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**National Report**  
**on the Implementation**  
**of the Madrid International Plan of Action**  
**on Ageing in the ECE-Region (MIPAA/RIS)**

**Austria**

April 2007

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## Introduction

The report of the United Nations Secretary-General to the Commission for Social Development on the modalities for the review and appraisal of MIPAA (E/CN.5/2006/2) considers most relevant for countries to share information, experiences and good practices, draw conclusions and set priorities for future cooperation and technical assistance **primarily at regional-level review and appraisal exercises** organized by the regional commissions. It is expected that the regional commissions will elaborate concrete plans for conducting the review and appraisal exercises and convene regional conferences on MIPAA review and appraisal in 2007. The secretariat of the United Nations Economic Commission for Europe (UNECE) is engaged in this work, receiving support from the European Centre Vienna and from the Task Force for Monitoring MIPAA/RIS. The Government of Spain has proposed to host the Conference on Ageing in the UNECE region in autumn 2007.

The present guidelines are designed to assist Member States in reporting on the national follow-up to the UNECE Regional Implementation Strategy (RIS) of MIPAA. They are meant for national focal points on ageing and all the others involved in writing the report on the review and appraisal of national follow-up to MIPAA/RIS. It is hoped that the report outline provided in this document would help the focal point on ageing to organize existing as well as newly collected material into a concise report. The harmonised structure of country reports is also helpful for summarising ageing related developments across the region and for exchanging experiences between Member States. Information provided through these reports would form the basis for discussions at the 2007 UNECE Conference on Ageing.

It is suggested that the length of the report is 6000 to 8000 words (excluding annexes), including an abstract of 700-1100 words. **The deadline for submitting this report to the UNECE is 16 April 2007.**

For additional background information, you are referred to the following documents available through our website <http://www.unece.org/pau>:

- *Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing*  
[http://unece.org/pau/age/berlin2002/docs/berl\\_ris\\_rev\\_e.pdf](http://unece.org/pau/age/berlin2002/docs/berl_ris_rev_e.pdf)
- *Berlin Ministerial Declaration – A Society for All Ages in the UNECE Region*  
[http://www.monitoringris.org/documents/norm\\_reg/berl\\_md\\_e.pdf](http://www.monitoringris.org/documents/norm_reg/berl_md_e.pdf)
- *Guidelines for the review and appraisal of MIPAA*  
[http://www.monitoringris.org/documents/imp\\_glob/Guidelines\\_draft\\_final\\_June.pdf](http://www.monitoringris.org/documents/imp_glob/Guidelines_draft_final_June.pdf)
- *Note on the UNECE Conference on Ageing*  
<http://www.unece.org/pau/age/focalpointmeeting/Note2007UNECEConferenceonAgeing.pdf>
- *Implementation of the Madrid International Plan of Action on Ageing in the UNECE Region*  
[http://unece.org/pau/age/focalpointmeeting/summary\\_report\\_questionnaires.pdf](http://unece.org/pau/age/focalpointmeeting/summary_report_questionnaires.pdf)

## **Outline of the Report on the Follow-Up to the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in [country]**

### **ABSTRACT**

Please provide an abstract of 700 - 1100 words (depending on the number of priority areas chosen) according to the structure below.

*Methodology used for this report, in particular the explanation of bottom-up participatory approach used (about 100 words)*

*Review and analysis of national progress in fulfilling the commitments of the RIS (about 200 words for each priority commitment; about 300 words in total for the remaining commitments)*

*Conclusion (about 100 words)*

### **Methodology used, bottom-up participatory approach used:**

This report is based on information received in response to a questionnaire sent out to 150 institutions e.g. NGOs, major senior citizens' organisations, small self-help groups, service providers, research institutes, the social partners (employers' and employees' organisations) local, provincial and national administrations concerned with ageing policies. This questionnaire had the additional effect of raising awareness for the implementation of MIPAA in the ECE Region.

Furthermore, a stakeholder meeting was called to evaluate the first draft of the Austrian report as well as its conclusions and outlook. The suggestions coming from participants of this meeting (from senior citizens' organisations, academia, service providers and other ministries) were taken on board.

### **Mainstreaming Ageing:**

Ageing policy is more and more understood as a cross-sectoral issue; demographic change and ageing are also seen as an issue in other policy fields (e.g. budget, economic, labour market, and infrastructure, social, family and health policies).

Raising awareness of the effects of population ageing additionally leads to a more differentiated view of the senior population: from the concept of older persons being poor, frail and needing care to an understanding that older persons are different and are, to a very large extent, active and participating members of society.

The media are increasingly presenting longer life expectancy as something positive, showing 50+ consumers who are active and healthy.

Age discrimination is prohibited according to the European Union guidelines on equal treatment.

### **To Ensure Full Integration and Participation of Older Persons in Society**

Participation of older persons in decisions concerning them is regulated by law in Austria and is promoted by funding information, counselling and the services of senior citizens' organisations.

Participation in decision making at the national level is guaranteed by the National Senior Citizens' Council, as the umbrella organisation of senior citizens' organisations since 2000 and by the National Senior Citizens' Advisory Board at the Federal Ministry of Social Affairs and Consumer Protection.

Another important part of participative policy is the concentration on accessibility for older persons and persons with disabilities in infrastructure and housing policies.

Participation in society is reflected in the wide range of voluntary activities carried out by older persons. To enhance this active contribution to society as a whole, the Austrian Government promotes and financially supports voluntary activities by all age groups, thus promoting intergenerational activities.

It can be stated that there is a high level of intergenerational solidarity in Austria: realized in intrafamilial support from the older family members for the young and vice versa as well as mutual appreciation within society.

### **To Promote Equitable and Sustainable Economic Growth**

GDP growth increased from 2.4% in 2004 to 3.1% according to the forecast for 2006. The total employment rate stood at 68.6% in 2005 (75.4% for men and 62% for women), well above EU average. In spite of recent increases, the employment rate of older workers at 31.8% in 2005 (41.3% for men and 22.9% for women) remains among the lowest in the EU.

The unemployment rate increased to 5.2% in 2005 (4.9% for men and 5.5% for women), affecting young people in particular (10.3%). In 2006, unemployment fell slightly. The long-term unemployment rate stood at 1.3% in 2005.

The at-risk-of-poverty rate was 12% in 2004, with a higher risk for women, elderly people, children, people with disabilities and immigrants. People aged 65+ have a living standard, as measured by average income, which is close to that of the population between 0-64.

### **To Adjust Social Protection Systems**

In 2004, the social protection systems (including old-age pensions) substantially reduced the overall at risk-of-poverty (from 43% to 12%).

Social protection expenditure, as a percentage of GDP, has increased since 2000 reaching 29.1% in 2004 (old age and survivors' pensions 48.2%, health 25%). Life expectancy at birth (76.4 years for men and 82.2 years for women in 2004) is above the EU average. It increased by 3.1 and 2.3 years in the last decade (from 73.3 and 79.9 in 1995). Healthy life expectancy (66.2 for men and 69.6 for women – Eurostat estimates for 2003) is also above the EU average.

With the pension reform 2004 Austria harmonised the pension systems by introducing a uniform pension law for all occupations for persons aged under 50. This pension reform leads to a much stronger link between contributions and benefits, including a "bonus/penalty" system for deferred and earlier retirement, and a switch in the indexation of pensions to consumer prices as of 2006.

The new government has since revised this reform in order to mitigate cases of hardship.

### **To Enable Labour Markets to Respond to the Economic and Social Consequences of Population Ageing**

Between 2002 and 06 a wide variety of measures aiming at the promotion of older people's (re-)integration into the labour market were undertaken, ranging from substantial reductions of ancillary wage costs to active support of integration through qualification measures.

In addition, there are incentives for a reduction of working hours for older employees, such as partial wage compensation and maintenance of their social insurance contributions at the level of their former standard working hours.

Specific qualification programmes for older employees are offered by the public employment service. The very low level of participation in the labour market of older people requires – particularly when viewed in the context of reforms in the pensions sector – further intensive efforts and measures in order to raise the awareness of the high productivity of older employees in the economy and society, and to break down existing prejudices.

### **To Promote Life-Long Learning and Adapt the Educational System**

While the rate of participation in continuous lifelong learning is above EU average at 14% (Eurostat 2005), that of individuals with no more than compulsory schooling is two thirds below the average (4%). Reform measures are targeted towards the qualification and integration of young people, many of whom come from migrant families, as well as towards the (re)integration of older persons into the labour market.

Austrian activities addressed towards adults should be seen against the background of the Communication of the European Union on Lifelong Learning as well as the 'active ageing' approach of the World Health Organization. Many of them have been initiated in the form of successful EU projects.

### **To Strive to Ensure Quality of Life and Maintain Independent Living**

Prevention as a life course approach promotes quality of life: the main emphasis here is on initiatives and campaigns to promote a healthy lifestyle, to avoid accidents and to promote health in the workplace.

The differentiated long term care system which was already introduced at the start of the 1990s (please refer to details on long-term care benefit and the health care system in the Annex) has been continuously further developed in the last five years, whereby quality assurance both in care at home as well as in institutions (Residential Home Contracts Act and Accommodation in Residential Homes Act, development of a national quality certificate for homes) has proved to be an important focus.

As 80 % of all people requiring care in Austria are looked after at home by family members, the support of these informal carers is a further priority alongside the development of mobile services and day centres and the further professionalisation of nursing and care personnel. All of this is to be carried out in cooperation between the Federal Government, the Laender and local authorities.

In addition, quality of life is maintained in case of illness and chronic pain via the further implementation of inpatient acute geriatrics/geriatric rehabilitation and the nationwide development of hospice- and palliative care.

### **To Mainstream a Gender Approach**

Research results on the situation of older women in Austria (part of EU projects on equal chances for older women, and on the living situation of older women in 12 EU Member States) showed that there were still important gaps in this area of research. Consequently, the Federal Ministry for Social Affairs ordered an expertise on “gender mainstreaming in ageing policy” in 2006 – the results will help to provide the basis for a more comprehensive implementation of gender mainstreaming in the field of ageing policies.

In the field of specific policies between 2002 and 2006, progress was made in retirement income provision via the award and the revaluation of pension credits for periods spent bringing up children as well as the possibility of voluntary pension splitting between partners. However, these measures will only take effect in the future as they relate to women who are currently still in employment.

### **To Support Families that Provide Care for Older Persons**

Respite care is offered and there are new legal measures to improve the social protection of informal carers – thus helping in particular the large number of women assuming the care for dependent family members.

Family hospice leave as a measure to improve the reconciliation of family life and work enables family members to be highly involved in providing care during the last phase of the lives of their relatives and loved ones.

The recently introduced care counselling at home, which is financed by public funding, eases the burden on families, as do the training and support of family members offered by charitable organisations and the differentiated structure of long-term care benefit.

There are publicly-funded counselling and support programmes which are particularly addressed towards elderly people suffering from dementia and their overburdened relatives.

### **Promotion of the Implementation of RIS through Regional Cooperation**

In accordance with the Memorandum of Understanding agreed in 2004 between the UNECE Executive Secretary and the Republic of Austria, providing technical support to the follow-up process through the international exchange of experiences, the collection of data, research and analysis within the framework of the Task Force Monitoring RIS.

The ongoing efforts with regard to networking are documented and made accessible to all interested parties on the website [www.monitoringris.org](http://www.monitoringris.org), which is supported by Austria and implemented by the European Centre for Welfare Policy and Social Research in Vienna.

The Austrian Government actively supports and partially finances participation of NGO representatives in activities linked to the follow-up of MIPAA and RIS. Furthermore, the large number of European (EU-funded) projects with Austrian participation promote international collaboration and the exchange of knowledge and experience at all levels: academia, NGOs, service providers, and local communities.

Austria has additionally supported projects in UNECE member states in the last five years: Policy development for persons who are at particular risk of exclusion and marginalisation, including elderly people in Russia, German courses for children and senior citizens in Slovenia and mobile services for socially disadvantaged people in the Ukraine whose mobility is restricted.

## 0. General Information

This introductory chapter should contain general information about the Member State that is submitting the report, in particular:

*Country name*

AUSTRIA

*Name of and information about the author(s) of the report*

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*Name of official focal point on ageing and contact details*

Dr. Erika Winkler

*Name, reference, and date of adoption or status of preparation of national strategy, action plan or similar policy document on ageing (please attach relevant documents in the annex).*

Dr. Elisabeth Hechl, in preparation



# 1. Situation, Activities and Priorities Related to Ageing

## a) *National ageing situation*

This first chapter includes an overview of the national ageing situation with respect to demographic, social, economic and political developments.

One of the key objectives of the reports is to allow Member States share good practices and different approaches to similar challenges and opportunities related to the ageing of their societies, deeply understanding the different contexts in which the latter evolves. Therefore, this chapter may consist of the following sections:

- *Presentation of **demographic indicators** that could help better understand the country's development regarding the issues discussed.*
- *Presentation of key quantitative social and **economic indicators** and features that may help to put into focus the issues treated and ease quantitative analyses.*
- *Brief description of the **social and political situation**, which may help to understand in which context ageing related issues are dealt with in your country*

### **Demographic situation**

On average in 2005, a total of 1,317,707 (16.0%) under 15 year-olds, 5,108,259 persons or 62.0% of working age (aged 15 to 59) and 1,807,340 persons (22.0%) of retirement age (60 and over) lived in Austria. If working age is limited to those aged between 15 and 64, the number of persons in this age group was 5,577,212 (67.7%) and that of those aged 65 and older was 1,338,387 (16.3%).

Both the number and the proportion of elderly people have risen. Compared to 2001, there were around 106,000 more people aged 60 and above in Austria in 2005; the proportion increased by 0.8 percentage points in this period.

### **Future trends: changes in specific age groups (2005-2030):**

The group of the 'younger elderly' between the ages of 65 and 79 will grow considerably. They have already retired, but due to the affluence they have achieved and their clearly improved state of health in comparison to earlier generations, they constitute an increasingly significant economic target group. As early as 2010, there will be 1.07 million younger senior citizens, 8.5% more than in 2005 (984,000), and in 2020 there will be around 23% more (1.21 million). By the year 2030, their number will increase to 1.48 million (+51% compared to 2005). After that, further growth has to be expected.

The number of old and very old persons (age group 80 and over) will be subjected to the strongest increases in the forecast period. This growth is caused by the continuous increase in life expectancy and the high birth rates around 1940 and 1960, but also the ageing of generations of men whose numbers were not reduced by war. As early as 2010, a total of 397,000 persons aged over 80 will live in Austria, 12% more than in 2005 (354,000). By 2020, their number will have risen to 463,000, a plus of 31%. In 2030, the number of old and very old people at 595,000 will already be two thirds larger than it was in 2005 (+68%). In comparison, the proportion of the population over 80 in 1975 was only half as large as that in 2005.

See diagram in Annex I

## **Economic and political situation**

Although it is very small both in a geographical sense and in terms of its population, Austria is at the same time the fifth-richest country within the EU on the basis of purchasing power parities per capita (source: WIFO - Austrian Institute for Economic Research).

In a larger international context, Austria also ranked 12 in a comparison between 21 industrial countries analysed.

In an index which compared increases in growth and employment, Austria ranked eighth. In particular, the average unemployment level of 4.4 % was rated as 'very good', as were the low numbers of long-term unemployed and the low rate of youth unemployment. (Ranking of Business Locations in 2004 by the Bertelsmann Foundation).

In Austria, as in most of the EU-15 states, the first five years of this decade were characterised by below-average economic growth in comparison to long-term figures.

The reporting period (2002-06) was also notable for the fundamental reforms carried out according to EU specifications (particularly the Maastricht criteria and the Lisbon Strategy). Austria was governed during this period by a coalition between the (christian-democrat) People's Party ÖVP and the right-wing Freedom Party/BZÖ. A new element was the attempt by governing politicians to cut back the traditionally high level of influence of the social partners, and instead to let a commission of experts draw up the structure of reforms.

In parliamentary elections in October 2006, the Social Democrats won a relative majority and in February 2007 formed a grand coalition with the People's Party under the leadership of a Social Democrat Chancellor.

The unemployment rate increased from 3.6% in the year 2000 to 5.2% in 2005 (women: 5.5%, men: 4.9%), while the employment rate rose from 68.5% to 68.6%. In the case of women, there was an increase from 59.6% to 62%, while the male employment rate fell from 77.3% to 75.4%. Unemployment in 2005 was considerably lower than on average for the EU-25 (8.8%), as was the employment rate (63.8%). (figures from EUROSTAT)

Increased participation and more stable integration of women in the labour market is recognisable, as is a reduction in gender-specific wage differences (the average gross hourly rate for women as a proportion of that of men is 82%, SILC 2004). However, female employment is concentrated in part-time work and in the services sector.

A challenge is the employment rate for older workers: it increased to 31.8% in 2005 from 28.8% in 2004, but remains one of the lowest in the EU. (women 22.9%, men 41.3%).

The statutory retirement ages are currently 65 (men) and 60 (women), but the actual retirement age has developed as follows: after reaching a low in 1996 it has since been rising again; the average retirement age for men in 2004 was thus 54.5 in the case of invalidity and 62.8 for old-age pensions; for women it was 51 in the case of invalidity and 59.5 for old-age pensions.

Austria has taken the following measures since 2006 as part of the European Strategy for Social Inclusion:

### **Prevention of the risk of poverty**

Welfare state transfers (including pensions) and the delivery of social and healthcare services are the main pillars upon which social cohesion in Austria rests. They reduce income poverty among the population by more than two thirds from 42% to 13% (for

households without retirement income from 30% to 12%) (SILC 2004). Moreover, they are indispensable in situations where help is needed for people in distress and especially for more vulnerable groups to improve their chances of social inclusion.

The objective is to ensure sustainability of the welfare state and its pillars, make delivery more efficient and effective and align such delivery with future demographic, social and economic developments.

Austria's strategic objectives are in conformity with the three overarching objectives of the Open Method of Coordination (OMC) of the European Union, i.e. to promote:

- a. social cohesion, equality between men and women and equal opportunities for all through adequate and financially sustainable social protection systems and social inclusion policies;
- b. better interaction of economic, employment, social and sustainable development policies;
- c. the involvement of stakeholders in the design, implementation and evaluation of policy objectives.

Therefore the following overarching messages were developed for **Austria** in the **National Report on Strategies for Social Protection and Social Inclusion 2006 – 2008** in the context of the Open Method of Coordination at European Level:

### **Prevention of the Intergenerational Transmission of Poverty**

As a rule, poverty and social exclusion at adult age are consequences of disadvantages and discrimination suffered in childhood. The objective is to reduce by one third the poverty risk of families with children from currently 15% to 10% and further improve the development opportunities of disadvantaged children and youth within the next ten years. This is intended to break the vicious circle of poverty and social exclusion being passed down from one generation to the next, from parents to children.

### **Labour Market Opportunities for Disadvantaged Groups**

Within the framework of the federal government's job initiative called Unternehmen Arbeitsplatz an additional € 204 million (€ 285 million in total for 2006/2007) will be made available to the public employment service for labour market policies. With a record budget of € 1,772 million 133% more funds than in 1999 will be spent on the fight against unemployment.

Alongside the programmes planned by the public employment service, this initiative should help enrol an additional 61,000 individuals in training and job schemes. It is primarily targeted on groups that run higher poverty risks.

With this special initiative the federal government aims to sustain the current positive development in the labour market also in the years to come, raise the employment rate from 68.6% in 2005 to 70% (EU objective) prior to 2010, and further reduce unemployment.

### **Improving the Social and Economic Inclusion of Individuals with Physical, Psychological and Mental Disabilities**

The key objective of the Austrian government's disability policy is to create the kind of framework necessary to provide chances to disabled people which hardly differ from those provided to non-disabled people. People with disabilities should have the opportunity to attend kindergarten, school and training establishments together with non-disabled children and adolescents. As a rule, employment promotion should focus on the primary labour market. Even severely disabled individuals should be offered employment alternatives. Participation in public life should be made possible by providing a non-discriminatory infrastructure. Additional funds are made available to achieve these aims.

### **Greater Employment Participation Ensures the Financial Sustainability of Social Protection Systems**

As well as policies to improve people's financial situation and social inclusion, enhancing labour market participation is a major contribution towards ensuring the financial sustainability of social protection systems. The pension reforms introduced between 2000 and 2004 raised the statutory retirement age and changed pension levels by extending the active career period across which such levels are computed.

Projections made for ECOFIN show that, in spite of the expected massive ageing of society, greater labour market participation and welfare state system reforms will result in only slight increases in the percentage share of welfare state spending of one percentage point between 2004 and 2030.

An update of this report is foreseen for September 2007.

### **Additional major reforms of social policy 2002-2006 and their budgetary background**

With the help of far-reaching reform measures, Austria has taken decisive steps in the last few years to ensure the long-term financing of the pension systems and to reform the structure of the health care system. (For details please see chapter 4, commitments 4, 5 and 7)

If the other public systems apart from pensions which are most affected by demographic developments are also taken into account (health, long-term care, education), this results –according to ECOFIN projections – in only a minor increase in the proportion of GDP used for this expenditure (from 24.4% in 2004 to 25.4% in 2030).

Overall, the focus of macroeconomic policy in Austria in the last five years was the creation of a transparent and sustainable framework in line with the economic situation, as a prerequisite and support for an effective growth and employment strategy which also emphasised the importance of not conducting politics at the cost of future generations.

You are invited to use the indicators developed in the European Centre Vienna [MA:IMI](http://www.euro.centre.org/detail.php?xml_id=81) project ([http://www.euro.centre.org/detail.php?xml\\_id=81](http://www.euro.centre.org/detail.php?xml_id=81)) for the above descriptions.

#### ***b) Instrumental assessment***

This assessment should focus on **policies, laws and regulations** adopted and/or modified since the Berlin Conference (for instance, a new law on palliative care, etc.); on **programmes** established to adjust to demographic change (such as a new program for home care, etc.); on measures to adapt the **physical environment** (such as new housing or new transportation facilities for older persons); and on the allocation and rates of change per annum of **budgets** relevant for ageing related issues.

**Laws and Regulations:****Shared responsibilities between Federal Government and Laender**

Overall, the Austrian system of social protection, with regard to the distribution of legislative competence, is defined by a mixture of centralised and decentralised elements – however, benefits under the jurisdiction of the Federal Government prevail. The regional jurisdiction (Laender, local authorities and cities) covers part of the health care system, the housing system, the majority of the social services, childcare facilities and social assistance

**Health and Social Policy**

**2005** Reform of public health care (Health Care Reform Act) details in Kap 4, C. 5 and 7 as well as the Annex

**Pension reform** Pension Harmonisation Act, came into force in 2005, for details see chapter 4, commitment 4; part of the Austrian pensions strategy within the framework of the EU Pensions Strategy. Common objective: maintaining the financial sustainability of the pensions system while ensuring that pension levels are adequate

**Federal Long-Term Care System Details in Annex****Amendments on Federal Long-Term Care Act (BPGG 1993) 2002-06**

- Federal Office of the Care Ombudsman was created to be addressed with problems and complaints in the field of long-term care provision.
- Service supplementary to the care hotline: free visits to get counselling on issues of care at home, including a check for care aids.
- Favourable pension self-insurance option for relatives who provide care to a close relative

**Austrian Strategies for Social Protection and Social Inclusion 2006-2008** within the framework of the Lisbon strategy, more details in chapter 1a

**Austrian Strategy for Sustainable Development:**

- key objective 2: Opportunities for the empowerment of all generations. Designing the financing of family and social benefits, health services and pensions in accordance with the demographic development, and promotion of health.

- key objective 3: Gender equality. Implementation of gender mainstreaming and true equality of men and woman at work and in the family.

- key objective 4: Solutions through education and research. Exploiting the opportunities of the knowledge society through research, education and life-long learning.

**Labour Market Programmes 2005-07**

Action plan for the unemployed: targeted Re-integration of Older Unemployed People in the Labour Market + Special programmes targeted on women 2006-08, Details Kap. 4, C 4

**Disability Equality Package (government bill) 2005.**

which amongst other things includes the Federal Disability Equality Act (Bundesbehindertengleichstellungsgesetz), as well as amendments to the Disability Employment Act and the Federal Disability Act. The package entered into force 2006. One part is “time off” for caregiving relatives

In 2006 the Federal Disability Ombudsman also took up activities in counseling. Under the “disability billion” the LMS general budget was supplemented by special measures in an Employment campaign for people with disabilities.

### **Other ageing relevant policies/laws**

Federal Senior Citizens Act 2000, Details in Kap. 4, C. 2

Family Hospice leave 2002,

Federal Agreement on social care professions 2004 , Details Kap.4 c 7

### **Implementation of the “i2010”**

Development of Austria into an information society by 2010

- Reduction of the inhibitions of older people towards ICT, particularly via additional information and training offers for senior citizens.
- All of the websites operated by public authorities should be available in versions suitable for people with disabilities by the beginning of 2008.

### **Federal Act on Residential Home Contracts (Heimvertragsgesetz, 2004) and the Federal Act on Accommodation in Residential Homes**

(Heimaufenthaltsgesetz, 2005), have extended the scope of protection for residents of homes for the elderly and persons with disabilities

### **Sample Contract for Residential Homes (Musterheimvertrag) 2002, revised 2004**

(Included in the Federal Act on Residential Home, related to the Consumer Protection Act) Details chap. 4, commitment 2

### **Campaign Independent Living -> Senior Citizens` Safety Campaign**

Details chap 4, commitment 2, a-g

**Programme "Quality Assurance in Home Care"** launched in 2003: Certified health care workers and nurses captured data on specific care situations by means of a standardised questionnaire filled out in the course of home visits. Special attention was given to providing useful information to long-term care benefit recipients and their caregiving relatives.

As a meaningful approach to the statutory obligation of quality assurance, this procedure has been institutionalised

more programme-references see Annex

### **Social budgets – Survey**

In 2003, 29.5% of GDP was redistributed to public social and health schemes. This percentage was above the average of the EU-15 states.

Almost half of social expenditure (47%) is spent on pensions, long-term care allowances and long-term care institutions for the elderly, 25% on health care, 11% on family benefits, 9% on invalidity benefits and 6% on unemployment- and labour market benefits.

More details see Annex I

Over 70% of social expenditure is offered in the form of cash benefits.

Benefits under social insurance laws prevail in Austria. They amount to over 50% of social expenditure. However, during recent years their share was reduced in favour of universal benefits (mainly due to the following new benefits: long-term care allowance, tax credits for children and child care allowance).

### **Financing of social benefits**

As a whole, the social systems are financed by employers' contributions and subsidies from the state and regional authorities' budgets (each of which contribute more than one third), while more than a quarter is financed by contributions of the insured persons. In the past decade, the share paid by insured persons showed a slight increase, while that paid by employers and state fell slightly.

More Details in Annex

#### ***d) Identification of areas for in-depth evaluation***

*Based on the overview of the national ageing situation and the instrumental assessment, an identification of national priorities can be undertaken. These priorities reflect the main axes of intervention for your country and indicate which areas deserve an in-depth evaluation.*

In retrospect, an in-depth evaluation of the main focus of activities shows that the emphasis was on the implementation of the following obligations:

Commitment 2: Integration and participation of older persons

Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences

Commitment 5: Enabling labour markets to respond to the economic and social consequences of population ageing

Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well being

## 2. Methodology of In-Depth Evaluation of Identified Priorities

This chapter deals with the methodology for an in-depth evaluation of policy actions taken towards the implementation of MIPAA/RIS within the identified national priorities. It is suggested that both a quantitative and a qualitative approach be used for assessing the impact of policy actions.

**Quantitative information** can be taken from ongoing and new studies on ageing, both cross-sectional (assessing the impact of policies across several sectors) and longitudinal (observing a specific policy impact over a longer period of time).

**Qualitative information** can be obtained through a **bottom-up participatory approach**. Participatory approach refers to the involvement of older persons in assessing the impact of policy actions on the quality of their lives. This approach is flexible, as it can be adapted to country-specific challenges and opportunities.

This chapter should address interactions with the different stakeholders, such as ministries, NGOs, private sector, academia, older persons, and on how this contributed to the report. If applicable, the link of the review and appraisal of MIPAA/RIS to other established monitoring mechanisms in your country should be discussed here.

The national focal point on ageing is expected to organize the process of bottom-up participatory assessment. The focal point is encouraged to identify and engage one or more *facilitators* with the expertise of using a participatory methodology. Such facilitators could come from academia or non-governmental organizations for the participatory assessment.

Austria involved a total of 150 organisations in the preparatory work for the report, including most of the ministries, all the Laender, the representatives of the cities and local authorities, the major charitable organisations, the bodies representing employers and employees as well as the various older people's interest groups, but also research institutes, the Integration Fund and youth organisations).

Ms. Dayé as an expert on NGOs was invited to participate in the concrete drafting of the report (selection of main points of emphasis, analysis and structuring of the contributions and the inclusion of the points of view of civil society).

In addition, a panel of experts was assembled including one representative each from the stakeholder groups in order to discuss the priorities for Austria.

Methodology of In-Depth Evaluation of Identified Priorities:

The field of research continues to be one of the main points of emphasis, in the shape of the involvement of those affected, particularly in research and in EU projects

1. The situation of caregiving relatives, Austrian Health Institute (ÖBIG), 2004
2. Employees in mobile care services, Austrian Health Institute 2005
3. EQUAL project A.E.I.O.U. 2003 -05
4. Strategy of retaining older employees (Behaltemanagement), EURAG, MAGNA, 2005-07
5. Older people in companies, Austrian Workers' Chamber (Arbeiterkammer), 2006
6. Attitudes to ageing/ ageing policy, Austrian Institute for Demography, 2004



### 3. National Capacities for Follow-up to MIPAA/RIS

This chapter analyses to what extent national capacities exist to ensure national follow-up of the commitments made by your country in the MIPAA/RIS. Issues to be analyzed could include:

*a) institutional follow-up: what institutions are responsible for follow-up to MIPAA/RIS?*

The Federal Ministry of Social Affairs and Consumer Protection (BMSK), Dept. for Basic Policy on Senior Citizens, with the participation of seven other ministries, the nine provincial representatives on senior citizens' policy as well as individual specialist departments of the provincial governments.

*b) organizations of older persons: do national organizations of older people take part in the follow-up activities?*

Yes, they were invited to make statements and they presented their positions; the next stage is to draw up a Senior Citizens' Plan.

*c) educational, training and research activities on ageing: what activities on education, training and research are undertaken in your country with regard to ageing?*

Activities include training in education skills for older people ([www.zgb.at](http://www.zgb.at)); course of the Academy of Education for Older People; the Platform for Adult Education; Fit and Active, Kolland study; foundation of the Institute for Ageing in Economics at the Vienna University of Economics and Business Administration. For further studies related to ageing please see the chapter on research in the Annex

*d) data collection and analysis: does the available data and research allow getting an adequate picture on ageing related situation in your country?*

The situation with regard to data and research in areas relevant to ageing is basically good. For example, research is currently being carried out in the following fields:

- Gender mainstreaming in senior citizens' policy
- The learning needs of older people and the learning infrastructure they require
- Elderly Austrians and Voluntary Work
- The Cost to Employers of Informal Caregiving
- Old-Age Poverty in Vienna
- Socio Economic Status of Older People in Urban Europe

*e) mobilization of financial resources: what resources have been specifically dedicated to MIPAA/RIS follow-up?*

It is not possible to put a figure on the financing required for this at present, as extensive activities in various different areas are involved. The introduction of age-budgeting of a similar type to gender budgeting is being considered.

***f) independent and impartial monitoring of progress in implementation: what are the monitoring mechanisms in place for the review and appraisal of MIPAA/RIS?***

While the Senior Citizens' Plan is being drawn up (see commitment 2 on this), an evaluation of the measures implemented until now from the perspective of the older people affected is being carried out.

## 4. Review and Appraisal by Subject Area

This part of the report is expected to be organized along the lines of RIS commitments. Most of the commitments are divided into *themes* with guiding *questions* on each theme, aligned with the content of the corresponding RIS commitment.

You are expected to report on all commitments, while focusing on one or more national priorities selected for in-depth review in your country. Reporting on these priorities is expected to address all the guiding questions pertaining to that area of priority. In other areas, you are expected to provide at least some information about related activities or reflect on their absence. In other words, more detailed information and analysis are expected in reporting on the priority areas selected for in-depth review, while less detailed information is expected on all other areas.

The report is expected to include evidence of **results and outcomes** that the described measures, programmes or initiatives have achieved, especially in the areas chosen for in-depth evaluation.

The structure provided for this part of the report should be seen as a framework for presentation of pre-existing and newly collected information and its analysis. The questions under each commitment are formulated to assist you in selecting and presenting relevant information. You may also wish to add other observations, as appropriate, to supplement the themes (issues) mentioned under each commitment.

### ***RIS Commitment 1: Mainstreaming ageing***

This chapter analyzes whether and to what extent mainstreaming ageing is part of national priorities. It reveals whether ageing is included in development plans and policy strategies on the national, regional and local levels. This specifically refers to RIS Commitment 1, which intends to mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.

The analysis could focus on the following issues:

#### ***a) What are the areas in which ageing is mainstreamed and to what extent is this done?***

Mainstreaming ageing is being implemented in economic, labour market, budgetary and structural policies, as well as in social, family and health policies. Some catching up still has to be done in the field of education among others: there is still no university department specialising in geriatrics or gerontology in Austria, although courses in social work and social services at Fachhochschulen (new universities offering practically-oriented courses) offer lectures on specific aspects of ageing, and it is possible to take a degree course in Care Sciences.

#### ***b) coordinated and applied consistently?***

A coordination of the respective policy areas is being pursued by involving all the ministries, Laender, the Association of Cities and Towns and local authorities associations, the social partners including the Federal Senior Citizens' Advisory Council as well as civil society in planned legislation.

In the 2005 Health Reform, the planning, control and financing of all sectors, levels and subdivisions of health care provision including the interfaces to the care sector was introduced.

As early as 1993, the Federal Government and the Laender began to coordinate their activities on the basis of a constitutional declaration and a work programme on care, and have continued to do so regularly (in the Working Group on Long-Term Care Provision). However, the competencies at a local level are less clear, but they are to be revised in a planned reform of the federal state.

*c) What initiatives has your country taken to tackle age discrimination? Which results have these initiatives achieved?*

The three most recent EU directives on equal treatment were implemented in an amendment to the Federal Equal Treatment Act (Federal Law Gazette I No. 65/2004). This amendment provides for the extension of the principle of equal treatment to also apply to ageism, by means of the implementation of the anti-discrimination directives according to Art. 13 of the EC Treaty. This relates to equal treatment with regard to access to employment, vocational education, occupational advancement and working conditions.

Since 1 July 2004, the Ombudsperson for Equal Treatment has also been responsible for discrimination for reasons of ethnic origin, religion or ideology, for ageist reasons or sexual orientation in employment. An element of the programme of the new government (2007) is a reform of basic rights, which includes plans to adopt a guarantee against general ageist discrimination in the constitution.

In 2006, the Federal Ministry of Social Affairs and Consumer Protection (BMSK) supported preparations for the establishment of a monitoring and advisory office on age discrimination.

***RIS Commitment 2: Integration and participation of older persons***

The Member States have committed to further enhance the social, economic, political and cultural **participation** of older persons.

*The promotion of the political participation of older people, particularly older women  
The creation and support of structures/organisations which give older people a political voice  
Is there a national senior citizens' advisory council?*

Austrian Characteristics

- A traditionally high level of participation of older people
- Solidarity between the generations: The important contribution of the older generation
- Support of activities in civil society via public relations work and grants
- Promotion of life-long learning

A change of paradigms has taken place in Austria in recent years: instead of policies *for* senior citizens with narrowly defined areas of activity, today's senior citizens' policy is seen as policy created *with* senior citizens. This principle is actively implemented by means of the Austrian model of participation of older people. The first landmark step towards strengthening the opportunities of the older generation was taken with the Federal Senior Citizens Act in 1998, which among other things guarantees the financing of the information-, advisory- and care services of the major senior citizens' organisations. For every Austrian man over 60 and every Austrian woman over 55, the senior citizens' organisations receive 80 eurocents, which amounts to a total of EUR 1,609,015 per year.

At the national level, the Federal Senior Citizens' Advisory Council serves as an institutionalised discussion forum for senior citizens' issues which are of general Austrian significance between the political decision makers in the federal government, the Laender, cities/towns and municipalities and the representatives of the senior citizens' organisations.

In 2000 the next era started with the legal implementation of the Austrian Senior Citizens' Council as a statutory interest group for older people: As the umbrella organisation of the senior citizens' organisations it serves as the official representative of Austria's senior citizens. This council has the same rights as the legal representative bodies of employees, business people and farmers in all matters which affect older people in Austria.

Their right to participate as a fifth social partner is being pursued within the framework of the Federation of Austrian Social Insurance Institutions and the provincial committees of the 15 social insurance institutions. Currently they have an advisory status.

***Measures to recognise, promote and support the contributions of older people to society and to promote their participation in society, culture and the economy***

A central issue in Austrian senior citizens' policy is ensuring inter-generational solidarity by making the contribution of older generations more visible.

Two pieces of research on inter-generational solidarity in Austria, from 1998 and 2005, serve as a barometer for ensuring the cohesion of the generations both within families and in society. These studies clarified the nature of the material flows from the older to the younger generations: these flows consist of inheritances and sums given to grandchildren, looking after grandchildren and contributing their own skills and experience to resolving tasks which society faces. The research thus counteracted the prejudices towards older people spread by the media, where they are often portrayed as a burden for society who have to be supported by the younger generations.

Intergenerational solidarity is promoted, among other things, by special events and poster campaigns for the International Day of Older People, using the motto 'Safeguarding the Dialogue between the Generations', by supporting life-long learning with the aim of integrating older people into the knowledge society, via targeted projects and research work (study on inter-generational solidarity, see commitment 9), the Senior Citizen-Friendly Community Project – see below), by embodying the right of older people to have a share in decisions via the creation of the Federal Senior Citizens' Advisory Council and the Austrian Senior Citizens Council (see above).

In addition, the awareness of young people for the issues of ageing and generations is already being raised in government-supported pilot projects in schools (education about older people, story-line projects).

Older people have been invited to express their creative potential in numerous state-sponsored cultural initiatives (such as a theatre of generations, generations festivals, dancing for seniors, biography work, training of senior citizens as museum staff, senior citizens' radio etc.).

As part of a media campaign called 50+, a positive view of ageing was promoted and awareness raised for the contribution of older people to society. The campaign received considerable support from the BMSK and was carried out in cooperation with EURAG-Austria, various print media and the ORF (Austrian Broadcasting Company). The potential

of older people, and the role of senior citizens as an economic factor were central themes in the campaign, whose motto was '50+, the newest target group'.

The contribution of older people to society is also promoted and supported via a Programme of Action for Voluntary Work, which serves to improve the image of voluntary activities and the recognition they receive, and to create a better framework via legal protection and the development of placement structures. This is not restricted to senior citizens, which thus leads to a simultaneous strengthening of inter-generational cooperation.

Exchange projects for older voluntary workers between various ECE member states also receive financial support.

At a provincial level, various discounts for seniors are also offered in order to facilitate their participation in cultural, sporting or health-related activities, e.g. culture or leisure passes, seniors' taxis and the 'Initiative Hungry for Art and Culture'.

***Participation of older people in the economy: the right to have a say, participation as consumers:***

A representative of the Austrian Senior Citizens Council, the umbrella organisation of senior citizens' organisations, has been nominated as a member of the Product Safety Advisory Committee.

2004 Residential Home Contracts Act: Special protection provisions were established in the Consumer Protection Act for the residents of old people's and nursing homes; this includes an obligation on the part of the owner of the home to provide information on the range of services offered before a contract is signed, as well as the right of the resident to nominate a person of their confidence.

***Mechanisms to take the opinions of older people into account in the provision of services***

Interest groups and umbrella organisations in the fields of senior citizens and people with disabilities are involved in the discourse on the design, implementation, provision and evaluation of policy measures and programmes (e.g. within the framework of the appraisal procedure for planned legislation, but also in the longer-term planning of programmes). The provision of social services in Austria is the responsibility of the Laender. The establishment of consultation bodies on the provision of services is therefore also a provincial matter. In many Laender advisory committees on homes are prescribed by law; senior citizens' advisory committees at provincial and local authority levels are also involved in decision-making on the provision of services.

Furthermore, financial support is provided for educational projects which promote the right of older people to have a say, particularly older women (see also commitments 6 and 8).

***Policy measures and programmes to improve the residential and living situations of older people, particularly in rural areas. Access to and affordability of accommodation, health services and transport***

The trend in Austria is for older people to wish to stay as long as possible in their own homes rather than move to an old people's or nursing home. Senior citizen-orientated models are thus becoming increasingly widespread both in provincial support grants for the construction of residential buildings and in research.

Austria is also participating in the EU campaign “Ambient Assisted Living – AAL” for the provision of technology to support older people so that they can continue independent lives in the homes and surroundings which they are accustomed to. The development of assistive technologies is strongly orientated towards the needs of the users.

Since 2004, the European Commission has adopted a standardisation concept “Design for all” with the objective of developing or adapting national, European and international technical standards so that buildings and accommodation in particular have barrier-free access and can be constructed and designed so that they are suitable for use by people with disabilities. This applies to architecture and products. Standards committees also include representatives of the Consumer Council, in which representatives of senior citizens and people with disabilities also have a vote.

The competition ‘Senior-friendly Community’ awards prizes to local communities which have distinguished themselves by providing concrete support for older people, such as care projects, leisure activities, activities in the construction sector, computer training courses etc.

The Senior Safety Campaign initiated by the Austrian Senior Citizens Council promotes ways in which older people can avoid accidents in the home or during leisure activities.

For information on access to health services please also refer to commitments 4 and 7, for infrastructure (transport) see commitment 7.

Mobility is made affordable by a range of discounts on public transport (for all those over 60 or 65). Institutionalised price reductions such as discounts on public transport reduce the cost of living by around 20-25% and thus make a considerable contribution to participation.

***Measures to promote communities where older generations are integrated, with facilities for people of all ages which encourage inter-generational encounters***

Since 1997, Citizens’ Centres for Young and Old have been established in cooperation with local authorities, with funding being provided for their infrastructure. They serve as hubs for voluntary activities and for the initiation of inter-generational projects at community level.

The Citizens’ Centres also organise continuing education, on the topic of senior safety among others, as well as the Fit und Active programme, basic training for volunteers, volunteer guides and coordinators as well as producing their newspaper ‘BürgerBüroBlatt’.

The website [www.freiwilligenweb.at](http://www.freiwilligenweb.at) serves as a platform for voluntary work in the internet and contains a directory of currently around 700 organisations which work with volunteers. Citizens’ Centres also serve as coordination centres between volunteers and the organisations which need them and offer information about the fields of activity available, particularly to older people who wish to do voluntary work.

Special accommodation projects for the cohabitation of several generations, which also offer additional services designed to achieve freedom from barriers, are organised by NPOs and supported with public funding.

***The support of voluntary activities which promote the interaction and mutual assistance of young and old***

As one of the results of the International Year of Volunteers 2001, the Austrian Council for Voluntary Work was set up in 2003 as an advisory body for policy on voluntary work and as a networking platform between non-profit organisations and the volunteers themselves. It aims to improve the framework within which voluntary work is carried out, and to ensure the long-term continuation of voluntary activities by all generations.

Since 2001, a 'Volunteer of the Year' has been chosen annually as part of the Voluntaria competition. The award is intended as recognition and acknowledgment for especially long or unique services, and as an incentive for voluntary commitment. Older people and projects carried out by young and old play a particularly important role every year.

In the last five years, the Federal Ministry of Social Security, Generations and Consumer Protection (BMSG - renamed BMSK in 2007) provided funding for numerous initiatives in civil society related to joint activities of old and young such as inter-generational theatre projects, work in certain areas of cities and community work. Model projects for the cooperation of old and young are supported with around EUR 150,000 per year. The Austrian Youth Association has also initiated various inter-generational projects.

***Incentives for employers to continue employing older people, initiatives to support dialogue and better understanding between the generations***

A current model project, 'Productive Ageing' (EURAG Österreich with Magna Steyr Vehicle Technology as its partner), aims to draw up suggested solutions with the assistance of experts in order to retain the resources which older employees have to offer, to preserve their productivity and to deploy them in accordance with their powers.

[www.ArbeitundAlter.at](http://www.ArbeitundAlter.at), a platform of the employers' association and employees' representatives, promotes among other things the strengths of older employees. For further incentives and grants for companies see commitment 5.

***Activities (especially in cooperation with the mass media) to encourage older people themselves to draw more attention to the positive aspects of ageing***

On the initiative of the BMSG, a working group of the Austrian Advertising Council drew up a self-restraint codex for the advertising industry with regard to the non-discriminatory portrayal of older people in advertising and presented it to the public in April 2005.

In addition, local and national projects as well as EU projects have been organised by senior citizens' organisations themselves and have thus effectively shown the media and the public how active senior citizens are (e.g. GEFAS - Changing Track, Reife Äpfel (a health and social programme for women over 50), Frauenherbst (a series of seminars for older women), Austrian Red Cross:Plan60).

***RIS Commitment 3: Promotion of equitable and sustainable economic growth in response to population ageing***

Member States committed to promoting **equitable and sustainable economic growth** in response to population ageing. Efforts should be made to raise the economic growth rates and productivity so



as to increase available resources for transfer and distribution and to ensure the **financial sustainability of social protection systems** in general and pension schemes in particular.

*a) What strategies has your country adopted to transform your economies with a view to eradicating poverty especially among older person?*

As an EU Member State, Austria has pursued the Lisbon Strategy adopted in 2000:

The process of the **Austrian Reform Programme for Growth and Employment** was initiated in May 2005 as a dialogue on reform with the participation of the Federal Government, the social partners, the opposition, representatives of the Laender, science and the business world as well as the European Commission.

The focus is on a sustainable growth and employment strategy in line with the economic situation, with the following strategic core areas:

1. Sustainability of public finances
2. Labour market and employment policy
3. Research and development, innovation
4. Infrastructure
5. Investment incentives and the promotion of small and medium-sized businesses
6. Education and further education
7. Environmental technology and efficient resource management

With its special programme 'Employment Opportunities for Disadvantaged Groups', the Federal Government aims to continue the current positive trend in the labour market during the coming years, to increase the employment rate from 68.6% in 2005 to 70% (EU target) before 2010, and to further reduce unemployment. (In 2006/7, 133% more funding was employed than in 1999)

The pension reforms of 2003 and 2004 should also be mentioned, particularly the raising of the equalisation supplement reference rate for low pensions, the promotion of the development of a second pillar in pension financing, the raising of the statutory retirement age, the introduction of a pension account and the improvements for women (see chapter 4, commitment 5).

The accessibility of services from statutory health insurance has been further improved by various measures such as the possibility to obtain social protection via a services cheque for atypical employment relationships, such as the inclusion in health insurance of asylum seekers who are in need of help and protection, as well as the creation of federal legislation as a basis for issuing e-cards (chip cards which have replaced paper health vouchers and are used to take advantage of medical services) to recipients of social assistance.

*b) What measures has your country taken to review and adjust the macroeconomic policies to address the needs of a growing ageing population?*

The basis is formed by the orientation towards sustainable public finances (see a), which is characterised by the reduction of public expenditure and a tax reform carried out in 2004/05.

Diverse implementation measures which are effective in dealing with the consequences of ageing were and are part of the Austrian Pensions Strategy 2005 (see V 4 and Annex:

Report on the Austrian Pensions Strategy 2005) and also form core elements of the Strategy for Social Protection and Social Inclusion (see Annex; National Report on Strategies for Social Protection and Social Inclusion 2006): as part of a special programme (2005-07), innovative projects are currently being carried out on designing working environments which are suitable for older people and on the qualification and reintegration of older people.

(quoted from the Austrian Reform Programme for Growth and Employment, 10.2005)

***RIS Commitment 4: Adjustment of social protection systems in response to demographic changes and their social and economic consequences***

Member States committed to take steps to **ensure the financial sustainability of social protection systems** in the face of demographic ageing. They agreed that social security systems should strengthen incentives for citizens to participate in the labour force while protecting the weakest groups in society. Social protection systems should be adjusted so that they can fulfil their basic functions of safeguarding those who are deprived and covering those who are at risk. They need to be supported by high level of employment, comprehensive health services, functioning educational systems and active labour market policies.

In this regard, the Member States agreed to pursue the objective of preserving and strengthening the basic objectives of **social protection**, namely to prevent and/or reduce poverty and provide adequate benefits for all. In addition, the Member States agreed to adapt existing social protection systems to demographic changes and changes in family structures.

***a) How has your country adapted social protection systems to societal and demographic changes?***

Member States also committed to establishing a regulatory framework for occupational and private **pension provision**.

***a) What steps has your country taken to establish or further develop a regulatory framework for occupational and private pension provision?***

***b) Which changes have been implemented to the laws regulating mandatory retirement?***

Traditionally, social protection at retirement age is primarily based on pillar I (statutory pension insurance) and the level of the pension depends on various factors, e.g. number of insurance months, level of active income during employment and the age of retirement. Occupational and supra-plan pension funds (pillar II) still play a minor role.

Private old-age provision (pillar III) is considered an option to fill gaps in coverage under pillars I and II with a view to maintaining a person's standard of living.

In 2003 the unit-linked life insurance scheme ("Zukunftsvorsorge") was introduced as a private pension savings product (pillar III). A tax bonus is granted in the form of an annual premium, a pension benefit is mandatory. This product is marketed by life insurances and investment firms.

The EU Pension Fund (IORP) Directive was implemented in 2005 and in pillar II the Employee's Group Insurance (marketed by life insurance companies) was introduced in addition to pension funds, which have already been active since 1990.

The essential features of the pension reforms 2003-2005 were:

- Gradually raising the limits for early retirement towards the statutory regular retirement age (60 years for women, 65 years for men) starting in 2004.
- Gradually extending the period for averaging working time for the calculation of the assessment basis for pensions from 15 to 40 years over a period of 25 years until the year 2028.
- Reducing the credit for every insured year from 2% to 1.78% (within a transitional period of 5 years). In the future, 45 insurance years (up to now 40 years) will be necessary to reach a pension level which equals 80% of the assessment basis.
- New regulation of the bonus/penalty system : 4.2% bonus for each year of employment after regular retirement age / deduction for each year of pension earlier than regular retirement age.
- Better protection for women: 24 months instead of 18 months during which child care allowance has been drawn are credited as pension contribution periods.
- The maximum individual loss caused by all cost saving measures was limited to 10%.
- Already existing pensions have not been altered.
- Pension Harmonisation Act 2005, a unified pension law for all persons in gainful employment (workers, employees, farmers, businessmen- and women/ tradesmen- and women, civil servants) applicable to all persons born in 1955 or later.

Men and women doing heavy physical work during their careers may still retire at the age of 60 and 55, respectively, provided that they paid pension insurance contributions for 45 and 40 years before retirement.

*c) What steps has your country taken to achieve a sufficient income for all older persons?*

In 2004, older people had a living standard very close to that of the general population (95%), while the poverty risk among older people at 14% (gender differences are high: 10% for men and 17% for women) is slightly higher than for the population below 65.

Individuals in Austria whose pension benefits and any other income are below a defined threshold called the "equalisation supplement reference rate" (= minimum pension) will receive an equalisation supplement to make up for the difference. In 2007 this means-tested minimum pension is € 726 a month for single persons and € 1,091 for couples (+ € 76 per child), paid 14 times a year. This rate has been raised more frequently than standard pension benefits to ensure a decent standard of living.

In addition, numerous measures are in place to ensure a decent standard of living: comprehensive health insurance coverage, the long-term care system grants a seven-level cash benefit depending on the need of care: the minimum long-term care allowance is € 148.30, the maximum amount is € 1,562.10 per month.

Other support measures include fare reductions, exemptions from the co-payment for medicines as well as services within social aid systems for the elderly and mobile social services.

Additionally, a Hardship Fund was set up within the Ministry for Social Affairs to support all persons suffering marked income losses in the wake of the pension reform.

- d) *What policies has it adopted to address on time the needs of older persons for a variety of social and health services, including sheltered housing and long-term care?*
- e) *How has your country promoted standards of living for persons with disability and for fragile older persons that allow them to maintain their independence and dignity?*

Austria's structural healthcare plan (ÖSG- 2006) is the new and binding framework for an integrated planning of the structure of national healthcare delivery and thus forms the basis for further healthcare reform steps. Health platforms were established at provincial level to improve healthcare planning and monitoring. Enhanced involvement of patient representatives (patient ombudsoffices) help ensure an efficient and effective service delivery. Special attention is paid to those areas of health care still suffering from gaps in service delivery (such as palliative and hospice care, neurorehabilitation, nationwide psychotherapy options). For instance, there are plans to introduce graduated palliative and hospice care by 2012.

The Care Allowance Model and arrangements for Sheltered Housing see Annex + Commitment 7.

Member States also pledged to pay special attention to the social protection of women and men throughout their life course.

- a) *What policies has your country adopted to ensure the equal treatment of men and women in social protection systems?*

To increase the level of independent (based on one's own insurance) benefits for women, the reform of 2004 introduced a new form of **perpetual entitlement** which means that to draw a pension at the respective standard retirement age, only 15 insurance years are now required provided that at least 7 insurance years result from a contributory economic activity. A combination of seven years of economic activity and for example a childcare period of eight years for which pension rights have been credited but which do not coincide with employment periods will be sufficient to draw benefits.

In the pension account introduced in 2004, pension rights are credited for child-rearing periods (4 years per child and 5 years in the event of multiple births) at a level of € 1,350 per month.

A new option of voluntary pension splitting between partners permits an increase in the pension rights of the partner predominantly providing childcare. This is achieved by splitting the periods of the parent not assuming the main burden of childcare.

- b) *What policies has your country adopted to ensure that social protection systems support a better reconciliation of work and family responsibilities throughout the life cycle (e.g. through special leave arrangements for working parents and other caregivers, or supportive measures such as respite care services (professional care services provided on an ad-hoc basis to give the regular caregiver some time off)?*

#### **Parental leave:**

Employed mothers and fathers are entitled to parental leave until the child's second birthday (minimum duration: three months). Parental leave can be shared twice between the parents and thus facilitates more flexibility. All parents (not only the employed) have an entitlement to child care benefit ("Kinderbetreuungsgeld") until the child is 30 months or 36 months, if parents claim allowance alternately. It is €14.35 a day.

The regulation on part-time work for parents introduced in 2004 represents a further measure to improve the reconciliation of family life and work. This created a statutory entitlement to part-time employment (with a right to return to full-time employment) for parents who have served in a company with over 20 employees for a period of at least three years. This applies until the seventh birthday of the child or until the child starts school if this is later.

**Leave to take care of sick family members:**

Employees are entitled to leave to look after sick children and relatives (“Pflegefreistellung”) for up to one working week per year (for children up to the age of 12 two working weeks per year) without any income loss, provided that they live in the same household with the sick child or relative.

**Family hospice leave (“Familienhospizkarenz”):**

The introduction of the so-called “Familienhospizkarenz” permits employees to change their working hours in order to care for dying relatives (“Sterbebegleitung”). They are also entitled to request leave within the framework of their working contract. Employees are furthermore entitled to stay with their seriously ill children (“Begleitung schwersterkrankter Kinder”).

Employees retain health and retirement insurance benefits during such leave. Losses of income are reimbursed in cases of hardship.

To **strengthen the position of caregiving relatives** there has been a favourable pension self-insurance option for relatives who provide care to a close relative (long-term care allowance level 3 and over) since 2006. The Federal Government pays a fictitious employer's contribution for these caregivers.

Since 2004 caregiving relatives have been able to obtain grants to fund “substitute care”. This can be done on condition that the person requiring care receives at least long-term care allowance level 4. If the caregiver is unable to provide care due to illness, holiday or for other important reasons, appropriate financial help can be granted from the support fund created for persons with disabilities under the Federal Disability Act (Bundesbehindertengesetz, BBG) to avoid social hardship.

***RIS Commitment 5: Enabling labour markets to respond to the economic and social consequences of population ageing***

Member States committed to take measures to enable labour markets to respond to the economic and social consequences of ageing. In this regard, they pledged to seek increase in employment rates, especially the employment rates of older persons.

*Has your country taken measures to promote access to employment opportunities and reduce unemployment rates especially for older persons, such as active labour market policies (job-search assistance, training, counselling, etc.), adaptation of curricula to labour market needs, measures to ease the transition between formal education and work, efforts to reduce non-wage labour costs while protection workers' rights, easing of factors reducing demand for labour (e.g. too heavy administrative regulations, etc.)?*

Between 2002 and 2005, the funding used in active labour market policy (advice/finding jobs for the unemployed/training/wage subsidies) as a proportion of the total funding (all financial resources for the unemployed) has risen by 11%.

The following target groups were included: employers (with measures to raise awareness and to reduce the financial burden on them and thus provide an incentive), young people, women and older people with special qualification programmes.

In detail:

General reduction of ancillary wage costs (2003): - 6%; from the age of 56 (female)/58 (male)

- 12.6% from the age of 60 years

A merit pricing system with incentives for the employment of older employees and penalties in the case of their dismissal: If people over the age of 50 are employed, the contributions towards unemployment insurance (3%) are waived. If employees over the age of 50 years who have been employed in the enterprise for a period of at least 10 years, are dismissed, the enterprises have to pay a lump-sum penalty calculated on the basis of the age of the employee and the duration of the employment contract.

The Member States also agreed to improve the **employability of older workers**.

*Has your country taken measures to improve the employability of older workers, e.g. through vocational guidance and training, promoting life-long learning (delivery of job-relevant training to enable workers to adjust to changing labour markets), improvement of working conditions?*

### **Special Programmes for Older People within the Labour Market:**

(In cooperation between BMWA (Federal Ministry of Economics and Labour), the social partners and the Public Employment Service)

Objectives:

- Intensification of demand-oriented advice and coaching of older people and/or early intervention focusing on re-integration and re-qualification;
- Consulting for enterprises concerning the structures and/or reorganisation suited to older employees and
- in-company health promotion measures ;
- Implementation of a number of pilot projects – health funds for impaired employees and persons seeking work after the age of 40;
- Banning age-related (ageist) discrimination: since 2004

As a further measure towards improving older people's employment situation, Part-Time Benefits for Older People offer incentives for a reduction of working hours with a concurrent maintenance and continuation of their employment contract.

The project "ageing and work" (Alternsgerechtes Arbeiten) of the Labour inspection started 2006 (-2008) with the objectives a) specialised training for labour inspectors about health and safety risks for the aging workforce, b) consulting employers and employees concerning health and safety risks for elderly workers at workplaces and promoting good practice examples, c) consulting employers how an age related risk assessment could be effectively implemented (regarding work activities and work environment which might be a hazard or danger for elderly workers)

### **EU Projects (excerpt):**

Participation in ageing-related Equal projects, in particular:

"AGEpowerment" [www.agepowerment.at](http://www.agepowerment.at) offering employment opportunities for persons

over the age of 45;

“TEP\_Equal\_Elderly” [www.elderly.at](http://www.elderly.at);

“U-Turn” [www.u-turn-equal.at](http://www.u-turn-equal.at) -- with the focus on “Esteem experience, experience esteem.”

Leading in one Province: WAGE [www.wage.at](http://www.wage.at) Winning Age, Getting Future

Further age-related incentives:

- Together with the Ministry of Economics and Labour, the social partners have set up the website “Ageing and Work”.
- To raise the awareness of businesses for the value of older employees, the competition ‘Nestor’ was initiated (to take place annually), in which companies receive awards for specific measures taken in the field of ageing and generations.
- As a pioneer, the Voestalpine Group initiated LIFE, a comprehensive programme to adapt its corporate culture and working processes to the ageing of the staff as well as to the possible future lack of younger employees. This can serve as a model of good practice for other companies.
- The SeniorExpertPool of the employers’ association enables senior managers to provide inter-generational consulting services for companies and projects (after they have retired) on the basis of their competencies and experience .

Raising **participation rates** for all women and men is another commitment of the Member States.

*a) Has your country taken steps to raise participation rates in labour markets for all women and men, e.g. through removing barriers and disincentives to stay in employment?*

The introduction of child care benefit with the opportunity for extra earnings (2003) and the introduction of the right to part-time work for parents until their child starts school (2004) have improved the framework for working parents.

The intensive deployment of funding in the Federal Labour Market Programme for People with Disabilities in connection with regional programmes has increased employment levels among these groups of persons.

In 2006 in particular, initiated by the Employment Promotion Act, the qualifications and employment levels of those in health and care professions as well as women and young people increased.

*b) Has your country taken specific measures to increase the labour force participation of women, e.g. through suitable education and training, measures to broaden their job opportunities and avoid discriminatory situations with regards to pension benefits or personal income?*

Please see previous answer. The expenditure on labour market measures to support persons over the age of 50 amounted to € 86.19 million in 2005, for example, of which € 29.92 million or 34.7 % went to older women; e.g. the specifically female-orientated programme Making Competencies Visible.

The target groups are women over 50 nominated by the Public Employment Service who left school without any qualifications or failed their examinations, or who successfully completed compulsory schooling.

Member States committed to taking steps towards increasing the age at which people stop working and towards making **retirement** more **flexible** and **gradual**.

- a) *Has your country taken steps to offer incentives for the participation of older persons in the labour market (abolishment of incentives to take up early retirement, abolishment of disincentives to stay in the labour market)?*
- b) *What mechanisms has your country adopted to promote a smooth and gradual retirement?*

see answer to commitment 4. On part-time work for older people, see above

***RIS Commitment 6: Promotion of life-long learning and adaptation of the educational system in order to meet the changing economic, social and demographic conditions***

Member States committed to promoting **life-long learning** and adapting their **educational systems** in order to meet the changing economic, social and demographic conditions.

Austrian activities in the field of lifelong learning should be viewed against the background of the Communication of the European Union, ageing issues and the Active Ageing approach of the World Health Organization.

The platform “Learning in the Third and Fourth Stages of Life”, which was formed in 2005 by educational planners and specialists in adult education and work with older people, is also working on raising the awareness of politicians and the public for the necessity and benefits of learning in old age.

**Model projects:**

The project LISA (Learning for Seniors), a transnational EU project co-financed by the Ministry of Social Affairs in 2004, had the task of extending the focus on learning in old age of already existing educational networks for lifelong learning, and exchanging best practice examples.

Building on the work done in LISA, in the follow-up project LENA (Learning in the Post-Employment Stage of Life), which was also co-financed by the BMSK and was carried out in the years 2004-07, a curriculum with various modules was developed in 2005 and 2006 in focus groups together with the target group of older people ([www.lisa-net.info/](http://www.lisa-net.info/)).

The goal of the regional initiative Senior Partners, initiated by the Senior Citizens Department of the Lower Austrian Government, is to use the knowledge and experience (and above all the time they have available) of active senior citizens for the benefit of the general public. The breadth of qualifications available and the fields of their use range from skilled trades to management and marketing consulting.

This knowledge should primarily be made available to clubs, associations and organisations, but also to local authorities.



In addition, in a number of Laender educational offers for senior citizens are summarised annually and published or made available via the internet.

#### **Academic education for senior citizens:**

In the EU project "Innsbruck Academy for Older People", co-financed by the BMSK (Interreg III A, cooperation between Tyrol and Bavaria) from 2002 to 2005, special offers for academic further education for seniors were developed and tested in cooperation with the Bavarian town of Garmisch-Partenkirchen (university courses in the fields of archaeology, reflective anthropology, sociology and philosophy). The special element here: the costs for the participants were lower than the course fees.

In 2006 and 2007, the establishment of the 'University of the Third Stage of Life' in Graz is being supported with public funding.

#### Research:

In the field of research, the Federal Ministry of Social Affairs and Consumer Protection commissioned the research project "Education in Old Age. Practices in Educating the Elderly in Austria – Opportunities and Limitations of Inter-Generational Learning. Providers and Offers.", which was completed in 2004. In addition, the results were presented with adult educators from throughout Austria at three workshops on the subject of Ageing-Education-Learning, which were held in cooperation with the Federal Institute of Adult Education. Following on from these research projects, a further study of good practice models in educational work with older people was carried out in 2005, the results of which were published on the website of the BMSG.

A research project which is currently being carried out on behalf of the Federal Ministry of Social Affairs and Consumer Protection deals with the learning needs and learning structures for older people. The findings are intended to be used to develop future measures and activities in the field of education for older people.

### ***RIS Commitment 7: Striving to ensure quality of life at all ages and maintain independent living including health and well-being***

The UNECE Member States committed to striving to ensure **quality of life** at all ages and maintain **independent living** including **health** and **well-being**. In particular, the Member States agreed to promote health and well-being over the entire **life course**, by mainstreaming health through sectoral policies.

Main focuses:

Prevention

Caregiving relatives

Quality assurance (care at home and institutional care)

The change of paradigms from policies for seniors to policies with seniors is also reflected in the measures to improve quality of life and the health and well-being of older people.

An important aspect of the improvement of quality of life is prevention, seen as a life course approach. The main focus here is on initiatives and campaigns to promote a healthy lifestyle as well as health promotion in the workplace.

An important factor in the promotion of quality of life and well-being is quality assurance in the care sector – both in institutional care as well as in care at home.

80 % of all those who require care in Austria are looked after by relatives at home. The support of caregiving relatives thus constitutes a main focus for the further development of long-term care provision in Austria.

*What actions have been taken to integrate ageing issues into sectoral policies?*

The interest groups and umbrella organisations in the field of senior citizens and people with disabilities are involved in the design, implementation, provision and assessment of policy measures and programmes (also within the framework of the appraisal of planned legislation) – this naturally also applies to the provision of services and to programmes in the health and social services sectors.

As a part of health promotion, the main focus of ‘Senior citizens – Old age – Ageing’ is expressly observed and fostered; in companies in the form of measures for “productive ageing”. In the Healthy Austria Fund there is a specialist Old Persons Officer for model projects, and also for dealing with fundamental issues.

**In addition, Member States committed to ensure equal access to health and social services including long-term care for persons of all ages.**

*a) What targeted measures have been taken to decrease inequalities in access to health and social services, including for people in rural and remote areas?*

An important measure to reduce inequalities in the access to care services is the long-term care provision system (already introduced in 1993) which offers a combination of cash benefits and benefits in kind.

The new (seven-stage) long-term care benefit replaced the existing various cash benefits which were very different both with regard to the amounts paid and the conditions of entitlement.

As early as the mid-1990s, requirements- and development plans for the extension of care facilities (both mobile and inpatient) were drawn up in all of the Laender, with a fulfilment target of 2010.

The most recent Austrian interim assessment (2002) revealed an increase in personnel (mobile and inpatient) of 50%, with a tendency towards higher qualifications. Furthermore, there were 67,600 places available in a total of 600 old people’s homes.

Access to services is made easier by counselling facilities at local authorities (which the latter are obliged to provide), the social insurance institutions, the care hotline (free of charge), advice in local offices of the Federal Social Welfare Office, but also by social workers in hospitals, via the Federal Care Ombudsoffice and the website [www.pflegedaheim.at](http://www.pflegedaheim.at)

A contribution towards improved access to social and health services is also provided by the social graduation of tariffs for mobile services, the granting of social assistance for moves to old person’s or nursing homes as well as by the construction of sheltered housing. The latter is largely financed by funding from provincial subsidies for residential housing in order to keep the rents low.

The programme "Quality Assurance in Home Care" launched in 2003:

during home visits by certified health care workers and nurses, special attention was given to providing useful information to long-term care benefit recipients and their caregiving relatives.

As a meaningful approach to the statutory obligation of quality assurance, implemented in 2003, this procedure has been institutionalised.

The issue of senile dementia as well as the care of those affected by it represents a great challenge for the future and forms one of the priorities in the further development of the Austrian long-term care system: in 2006, a pilot scheme was introduced offering financially-supported leave for family members. This will be a fixed element from 2007 onwards. For a number of years now there has also been a successful model project involving a joint holiday for the carer and the person suffering from senile dementia, with professional support provided.

***b) What initiatives have been taken to improve long-term care services for older persons, in particular community-based services mostly demanded in order to overcome the mismatch between home services asked for as against residential care services supplied?***

The Structural Plan for Health (2006) introduced uniform data capture as an obligatory framework in the inpatient, outpatient and rehabilitation sectors as well as at the interfaces to the care sector (old people's / nursing homes and mobile services). This measure will serve to improve the interface management between health service facilities and the care sector.

Additional plans within this framework are for the creation and extension of departments for acute geriatrics / remobilisation to provide primary, interdisciplinary geriatric care and geriatric early rehabilitation for acutely ill patients, also for those from other hospital departments.

***c) How has your country improved the coordination and integration of services provided to older persons (e.g. through case management systems)?***

***d) What efforts have been made to improve the training of care providers: professionals, volunteers and family members?***

An important step towards the revaluation of occupations for the care of old people and people with disabilities was taken in 2004 with the joint agreement by the Laender to enact uniform regulations on job profiles, areas of activity and vocational training for social and care professions.

The necessary adaptations in the legislation on health and nursing care were made by the Federal Government in the Nursing Care Act 2005.

Training courses for caregiving relatives are offered by the charitable organisations; in addition there is free counselling for caregiving relatives from the Care Ombudsoffice as well in the form of home visits by qualified staff.

Training by qualified personnel is also offered to those accompanying people suffering from senile dementia.

In the Laender' own schools for the care of older persons, experience-oriented and validating care is taught.

For several years now, Vienna has had a very successful programme for the training of voluntary visitors to old people's homes.

The presentation of the Innovation Prize in Austrian Old People's Care (2004 and 2006) has promoted the development of new models and concepts in institutional care of the elderly.

Furthermore, Austria plays a leading role in the development of a quality management system for European old people's and nursing homes (EU project E-Qualin), and a working group is currently drawing up the criteria for a National Quality Certificate for Old People's and Nursing Homes.

*e) What efforts have been made to improve the skills of older persons with regard to self-care, health promotion, prevention of disease and disability?*

Activities of the Healthy Austria Fund: the Healthy Austria Fund as the national competence centre for health promotion and prevention also supports projects for the improvement of the quality of life of older people, particularly the model project Plan 60 (Vienna Red Cross) to increase the quality of life of older people in urban areas ([www.plan60.at](http://www.plan60.at)) as well as the model project 'Life-worlds worth living in', which works with people aged 60-75 in rural areas.

A further measure to improve the life situations of older people and their access to services is the promotion of training for facilitators whose role is to look after and advise older people and help them lead active lives. These courses are increasingly taking place in rural areas, or are attended by people from rural areas.

Another initiative is the activity programme "FIT and ACTIVE in old age" - especially for older people to train their cognitive, motor and sensory competencies. The aim of training facilitators is to provide them with general information about the ageing process, about how to deal with old people in care situations, about different ways of promoting mental and physical flexibility and about training the senses. Further elements of the facilitator training courses are an introduction to the teaching aids and practical tips for performing the individual exercises, but also training in methods for the avoidance of overtaxing people (and of asking too little of them) and maintaining their motivation. It is important that facilitators be taught that older people's thought and action processes slow down and that it takes them correspondingly longer to process information. The criterion for success in the case of old people who have lost a large part of their facilities is not to concentrate on their deficits but to strengthen the competencies, which they still have. The target group for facilitator training courses including reflection seminars and coaching are the staff of social- and health institutions, voluntary staff of visiting services and carers and informal carers looking after people who are still at home.

The Senior Safety Campaign initiated by the Austrian Senior Citizens Council, which receives significant support from the BMSK, is designed to help avoid and reduce the number of accidents related to falls at home, and concentrates on the priorities of information, prevention and training. Information events have taken place in major cities, and a brochure "Live safer – live better" and a short film "Accident prevention in the home" have been produced, in which sources of danger for accidents at home are pointed out and possible solutions illustrated. A curriculum for the training of facilitators in the subject

of safety for senior citizens has been developed and these courses have been held throughout Austria.

With financial support from national and local authorities, senior citizens' associations organise special events for their members in which topics related to health promotion and prevention are dealt with.

There are regular campaigns on television, in the press and in the internet to raise the awareness of the population for the importance of healthy eating and getting enough exercise.

For nine years now, an Austrian senior citizens' organisation has held the 'Health Circle' in the town hall of Vienna – this is a series of lectures for health-conscious laypeople over 50, at which the audience also have the opportunity to put questions to doctors and scientists. Day-long information events are held on certain topics (e.g. dental health, back and knee problems etc.).

There are similar series of events in the Laender within the framework of various senior citizens' and health fairs.

Information specific to the target group: Health pass 40+/50+ and 60+ : brochures with health-related information corresponding to their respective age group, accompanied by a pass in which the health data from the precautionary check-up (offered free of charge) can be entered. These are intended to motivate older people to take more responsibility for their own health.

Member States also committed to ensure appropriate **financing** of health and social services for persons of all ages.

*What has been done to ensure efficient, equitable and sustainable financing of health and social services for persons of all ages?*

In addition, Member States pledged to enable people to make healthy choices.

*What measures have been taken to facilitate the adoption of healthy life-styles (e.g. information campaigns)?*

The various services in the field of health and social affairs are financed from a number of sources (taxes, compulsory contributions of the insured and employers). As part of the financial adjustment system between the Federal Government and the Laender and local authorities, the distribution of funding is re-negotiated every four years and then structured accordingly.

All of the major reform measures of recent years, and particularly the pension reforms of 2003, 2004 and 2005 and the measures in the Structural Plan for Health 2005, were approached in accordance with a policy of sustainable financing.

Especially in the care and nursing care sectors, an extended financing basis for the expenditure of relevant services is currently being drawn up under the overall control of the BMSK together with the representatives of the Laender, towns and cities and charitable organisations as the providers of services.

***RIS Commitment 8: Mainstreaming a gender approach in an ageing society to support families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members***

*The Member States committed to mainstream a **gender** approach in an ageing society.*

The life situations of older women have been studied in connection with the research for the project 'Equal opportunities for older women - Sophia-net'. 'Sophia-net' was a project supported by the European Commission and on the part of Austria by the Federal Ministry of Social Security and Generations, which presented specific activities from and for older women on a website ([www.sophia-net.org](http://www.sophia-net.org)) in three languages (German/French/English) and gave an overview of literature, scientific studies and political programmes and measures. The results of this project and the subsequent conference on the same issue in Brussels at the beginning of February 2001 showed that the conclusion had to be drawn that too little research had been carried out and that there is too little knowledge on the specific concerns of older women in many European countries.

As a result, the BMSK organised the conference 'Equal opportunities for older women in Austria' in 2002, at which the situation of older women was extensively discussed at lectures and in workshops. The results were published on the website of the BMSK at ([www.bmsk.gv.at](http://www.bmsk.gv.at)).

Based on the results of the Sophia-net project and the conference, the BMSG provided co-financing for the EU project 'Research needs and gaps in knowledge regarding the situation of older women in Europe - MERI'

The MERI project on the research requirements and gaps in knowledge related to the situation of older women in Europe had the goal of increasing the knowledge about the specific living circumstances and problems of older women, improving the empirical basis for academic studies on the living situations of older women, and raising the awareness of a broad public for the situation of older women. This and the study into how far statistical data is recorded in a way which differentiates between age and gender, are of major significance for ensuring that there is a basis for the implementation of gender mainstreaming in all policy areas.

The results of MERI for Austria (published at [www.own-europe.org](http://www.own-europe.org)) have shown that the life situations of older women in Austria and their different living conditions and needs have not yet received sufficient attention. The results were presented at a workshop organised by the BMSK in April 2005. The contents of the workshop were also published on the website of the BMSK.

Following up on the results of MERI and the workshop, it became clear that an investigation into the specific situation in Austria from the perspective of gender mainstreaming was necessary. An expertise on the subject of 'Gender Mainstreaming in Senior Citizens Policy' was commissioned in 2006 and is currently being drawn up.

***RIS Commitment 9: Support for families that provide care for older persons and promote intergenerational and intra-generational solidarity among their members***

- Strengthening of the compatibility of family life and work

- Support for informal carers/relieving them of some of their workload/ providing financial assistance
- The introduction of family hospice leave

The RIS describes the family as the basic unit of society. Member States committed to provide support to families that provide care for older persons and to promote solidarity among its members, to respond to the needs and changing roles of individual **family** members and strengthen **intergenerational and intra-generational solidarity**.

*a) How has your country adjusted its family policies to changing demographic circumstances?*

The child care allowance (CCA) introduced in 2002 was aimed at creating a better balance between family life and work for fathers and mothers. This is to be achieved by the option of earning a maximum additional income of EUR 14,600 per year and only applies to the income of the parent who receives CCA.

Parents are entitled to insist on changing to part-time work until their child starts school, as long as they work in a company with more than 20 employees and they have been employed there without interruption for at least three years before the start of part-time work. (introduced in 2004)

Funds for subsidising child-care facilities from the Family Burden Equalisation Fund have been available for the expansion of child-care facilities since 2005. Innovative child-care projects can obtain a one-time subsidy, with special emphasis placed on demand-driven flexibility (opening hours etc.). Non-profit operators, including parent initiatives, may apply. A total of € 700,000 each was made available 2005 and 2006.

A unique measure is family hospice leave for persons providing care to dying family members or seriously ill children: they may be released from work while continuing to be fully covered in terms of labour and social law entitlements (family hospice leave). To enable low-income families to use this option, the Family Hospice Leave Hardship Compensation scheme was introduced.

For further improvements especially for informal carers please see commitment 4

*b) What policies and programmes has your country adopted to respond to the needs of family members of different ages?*

To strengthen families, recognise their achievements and safeguard their future, the "Family Alliance" was launched in 2005. It is a platform of people from the fields of politics, interest groups, business, the media and science united in their efforts to provide long-term support to balancing family life and work in their mutual interest.

The government commissioned the development of the "Family- Friendly Municipality Audit" to support municipalities in developing their family-friendliness in their own interest. [www.pflegeheim.at](http://www.pflegeheim.at) is a programme especially aiming at supporting family carers at home: for more details on new regulations supporting families see commitment 4.

***c) What are specific elements of these policies and programmes to promote equality between men and women?***

All of the programmes listed in a) are open to both men and women. Particular support is directed towards the sharing of parental leave between the father and mother and towards the possibility of voluntary 'pension splitting'. There are also measures particularly addressed to men encouraging them to share their commitment more equally between family life and work, see [www.karenzundkarriere.at](http://www.karenzundkarriere.at). In addition, a department has been set up within the Ministry of Social Affairs which deals with men's issues and concerns.

A 'gender mainstreaming examination procedure' is currently being introduced for legislative measures: A manual offers proposals for the practical implementation of the integration of GM principles into legislative guidelines as well as a checklist so that legislators can verify whether provisions are compatible with gender equality.

***d) Have you taken any awareness-raising measures concerning the contribution of older persons to family, community and society at large?***

Please refer to the answers in commitment 2

***e) Have you adopted measures to help families deal with the growing responsibilities of care for their older members?***

***f) What mechanisms are in place to strengthen the role of communities, organisations and associations in providing support and care to older persons?***

Member States also committed to supporting the families in coping with the social and economic consequences of demographic change.

*What measures has your country adopted to support families in coping with social and economic consequences of demographic change (e.g. support to care-giving families, family friendly policies and services; adaptation of the infrastructure of towns to the needs of families, and in particular the young and older persons, and to ensure that generations can live together; improvements in planning of services)?*

includes the answers to questions e) and f)

As early as 1993, the Federal Government and the Laender entered into an agreement (pursuant to Art. 15a of the Federal Constitution), in which the Laender took on the commitment to ensure adequate standards in community, institutional and semi-institutional services

Parallel to the introduction of the federal long-term care benefit, financed from the national budget, the Laender (Laender) agreed to provide for the decentralised and comprehensive development and expansion of outpatient care, semi-inpatient care and residential care services and to ensure that these uphold minimum standards.

Furthermore, the Laender have a duty to ensure that the services offered are part of an organisational network and that information and advisory services are guaranteed. In addition, long-term plans toward the extension of the social services were established and they are being continuously adapted.



At the moment a working group in the Federal Ministry of Social Affairs together with representatives of all the Laender, cities, local authorities and providers of LTC-services negotiate new offers as well as the structural and financial frameworks which they require.

See also commitment 4 and Annex

***RIS Commitment 10: Promotion of the implementation and the follow-up of the Regional Implementation Strategy through regional cooperation***

UNECE Member States have the primary responsibility for the implementation and the follow-up of the RIS. They are encouraged to do so, among others, through regional cooperation, civil society involvement, and cooperation with the UNECE secretariat.

The analysis of your activities in this field could focus on the following questions:

- a) What activities have you undertaken to strengthen cooperation among UNECE Member States in the field of ageing (e.g. participation in meetings of the UNECE and the European Centre Vienna, exchange of information with Member States and the UNECE secretariat)?*

Signing of a Memorandum of Understanding between Austria and the UNECE, by which Austria offers assistance for the follow-up process for the implementation of the International Plan of Action on Ageing in the UNECE Region. This memorandum provides for cooperation between the UNECE Secretariat and the Government of the Republic of Austria with the involvement of the European Centre for Welfare Policy and Social Research. The European Centre and its specialist unit have been commissioned to carry out the following activities (among others) in cooperation with the UNECE Secretariat:: promoting the exchange of experiences in the field of ageing policy, to collect data, to carry out research and analysis in cooperation with other stakeholders, and to build up a network of NGOs, national authorities and experts.

The creation of a special working group – Task Force Monitoring RIS – composed of independent experts, representatives of various government, non-government, international or other organisations. This Task Force should, in cooperation with the UNECE and the European Centre, lay down the priorities of those areas, where a more thorough analysis is needed.

The Task Force Monitoring RIS has met five times until now (Madrid, Vienna, Malta, Copenhagen and Vienna) – the BMSK also financed each of these meetings. The fifth meeting in Vienna in 2007 was held together with the Group of Experts for the UNECE Conference on Ageing 2007 in León, Spain.

- b) How have you provided opportunities for civil society to cooperate in this process?*

Financing of an event on 2 October 2003, organised by the NGO Committee on Ageing, UN Vienna: In a panel discussion entitled 'Implementation of the International Plan of Action on Ageing 2002 – a Challenge for Politics and Civil Society', the international instruments of senior citizens' policy, the Austrian initiative to support the implementation of RIS and MIPAA, the demand of NGOs, and the contributions of civil society towards implementation were presented.

Co-financing of a conference of the Platform of European Social NGOs 'Building Social Policy on Fundamental Rights' in 2005 in Brussels.

The BMSK for its part provided financial support for the participation of representatives of civil society in the preparatory meetings (PrepComs) for the world assembly in Madrid and the ministerial conference in Berlin as well as for their participation in both of the major events themselves.

Financial support to enable representatives of civil society to take part in the debates in New York, Geneva and at the conference venues of the Task Force.

In the last five years, numerous international conferences were organised by civil society groups in Austria and financially supported by public bodies.

In the process, common positions of the national senior citizens' organisations in the ECE member countries were drawn up, so that the representatives of senior citizens were in a position to issue joint recommendations and statements on issues concerning the RIS obligations. See Annex

In addition, Austria supported the following projects in UNECE member countries:

- 'Policy development for persons who are in particular danger of exclusion, including older people - Russia' (2003-2004)
- Support for German courses for children and seniors in Slovenia (2004)
- The development of mobile services in Ukraine for older socially disadvantaged people with limited mobility (Cernivci) (2005).
- The project 'Day centre for senior citizens in Bucharest' (2006-2007)

## 5. Conclusions and Outlook for the Future

This chapter is expected to

- a) *briefly summarize to what extent your country has addressed the challenges and opportunities of ageing since the adoption of the MIPAA/RIS in 2002;*
- b) *indicate, based on the assessment provided and in view of future demographic developments, future policy challenges and perspectives related to ageing;*
- c) *indicate major strengths and weaknesses of your country in the field of ageing;*
- d) *outline future activities in the areas of population and individual ageing and other related areas;*
- e) *propose adjustments to existing policies;*
- f) *identify priorities for further policy research;*

The high degree of participation and the diversity of the contributions received for this report from all cross sections make it clear that Austria has been acting at many different levels and in all policy areas since the Second World Assembly on Ageing in 2002. The first 5- year report on the implementation of the targets on ageing in the highly-industrialised but still very diverse ECE Region also gives Austria the opportunity to assess the achievements made from 2002-2007 and to contemplate more intense networking and cooperation in the future.

In the same way that the issue of climate change is currently becoming a fundamental question for a sustainable future in our individual and collective awareness, the issue of ageing and generations needs to occupy a similar position. Older people are the most productive age group thanks to their experience in life; they can play a decisive role as active participants in the safeguarding of social cohesion. An active and positive view of the privilege of ageing as well as the necessary framework should be presented in such a way that the media can focus on the issue.

The pension reform carried out in 2003-04 was of particular significance for this reporting period. It takes the ageing of the population into account and will affect those who are currently under the age of 50. The harmonisation of the pension systems, the raising of the retirement age with bonuses and penalties for later/earlier retirement than the statutory age of 65 for men and 60 for women as well as the establishment of pension accounts should safeguard the continuation of the inter-generational contract for the future. The new 2007 Government Programme contains corrections to mitigate existing cases of hardship and to ensure the continuation of high social standards during both employment and retirement.

The measures to support the labour market for older employees taken at the same time as the raising of retirement age are a good start, however, they require further refining and increased innovation in investment: the national action programme planned for this purpose will certainly have to contain effective awareness-raising activities, alongside a reform of part-time work for older people, the development of a second labour market, and intensified individual counselling.

The challenges are closely linked to the combined tendencies of globalisation, European integration and the new need for flexibility and regional mobility.

An increased awareness of the particular productivity of mature employees in the economy and society also has to be developed and consolidated, and targeted action has to be taken to reduce ageist prejudices and discrimination in schools, families, in employment and social life and the media. The good practices which are already effective in individual companies and organisations can also encourage others.

A key factor in this process is education and lifelong learning: attitudes towards one's body and mind, to one's individual social potential, to prevention and rehabilitation, are conditional upon the human ability to learn. New ideas and creative action as the basis for innovation arise in social learning, in spaces which have to be created for them, but this cannot occur under pressure, which still dominates in many education and employment-related contexts.

The Health Reform 2005 has created important prerequisites for the stated political goal of not allowing the creation of two different classes of medical and nursing care in Austria. At the same time, the ageing of society results in health prevention acquiring a decisive role in increasing the quality of life while at the same time containing costs. Every investment made in healthy nutrition, sport and exercise can lead to double the amount of savings in medical treatment. Campaigns to encourage exercise and healthy lifestyles, and to promote satisfaction and health at work so that people remain in their jobs longer, will represent important challenges in this process. The same applies to the creation of activating and participatory infrastructures for mature citizens at a local level, which at the same time either support care or prevent the need for it.

The desire to lead a self-determined, independent life in surroundings of one's own choice, even if there is a need for care, represents an equally significant challenge for infrastructure-, housing- and social policy. Care counselling should be an obligatory element in the procedure leading to the award of long-term care benefit. A decisive role for the preservation of high quality of life in the future will be played by quality assurance in both institutional care and care at home, with the involvement of voluntary helpers of various ages who encourage communication.

To improve the compatibility of care and nursing with working life in cases of family hospice leave and day care, a further extension of support and care respite measures will be required.

In local community services, the new demography-sensitive terms of reference should be legally defined and innovative regional cooperation promoted.

At the same time, a high level of voluntary participation will be needed on the part of older citizens to structure their living space in the community; it will be necessary to utilise their expertise in life after employment, together with representatives of various generations. This will serve to give their own lives meaning and at the same time it will benefit the population as a whole. When strategically conceived, the empowerment of socially weaker, disadvantaged or endangered persons promotes social balance and cohesion, and simultaneously creates inter-generational projects for cultural and social diversity and quality of life, as in the Citizens' Centres for Young and Old.

Demographic challenges are an important issue for Austria at all levels, for example also at European Level. This was highlighted with several initiatives also during the Austrian Presidency to the European Union in the first semester 2006.

It appears necessary to realise better networking and coordination for ongoing as well as already completed research and implementation projects. This could be dealt with by flexible coordination in the form of projects, for example. In this context, sustainable cooperation with the media would certainly also be meaningful.

Austria professes its commitment to the bottom-up process in its cooperation with the senior citizens' organisations, and also seniors' initiatives and projects, with the charitable associations and NPOs from all sectors of society as well as self-help groups at local, regional, national and international levels. The Austrian Federal Senior Citizens Advisory Council in the Federal Ministry of Social Affairs and Consumer Protection will invite all the stakeholders to participate in the drawing up of a comprehensive national senior citizens' plan from 2007 onwards. The obligations of the World Action Plan on Ageing and the Regional Implementation Strategy in the ECE countries, in whose formulation the representatives of Austrian senior citizens also played an important role, will be used as a benchmark.

To sum up, the following further topics will need to be dealt with in Austria in the coming years:

- Perceiving the dimension of ageing in a differentiated way: which factors other than demographic ones determine the extent, speed and consequences of the ageing process? How can, in accordance with mainstreaming ageing, the necessary interdisciplinary and intersectoral dialogue in all areas of ageing-relevant, demography-sensitive research and implementation practice be developed and promoted?
- Which forms of social contact outside of families promote – as a form of compensation for individualisation and isolation – social responsibility in each phase of life and above all the exchange among the generations? How can the existing good examples provide stimulation for the creation of new initiatives?
- Further promotion of the framework of active ageing as a comprehensive development process of the optimisation of the opportunities to remain healthy, to participate in social life and thus to improve one's own quality of life and the quality of life in society as a whole.

*g) indicate capacity-development needs;*

*h) describe the need and/or request for exchanges of experiences across countries;*

*i) indicate your requests/needs/wishes with regards to the work of international organizations in the field of ageing.*

Mainstreaming ageing in the sense of creating an awareness of the positive views of ageing and of dealing with the challenges towards a society for all ages requires more powerful linked international effort with multilateral input, with a greater exchange of experiences and comprehensive networking.

To ensure appropriate follow – up to the Conference of Ageing 2007 an intergovernmental body on population ageing based on the network of national focal points on ageing at the UNECE would be helpful and desirable.

## Annex

1. List and contact details of organisations in your country directly involved in preparing this report.

Federal Ministry of Social Affairs and Consumer Protection, Seniorenpolitische Grundsatzabteilung.

Stubenring 1

A-1010 Vienna

2. List and contact details of organisations in your country involved the follow-up to MIPAA/RIS, by sector (government institutions, NGOs, academia, private sector).

will be delivered on request. Contact : [elisa.zechner@bmsk.gv.at](mailto:elisa.zechner@bmsk.gv.at)

3. Attach, if applicable, the national action plan on ageing and the relevant laws on ageing.

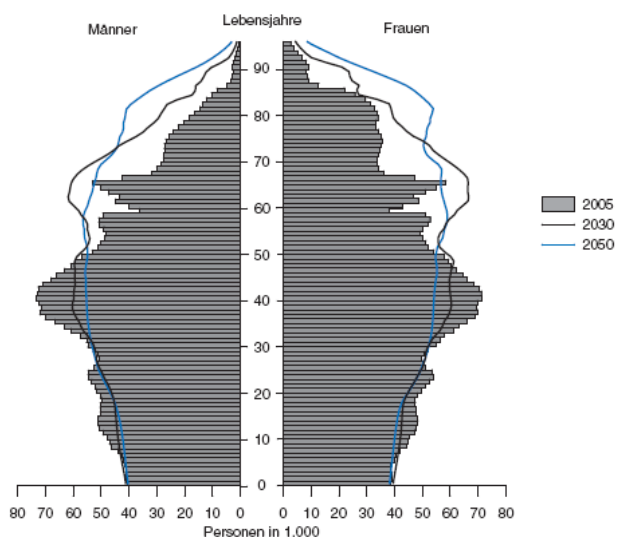
The National Action Plan on Ageing is in preparation

The relevant laws on ageing are cross-sectoral and are listed in Kap 1 b) laws and regulations

More details

### Reference to Chapter 1, Demografie

Bevölkerungspyramide 2005, 2030 und 2050



Refer to Kap 1 b - Budgets

**Development of social expenditures and of the social expenditure ratio**

Year	Social expenditure in bn EUR	GDP in bn EUR	Social expenditure ratio (social expenditure in% of the GDP)
1990	35.5	136.3	26.0
1995	50.4	175.5	28.7
2000	59.3	210.4	28.2
2001	61.6	215.9	28.6
2002	64.3	220.8	29.1
2003	66.6	226.2	29.5
2004	68.7	235.8	29.1

Source: Austrian Statistics Office, Federal Ministry of Social Security, Generations and Consumer Protection: ESSPROS databank social expenditures

**Share of benefits in kind in the total expenditure in the respective social sector, 2003**

	Share of benefits in kind in the total expenditure
Old age and survivors	3%
Invalidity	15%
Unemployment	31%
Family	16%
Health	85%

Source: Austrian Statistics Office, Federal Ministry of Social Security, Generations and Consumer Protection: ESSPROS databank social expenditure

In the following table, the major social schemes (expenditure over EUR 50 million/year) are classified according to their financing structure. Over two thirds of benefits under social insurance legislation (with the exception of health insurance) are financed by almost equal contributions from employers and insured persons. In the case of health insurance, the insured person's share is higher.

The highest social expenditure financed from the budget attributable to health services extending beyond health insurance (particularly in the inpatient sector), the social services of the Laender and local authorities, long-term care allowance and means-tested benefits (not including unemployment assistance for the long-term unemployed).

**Financing structure of the social benefits, 2003**

	Share of employers' contributions <sup>1</sup> in %	Share of insured in %	Share of budget means in %	Share of Other revenues <sup>2</sup> in %
<b>Exclusively from budget means</b>				
Victims' compensation			100	
Long-term care allowance			100	
Tax credit for children			100	
Health benefits (excluding health insurance)			100	
Housing benefits			100	
Social benefits from <i>Länder</i> and local authorities <sup>3</sup>			100	
Exemptions from charges			100	
Grants for pupils and students			100	
National fund for disabled persons			100	
<b>At least two thirds from employers' means/ contributions</b>				
Cont. payment of wages in case of sickness	100			
Bankruptcy contingency fund	98			2
Company pensions	96	4		
Accident insurance	96			4
Family Burden Equalisation Fund	82		17	1
<b>At least two thirds from employers' and employees' contributions</b>				
Unemployment insurance	45	45	9	
Pension insurance	35	34	27	4
Health insurance	26	43		30

1) incl. assumed employers' contributions in the civil servants' pension schemes

2) mostly intergovernmental transfers, dissolutions of reserves



3) Private co-payments and cost-sharing are not included according to ESSPROS  
 Source: Austrian Statistics Office, Federal Ministry of Social Security, Generations and Consumer Protection: ESSPROS databank social expenditure

## Ref to Laws & regulations Health- und Social policies

**2005** Reform of public health care (Health Care Reform Act) details in Kap 4, C. 5 und 7 sowie Annex

- Co-ordination of federation, provinces and social insurers via the newly created Federal Health Agency and the Provincial Health Funds
- Closer networking of the inpatient (hospital) and outpatient sectors (hospital clinics, doctors in private practice).
- Anchoring of universal quality assurance via the Act on the Quality of Health

Fonds Gesundes Österreich ("Fund for a Healthy Austria") since 1998 is operating in the field of health prevention **for all ages**

- to raise public awareness about health and to support and create healthy living conditions and lifestyles
- promoting projects and developing structures that promote health.
- invests in the development of appropriate structures and networks, in continuing education and in support for the self-help movement as well as in information and education relevant to health

## Health care

**Description of the system:** The federal government is responsible for the health care system, except for hospital care, for which the federal government is only responsible for general legislation while the provinces (*Länder*) legislate on implementation of policies. Therefore, the federal and provincial governments conclude agreements to ensure the health care. Some 50% of health care expenditure is financed by compulsory social health insurances, 20% by tax revenue and 30% by private households (including financing by supplementary private health insurance). Self-employed health professionals provide most primary and secondary outpatient care. Outpatient clinics, owned by hospital providers or statutory health insurance funds, deliver secondary outpatient and dental care. General practitioners coordinate care and referrals, serving as formal gatekeepers to inpatient care except in emergency cases. However, patients often access outpatient clinics directly. Public health authorities deliver child health care and screening services, often financed by statutory health insurance. Acute secondary and tertiary inpatient care is provided by 'fund hospitals', owned by municipalities, *Länder*, religious and other not-for-profit organisations, or by private for-profit hospitals.<sup>69</sup>

**Accessibility:** The social health insurance system is mandatory for the vast majority of the population. It covers around 98% of the Austrian population, including some social assistance recipients for whom the *Länder* pay contributions. Social health insurance covers all services linked with the treatment of an illness. All individuals covered by social health insurance are entitled to the social health insurance services and benefits laid down by law. Eligibility is not subject to means-testing. When using certain health care services, the insured have to make co-payments or take account of patient deductibles. There are exceptions for low-income earners and for people who provide proof of above average expenses due to illness.

Supplementary private health insurance is mainly used to obtain better hospital accommodation and the doctor of one's choice at private hospitals. However, there are still around 2% of the Austrian population who are not covered by health insurance. Social assistance schemes, for which the *Länder* are responsible, pay the treatment costs for

some non-insured persons. New legal provisions open access to health care further, in particular granting social insurance coverage to asylum seekers in need of assistance. While Austria has no nationwide data on waiting lists, there seem to be no major issues concerning waiting lists.

**Quality:** At federal level a large number of laws and regulations have been adopted in recent years that partly contain quality specifications (currently approx. 50 standards). In addition, a variety of standards have been set at *Länder* level. The framework for mandatory quality work has been strengthened by legal standards especially the Federal Act on the Quality of Health Care Services. Future challenges will lie in their implementation. The federal government has supported and financed a large number of quality-related (project) activities, on issues such as interface management, quality reporting, patient guidance, use of antibiotics and prevention of adverse events.

**Long-term sustainability:** Total health care expenditure (at 7.5% of GDP and 2365 PPP\$ per capita in 2004) was recorded to be slightly below the EU average in GDP terms. Public healthcare expenditure as a share of total health expenditure was about 67.6% and mostly constant from 1998 to 2004.<sup>70</sup> According to the 2006 EPC/EC projections public health care expenditure is projected to increase by 1.6 percentage points of GDP by 2050 due to population ageing, whereas a national projection is 1.2% of GDP. Improving the use and impact of the available financial funds in health care is a continuous challenge to ensure financial sustainability, making it necessary to exploit rationalisation and efficiency improvement potentials. There are continuous policy talks and agreements with doctors' and pharmacists' associations and the pharmaceutical companies to achieve a sustainable dampening of the rising costs of pharmaceuticals. These changes, e.g. a revised reimbursement scheme for pharmaceutical innovations and generics, reduced average cost increases from 7-9% earlier to some 3% in 2005. Demographic developments and patients' increased demands on the services provided are confronting the health and social care sector with major challenges. Nursing and long-term care is becoming increasingly complex and raises both the quantity of staff needed and the quality standards expected of well-trained nursing staff.

### Long-term care

**Description of the system:** The Austrian system for long-term care has two main components. Firstly, a universal allowance system for long-term care accessible to all those in need of long-term care was introduced in 1993. These benefits are entirely financed from taxes. They are granted to about 4% of the population on the basis of seven categories of need that depend on the hours of nursing care required per month.<sup>71</sup> The allowances provide flatrate cash benefits that contribute to paying for additional expenses incurred because of a person's need for care, giving the individuals concerned a better chance of managing their own lives, e.g. staying in their own homes. Secondly, the *Länder* are responsible for providing social services for long-term care. In 1993, an agreement between the federal government and the *Länder* was concluded, with a catalogue of services and quality standards. The federal government has undertaken to provide social insurance cover for informal caregivers. 80% of all people in need of long-term care are cared for by family members at home.

**Accessibility:** The federal and corresponding provincial long-term care allowance programmes cover all persons in need of care, irrespective of age. Persons not entitled to benefits under the federal scheme will receive long-term care benefits from the *Länder* at the same rates and in accordance with the same rules as in the federal scheme. Persons in need of care are legally entitled to this benefit irrespective of their income or wealth, and irrespective of the reason for requiring such care. However, income and assets, as well as care allowance, are taken into account in calculating the beneficiaries' financial

contributions to social services. If the household does not have the income or assets to pay for the services, the social assistance service can provide funding in addition to the care allowance. Institutional care is predominantly provided by provinces and municipalities, or by religious and other non-profit organisations. Home care services are provided by non-profit organisations. Informal care traditionally plays a major role in Austrian long-term care. The formal home care sector is still expanding and there are marked regional differences in the availability of services, in particular of services to support informal care giving (such as counselling and respite care).

**Quality:** There are several efforts made to enhance quality in long-term care. Creating uniform and binding quality standards together with quality assurance procedures for social services is one challenge. A first step in this direction is the agreement concluded between the federal government and the *Länder* on social care occupations, in force from July 2005, which introduced uniform standards for social care training and work. Particular emphasis is placed on standards for ambulatory care, including free choice between available services as well as quality assurance and monitoring by the *Länder*. The agreement concluded in 1993 also defines minimum standards for institutional care, including e.g. priority for small care facilities integrated in the local community and free choice of doctor. All *Länder* have now adopted rules for supervising old-age and nursing homes, including provisions that ensure the legal protection of residents. The policy of "Quality assurance in home care" is increasingly important to both receivers and providers of care. Home visits by certified care workers are a key tool to check, inform and counsel all those involved in a home care situation. Providing support to caring family members is considered a top priority within long-term care, as the work of informal carers is very valuable to society as a whole but frequently associated with great physical and psychological stress.

**Long-term sustainability:** In 2005 the federal government spent € 1566 million on long-term care benefits. The *Länder's* expenses under provincial long-term care benefit legislation amounted to some €282 million in 2004. Expenses on benefits in kind for social services totalled €1423 million in 2004, mainly financed by the *Länder's* budgets (social assistance) and partly by municipalities, while the users of such services have to contribute towards these costs with socially graduated co-financing amounts. According to the 2006 EPC/EC projections public long-term care expenditure is projected to increase by 0.9 percentage points of GDP by 2050 due to population ageing (from 0.6% of GDP in 2004), while a national projection is 0.7 percentage points of GDP. (These projections only refer to expenditure under the Federal Long-term Care Allowance Act.) A major challenge for the financial sustainability of long-term care lies in demographic developments that might require more social services and therefore lead to increased financial requirements, which are expected to be balanced by significant employment effects. One immediate challenge, and an important point in the drafting of the new government's agenda, concerns the current availability of professional nursing and care staff, including the recruitment of migrant workers.

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