at/homepage-2006/perspektive/perspektive.htm">http://www.migrant.at/homepage-2006/perspektive/perspektive.htm</a></p>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>

## ANNEX

	Annual/interim reports on the projects “Prospects” and “Competence Centre”. WAFF Annual Report
<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<p>Mother-tongue counselling helps to start career planning earlier (for persons entitled to asylum immediately after being granted asylum) and to speed up labour market integration. Individual counselling makes it possible to develop concrete occupational goals and ideas; the qualifications obtained in the country of origin are examined against the background of the demand in Austria so that realistic career plans and goals can be developed. The labour market opportunities are improved, while the frustration of the jobseekers is reduced and a gradual loss of qualification in the labour market is prevented. Thanks to excellent networking between the counselling centres, the migrants and persons entitled to asylum obtain comprehensive information on opportunities for further education and support, official business with authorities and traineeships.</p>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	<p>There are difficulties in distributing the further education allowance (project “Prospects”): the existing educational programme does not take into account the special needs of persons entitled to asylum; tailored educational programmes often fail due to the low number of participants and the interest in special courses. A prerequisite for most further education programmes are better German language skills (at least B1 based on the European Reference Framework), many participants have to attend German courses before participation.</p> <p>The services offered by the Competence Centre responsible for the recognition of qualifications and counselling on further education were mainly used by university graduates and persons having passed the A level exam. In the future migrants having undergone vocational training (educational attainment below A level exam) will also be addressed.</p> <p>Newcomers with higher school education and immigrants from the EEA countries are not under a legal obligation of furnishing proof of their German language knowledge. However, adequate knowledge of the German language is required to participate in programmes of further education and/or to have better opportunities in the labour market.</p> <p>Recognition of qualifications or of university degrees is a lengthy procedure.</p> <p>Basic vocational guidance in the mother-tongue: the target group was reached only partly.</p>
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	<p>A new project of Municipal Department 17: “Start Coaching for Migrants” and the introduction of the “Vienna Education Card” in October 2008; the aim is to reach all migrants immediately after arrival in Austria and to provide counselling, if possible in the mother tongue. Information on specific subjects, such as the educational</p>

## ANNEX

	<p>system, the labour market and the political system are provided in the mother tongue; if individual counselling is required, the person is referred to the competent counselling institution. Project cooperation partners of Municipal Department 17 are Municipal Department 35, WAFF, AMS, Chamber of Labour (AK), Austrian Economic Chamber (WK) and the Counselling Centre for Migrants (Beratungszentrum für MigrantInnen).</p> <p>Start coaching for persons entitled to asylum: Vienna's first one-stop-shop for counselling services targeting persons entitled to asylum was opened in spring 2008 – Vienna Interface. It offers an extensive range of counselling services for persons entitled to asylum and persons with subsidiary protection status. Networking with "Prospects", the vocational and educational counselling centre, has been ensured.</p>
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>
	<p>The target group of the project "basic vocational guidance in the mother tongue" could be reached only partly. The follow-up project "Start Coaching for Newcomers" and "Education Card" builds on this experience.</p>

## ANNEX

Name of Measure	Member State
"To your heart's content" - -women from Favoriten live a healthy life	Austria
End Purpose of the Measure	
<p>The project "To your heart's content – women from Favoriten live a healthy life", carried out in the period September 2005 to August 2007, was a multidisciplinary and intercultural intervention project on health promotion and the prevention of cardio-vascular diseases among adult women living predominantly in the 10<sup>th</sup> district of Vienna (Favoriten). The focus was on socially disadvantaged women with a high risk potential of cardio-vascular diseases. The overarching <b>objective of the project</b> were information and awareness-raising measures for women, multipliers as well as the general public regarding "heart health". To ensure project participation as wide as possible, an inter-disciplinary and multi-professional <b>strategy group</b> supported the project. In addition, <b>networking and cooperation</b> with theme- and district-relevant institutions, e.g. the cardio-vascular disease prevention project "A Heart for Vienna", Municipal Department 38, Municipal Department 57 as well as "Movement is taking place in the city" ("Bewegung findet Stadt") formed an integral part of the project.</p> <p><b>Project design and methods</b></p> <p>In the 10<sup>th</sup> district of Vienna an extensive <b>sensitisation and information campaign</b> (module I; kick-off event in Keplerplatz, campaign days under the motto "shopping to your heart's content" in supermarkets, preparation and distribution of multi-lingual, culture-specific information folders, easily accessible phone and e-mail contacts, media and public relations work) was launched. For <b>promoting women's health</b> in Favoriten, a women's running and Nordic Walking group was established in module II, which were open and free of charge to all interested women. The women of the target group could also participate in the three-month heart programme "Living to your heart's content" (nutrition and exercise programme, counselling sessions, cooking workshops). Programmes offered close to the place of living, a timetable convenient for the target group, programme participation at low cost as well as childcare facilities were to give access to socially disadvantaged women. To reach female migrants, the measures were also offered in Turkish and Serbian/Croatian/Bosnian language. A key element of the project was <b>ongoing evaluation</b>, documenting the expectations, the level of satisfaction and goal achievement of the participants. This made it possible to highlight necessary changes and to adjust the previously developed programme to the needs of the participants.</p>	
Main Results in summary	
<p>In the framework of the project "To your heart's content – women from Favoriten live a healthy life" the objectives set were fully met – access to the target group of socially disadvantaged women has been achieved. The sensitisation and information campaign as well as the health promotion campaign for women could be realised according to plan and led to almost 10,000 contacts with women of the target group.</p> <p><u>Sensitisation and information</u>: multilingual information media on women's heart health and the project were prepared and distributed in large numbers (60,000). Up-to-date media reports on the project ensured strong public awareness. The information hotline "heart line" ("herzline") specifically set up for the project as well as the website <a href="http://www.herzenslust.at">www.herzenslust.at</a> were used regularly. In total four shopping-related campaign weeks were organised, in which multilingual coaches gave women tips on healthy shopping in central places and</p>	

## ANNEX

supermarkets.

Training and sensitisation of multipliers: In the framework of a meeting of district doctors at Kaiser Franz Josef Hospital, Social Medical Centre South (SMZ Süd), a lecture on the women-specific aspects, risks and symptoms of cardio-vascular diseases as well on preventing these diseases was given. Furthermore, the project was presented and stakeholders were invited to participate.

Networking with district- and theme-relevant institutions was organised regularly at several levels and in different settings.

Promoting women's health: During the project period almost 10,000 contacts to women of the target group were established – 253 women participated in the “heart” of the project, the long-term course “Living to your heart's content“. The group was highly multicultural, more than half of the course contacts were made with women of non-German mother tongue (56%).

The running and Nordic Walking groups met weekly, the courses “Eating to your heart's content“ (lectures) and “Moving to your heart's content“ (physical exercise) were held five times; on request of the women, a follow-up course was held.

The ongoing evaluation showed favourable results. The project reached the target group: socially disadvantaged women with higher cardio-vascular disease risks (overweight, stress, lack of exercise, unhealthy food). The five course programmes were attended by 253 women of German mother tongue or speaking foreign languages. The participants stated that their main goals were a healthier diet as well as more exercise and sports. These goals were achieved by the majority of the participants in the long term. The average weight decreased by 3.1 kg, the participants' satisfaction with their own exercise and nutritional behaviour as well as their self-confidence and wellbeing increased considerably. These effects could be provably shown even three to six months later. The importance of the group and of meeting with other women was emphasised repeatedly by the participants.

Targeted Beneficiaries	Policy Focus
General Population <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/>
Children <input type="checkbox"/>	Healthcare <input checked="" type="checkbox"/>
Single-parent Families <input type="checkbox"/>	Long-term Care <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Governance <input type="checkbox"/>
Older People <input type="checkbox"/>	
Young People <input type="checkbox"/>	
People with disabilities <input type="checkbox"/>	
Immigrants / Refugees <input checked="" type="checkbox"/>	
Ethnic Minorities <input type="checkbox"/>	
	<b>Geographical Scope</b>
	National <input type="checkbox"/>
	Regional <input checked="" type="checkbox"/>



## ANNEX

Homeless <input type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input checked="" type="checkbox"/> Socially disadvantaged women with a high risk potential of cardio-vascular diseases	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: left; padding: 5px;">Implementing Body</th> </tr> <tr> <td style="padding: 5px;"> <p>The realisation of the project became possible through the support of the following institutions providing funding or subsidies: Vienna Programme for Women's Health (Wiener Programm für Frauengesundheit), Fund "Healthy Austria" (Fonds Gesundes Österreich), A Heart for Vienna (Ein Herz für Wien),</p> <p>Municipal Department 38 – Vienna Food and Nutrition Service, Municipal Department 57 – Women's Department of the City of Vienna. Sponsoring by the Favoriten District Administration, BAWAG, Novartis and Guidant.</p> </td> </tr> </table>	Implementing Body	<p>The realisation of the project became possible through the support of the following institutions providing funding or subsidies: Vienna Programme for Women's Health (Wiener Programm für Frauengesundheit), Fund "Healthy Austria" (Fonds Gesundes Österreich), A Heart for Vienna (Ein Herz für Wien),</p> <p>Municipal Department 38 – Vienna Food and Nutrition Service, Municipal Department 57 – Women's Department of the City of Vienna. Sponsoring by the Favoriten District Administration, BAWAG, Novartis and Guidant.</p>
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Context/Background to the Initiative			
<p>According to the Vienna Health Report 2000, increased mortality is registered among women under 75 years in the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> districts, which is attributable to high cardio-vascular fatality. Despite sensitisation and information campaigns, the knowledge about the symptoms and risk factors of cardio-vascular diseases is unsatisfactory and the potential of preventive measures is not fully taken advantage of. Moreover, traditional health-promoting and preventive strategies hardly reach socially disadvantaged women with a high risk potential of cardio-vascular diseases (women of lower educational and income levels, migrants, lone parents, unemployed women...).</p>			
Details of the Initiative			
<p><b>1. What is/was the timescale for implementing the initiative?</b></p>			
<p>A project duration of 2 years was fixed (September 2005 to August 2007). The project was kicked off in September 2005.</p> <p>The following activities took place throughout the project period:</p> <ul style="list-style-type: none"> <li>■ networking and cooperation</li> <li>■ information and awareness-raising</li> <li>■ telephone and e-mail counselling</li> <li>■ media and public relations work</li> <li>■ running group</li> <li>■ Nordic Walking group</li> <li>■ evaluation</li> </ul>			

## ANNEX

	<p>In the framework of the project, 5 course phases – in three languages – were organised. In addition, a follow-up course was held on request of a large majority of participants.</p> <ol style="list-style-type: none"> <li>1. course phase: October 05 to January 06</li> <li>2. course phase: January 06 to April 06</li> <li>3. course phase: April 06 to July 06</li> <li>4. course phase: October 06 to February 07</li> <li>5. course phase: March 07 to June 07</li> </ol> <p>Follow up: March – April 07</p>
<b>2.</b>	<b>Specific Objectives</b>
	<ol style="list-style-type: none"> <li>1. Sensitisation and information on the subject “Heart health for women“ targeting <b>adult women living predominantly in the 10<sup>th</sup> district</b></li> <li>2. Sensitisation and information on the subject “Heart health for women” and “Interrelations between heart health and social discrimination“ targeting <b>multipliers</b></li> <li>3. Sensitisation and information on the subject “Heart health for women“ and “Interrelations between heart health and social discrimination” in the <b>public</b></li> <li>4. Reaching the <b>target group</b> and winning its acceptance</li> <li>5. Improved knowledge and behavioural change of the <b>participants</b> regarding “nutrition” and “exercise”.</li> <li>6. Positive effects on the cardio-vascular risks of the <b>participants</b></li> <li>7. Increasing the wellbeing of the <b>participants</b></li> </ol>
<b>3.</b>	<b>How did the initiative address these objectives?</b>
	<p>As to 1.</p> <ul style="list-style-type: none"> <li>■ Production and distribution of culture-specific information brochures “Guide to a healthy woman’s heart“ in German, Turkish, Bosnian/Croatian/Serbian</li> <li>■ 10 campaign days “Shopping to your heart’s content“ in local supermarkets</li> <li>■ Media and public relations work</li> </ul> <p>As to 2.</p> <ul style="list-style-type: none"> <li>■ Strategy group, networking and cooperation</li> <li>■ Direct contacts to the doctors of the district</li> <li>■ Media and public relations work</li> </ul> <p>As to 3.</p> <ul style="list-style-type: none"> <li>■ Public event “Favoriten’s women on the move“</li> <li>■ Personal letters of the District Administration, FGP and Women’s Health Centre South (FEM Süd) to all adult women living permanently in the 10<sup>th</sup> district.</li> <li>■ Direct contacting of adult women in the district</li> <li>■ Media and public relations work</li> </ul> <p>As to 4.</p> <ul style="list-style-type: none"> <li>■ Implementation of a running group meeting in Favoriten</li> <li>■ Telephone and e-mail counselling</li> <li>■ Creation of attractive programmes</li> </ul>

## ANNEX

	<p>As to 5.</p> <ul style="list-style-type: none"> <li>■ Heart programme (food, exercise, cooking to your heart's content), nutritional coaching, information material</li> <li>■ Exercise groups, meetings of running group, women's marathon in Favoriten, one-to-one coaching, information material</li> </ul> <p>As to 6. and 7.</p> <ul style="list-style-type: none"> <li>■ Intervention measures regarding nutrition, exercise in group settings, one-to-one coaching</li> </ul>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>
	<p><b>Data collection instruments, methods and objectives of ongoing evaluation</b></p> <p>Questionnaires and qualitative interviews were used as measuring methods. The data collection instruments, methods, timetables as well as findings are presented in the following and are provided in the Annex:</p> <p><b>Questionnaire:</b></p> <p>The following data were collected by questionnaire:</p> <ul style="list-style-type: none"> <li>- socio-demographic data (country of birth, mother tongue, children, school education, work situation...)</li> <li>- weight and body-related data (body weight, height, BMI..)</li> <li>- medical data (current diseases and ailments, medication, allergies, coronary risk factors)</li> <li>- individual eating habits (questionnaire on the health behaviour, FEG, Dlugosch &amp; Krieger, 1995)</li> <li>- psychological factors of the eating behaviour (FEG, Dlugosch &amp; Krieger, 1995)</li> <li>- individual exercise habits (FEG, Dlugosch &amp; Krieger, 1995)</li> <li>- subjective level of information about healthy food</li> <li>- personal goals/ desire to change nutritional and exercise habits (FEG, Dlugosch &amp; Krieger, 1995)</li> <li>- previous barriers (FEG, Dlugosch &amp; Krieger, 1995)</li> <li>- mental wellbeing</li> <li>- satisfaction with the own body (questionnaire on assessment of one's own body, scale 1 (4-factor solution), Strauß und Richter-Appelt, 1996)</li> <li>- physical health</li> <li>- mental health</li> <li>- scale for evaluation the course programmes</li> </ul> <p><u>Time and method:</u></p> <p>The survey was conducted at three different points in time:</p> <ul style="list-style-type: none"> <li>- before the beginning of course in an in-depth screening and counselling</li> </ul>

## ANNEX

	<p>session,</p> <ul style="list-style-type: none"> <li>- after the end of the course or the end of the last course unit,</li> <li>- 3 to 6 months after the end of the course to measure long-term effects.</li> </ul> <p>To obtain answers to the questionnaire from non-German speaking participants, it proved useful to conduct interviews (if possible).</p> <p><b>Interviews:</b></p> <p>The main concern of evaluation was not only to collect quantitative data but also the continuous measurement of the participants' level of satisfaction with the course programme. Participatory involvement and "co-determination" were ensured on an ongoing basis by conducting qualitative surveys of the sentiment.</p> <p><u>Time and method:</u></p> <ul style="list-style-type: none"> <li>- 6 weeks after the beginning (approx. in the middle of the course) to measure satisfaction with the present development and to make adjustments, if still possible.</li> </ul> <p>Per course 2-3 participants were interviewed, i.e. 6 to 9 women per course cycle (about 3 German-speaking women, 3 Turkish-speaking and 3 Bosnian/Croatian/Serbian-speaking participants). The interviews were held in the mother tongue and were then translated.</p> <p><b>Heart Card:</b></p> <p>Every participant received a personal "Heart Card" with the following data:</p> <ul style="list-style-type: none"> <li>❖ attendance of the exercise programmes selected</li> <li>❖ body weight, BMI</li> <li>❖ waist circumference</li> <li>❖ blood pressure</li> <li>❖ blood sugar</li> <li>❖ total cholesterol/ HDL cholesterol, LDL cholesterol</li> <li>❖ values after 1 months</li> <li>❖ values after 3 months</li> <li>❖ values after 6 months</li> </ul> <p>When the Heart Cards were given to the participants, they were asked to fill them in and return them after the course end to the project team for data collection. Unfortunately this approach of independent checks and documentation was not viable. The number of Heart Cards filled in was not sufficient for statistically relevant evaluation.</p>
<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<b>Outcomes</b>
	The project "To your heart's content – women from Favoriten live healthy lives" can be considered a highly successful intervention project to prevent socially disadvantaged women from developing cardio-vascular diseases. The sensitisation

## ANNEX

	<p>and information campaign as well as the women’s health promotion programme progressed optimally. The concept tailored to women’s needs, e.g. programmes close to the place of living, timetable convenient for women, childcare facilities, one-stop-shop approach, participation and empowerment proved successful.</p> <p>During the project period almost 10,000 contacts to women of the target group were established – 253 women participated in the “heart” of the project, the long-term course programme “Living to your heart’s content”.</p> <p>In the course of the project, recommendations for promoting the health of socially disadvantaged women were developed, which may be applied also to future projects for this target group.</p>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	<p>The women-oriented, target-group specific and all-inclusive approach of the project has proven useful and invalidates the often cited difficulty in reaching this target group. Our participants, in particular the migrants, showed great interest in health promotion and high motivation. Adequate health promotion for the target group of socially disadvantaged women is possible – but only under certain conditions. The experience gained in the project “To your heart’s content – women from Favoriten live healthy lives” resulted in recommendations for the work with socially disadvantaged women. This guidelines should and may be used as a basis for similar projects.</p> <p>The recommendations covers the following areas:</p> <ul style="list-style-type: none"> <li>■ planning adjusted to women’s needs</li> <li>■ programme embedded in every-day life (no additional stress)</li> <li>■ using confidants as mediators</li> <li>■ all-inclusive, integrated programmes</li> <li>■ visiting, decentralised offers</li> <li>■ building on the available knowledge</li> <li>■ free or low-cost</li> <li>■ participatory</li> <li>■ empowerment</li> <li>■ safeguarding continuity</li> <li>■ realistic objectives</li> <li>■ realistic resource planning</li> <li>■ social character (group offers)</li> <li>■ not stigmatised setting (nursery, school, company)</li> </ul> <p>However, experience has also shown that long-term interventions are required to bring about changes in lifestyles which are to be sustainable. Especially when working with socially disadvantaged women, “self-organisation” – which is often desirable in the context of sustainability – is very difficult to achieve.</p> <p>The project concept of “To your heart’s content” was tailored to women with weight problems or overweight women. In the course of project implementation, it became clear that a high percentage of the participants with a BMI &gt; 30 had to be classified</p>

## ANNEX

	as obese. Specific long-term intervention is required, which is addressed in the follow-up project “To your heart’s content – living life lighter”.
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	<p>The application filed for the new project “To your heart’s content – living life lighter“ builds on the experience of the preceding projects but has a significantly different target group. On the one hand, in this project only women with manifest obesity (i.e. BMI &gt;30) are to be addressed; on the other hand, significant overweight girls are for the first time selected as a target group as no health-promoting programme had been conducted in this field in Vienna in the past. As in the two recent projects, female migrants are to be targeted due to the evident high prevalence of obesity.</p> <p>The demand for the project “To your heart’s content” has finally shown that in Vienna there is a great need for easily accessible exercise and group programmes tailored to the target group of socially disadvantaged women. These women are aware of and interested in health – but now it is the turn of the players to offer support and to enable them to long-term changes of their lifestyles.</p>
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>

## ANNEX

Name of Measure	Member State
"... but healthy despite everything!"	Austria
End Purpose of the Measure	
<p>The objective is to promote the health of adults and families at risk of poverty or affected by poverty. Access to the target group is provided through the staff of 3 large social institutions (family services, debtor counselling), who maintain personal-professional contacts with this group.</p> <p>A health-related resource-risk questionnaire was developed and distributed. Its aim is to explore the health attitudes and health behaviour of all participants and to investigate the causes of the generally presumed difficult accessibility of the target group with a low socio-economic status. At the same time the questionnaire serves as an evaluation tool to assess the effectiveness of the interventions made.</p> <p>Interventions take place both in individual and group settings to achieve wider use of existing health care institutions as well as behavioural changes to reduce stress and improve nutrition and exercise. The interventions address the health behaviour of adults but also the health-related behaviour of adults towards children; they are adjusted to the socio-economic status of the target group.</p>	
Main Results in summary	
There are no results regarding the effectiveness of the interventions. (Evaluation in late 2008)	
Targeted Beneficiaries	Policy Focus
General Population <input type="checkbox"/>	Social Exclusion <input checked="" type="checkbox"/>
Children <input checked="" type="checkbox"/>	Healthcare <input checked="" type="checkbox"/>
Single-parent Families <input checked="" type="checkbox"/>	Long-term Care <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Governance <input type="checkbox"/>
Older People <input type="checkbox"/>	
Young People <input type="checkbox"/>	
People with disabilities <input type="checkbox"/>	
Immigrants / Refugees <input type="checkbox"/>	
	Geographical Scope
	National <input type="checkbox"/>

## ANNEX

Ethnic Minorities <input type="checkbox"/> Homeless <input type="checkbox"/> Specific Illness/disease <input type="checkbox"/> Other [Please specify:] <input type="checkbox"/> socio-economically   disadvan- taged persons	Regional <input checked="" type="checkbox"/>  <div style="background-color: #cccccc; padding: 2px;"><b>Implementing Body</b></div> IfS-Familienarbeit gemn. GmbH																		
<b>Context/Background to the Initiative</b>																			
<p>Poverty makes ill and leads to a chain reaction affecting health:</p> <p>poor people die about 7 years earlier, suffer more frequently from severe diseases, have more accidents, etc. In a special setting, the target group of poor persons or those at risk of poverty is to be reached. Social institutions having face-to-face contacts to economically and socially disadvantaged persons in the framework of routine counselling offer additional health promotion services to their clients.</p>																			
<b>Details of the Initiative</b>																			
<b>1. What is/was the timescale for implementing the initiative?</b>																			
	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">2003</td><td>planning</td></tr> <tr><td>3/2004</td><td>start</td></tr> <tr><td>3/2004 - 9/2004</td><td>development of questionnaires</td></tr> <tr><td>10/2004 – 9/2005</td><td>interventions, year 1</td></tr> <tr><td>12/2005</td><td>interim evaluation</td></tr> <tr><td>10/2005 – 9/2006</td><td>interventions, year 2</td></tr> <tr><td>10/2006 – 9/2007</td><td>interventions, year 3</td></tr> <tr><td>12/2007</td><td>final evaluation</td></tr> <tr><td>2/2008</td><td>end</td></tr> </table>	2003	planning	3/2004	start	3/2004 - 9/2004	development of questionnaires	10/2004 – 9/2005	interventions, year 1	12/2005	interim evaluation	10/2005 – 9/2006	interventions, year 2	10/2006 – 9/2007	interventions, year 3	12/2007	final evaluation	2/2008	end
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12/2007	final evaluation																		
2/2008	end																		
<b>2. Specific Objectives</b>																			
	<p>Areas of intervention:</p> <ul style="list-style-type: none"> <li>• motivation to undergo preventive health check-ups</li> <li>• increased use of preventive services for children (Mother-Child Card, parents' counselling, etc.)</li> <li>• action by the parents as a result of medical examinations at school and nurseries</li> <li>• improving the nutritional and exercise behaviour of adults and children</li> <li>• reducing addictive behaviour</li> </ul>																		



## ANNEX

	<ul style="list-style-type: none"> <li>• learning stress management techniques</li> </ul>
<b>3.</b>	<b>How did the initiative address these objectives?</b>
	<p>2 methods of intervention:</p> <p>1) Individual health-promoting interventions for adults by talking, encouragement and support in realisation</p> <p>2) Health-promoting interventions in groups</p> <ul style="list-style-type: none"> <li>• adult groups addressing existential stress (3 groups)</li> <li>• family groups (4 groups)</li> <li>• social-pedagogical all-year-round group with young people (9 groups)</li> </ul>
<b>Monitoring and Evaluation</b>	
	<b>How is/was the measure monitored/evaluated?</b>
	<p>The “St. Gallen University of Technology and Social Affairs” (Fachhochschule für Technik und Soziales St. Gallen“) is in charge of the ongoing evaluation of the project.</p> <p>Questionnaire 1 – interventions (5-10 months) – questionnaire 2 – questionnaire 3 (follow-up study 6 months after completion of the interventions)</p>
<b>Outcomes</b>	
<b>1.</b>	<b>To what extent have the specific objectives been met?</b>
	<p>As the data have not yet been evaluated, the success of the interventions may be assessed only at the end of 2008.</p> <p>However, there are first results regarding the composition and health parameters of the target group.</p> <p>A first evaluation of about 350 questionnaires led to the following results:</p> <ul style="list-style-type: none"> <li>• Almost two thirds of the target group reached have debts exceeding 30,000 € and experience existential fear.</li> <li>• 75% of those surveyed felt strong existential fear and anxiety about the future: financial crises (80%), change of housing (40%), loss of job (36%). Almost 40% of the participants were exposed to three or more critical</li> </ul>

## ANNEX

	<p>events at a time.</p> <ul style="list-style-type: none"> <li>• While 80% of the Austrians consider themselves “(very) healthy”, this statement is made by only 50% of those surveyed.</li> <li>• 11% assess their state of health even as “(very) bad” – this is double the number of those in the average population.</li> <li>• The participants smoke twice as often as the average inhabitants of the Land.</li> <li>• Even the social stratum surveyed has a clear knowledge on how to live a healthier life and awareness of not being at the mercy of fate. But obviously the knowledge is not translated into a healthy behaviour.</li> </ul>
<b>2.</b>	<b>What obstacles/risks were faced in implementing the initiative?</b>
	The staff participating found it sometimes difficult to cope with the combination of health-related interventions and routine counselling interventions.
<b>3.</b>	<b>How were these obstacles and risks addressed?</b>
	Support of the staff by frequent case discussions and supervision
<b>4.</b>	<b>Were there any unexpected benefits or weaknesses?</b>
	The about 60 staff members in the three social institutions participating were highly sensitised to health-relevant aspects arising in their own institutions and their future work in the standard counselling setting.