European Social Charter | Charte Sociale Européenne

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EUROPEAN SOCIAL CHARTER

1st National Report on the implementation of the European Social Charter

submitted by

THE GOVERNMENT OF AUSTRIA

(Articles 3, 11, 12, 13 and 14
for the period
01/01/2008 - 31/12/2011)

Report registered by the Secretariat on 2 November 2012

CYCLE 2013

REVISED EUROPEAN SOCIAL CHARTER

1st NATIONAL REPORT

in accordance with Article C of the Revised European Social Charter
and Article 21 of the European Social Charter
on measures taken to give effect to
Articles 3, 11, 12, 13 und 14
for the period 01/01/2008 – 31/12/2011

submitted by
THE FEDERAL GOVERNMENT OF AUSTRIA

The ratification instrument of the Revised European Social Charter was deposited on 20 May 2011

In accordance with Article C of the Revised European Social Charter and Article 23 of the European Social Charter copies of this report have been communicated to:

the Austrian Trade Union Federation,
the Austrian Federal Chamber of Labour,
the Austrian Federal Economic Chamber,
the Federation of Austrian Industry,
the Presidential Conference of Austrian Chambers of Agriculture,
and
the Council of Austrian Chambers of Agricultural Labour

ARTICLE 3
THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

ARTICLE 3 § 1

Questions 1 and 2

Previous reporting is updated as follows:

Consultations with the social partners as stipulated by law

Occupational Safety and Health Advisory Board (*Arbeitnehmerschutzbeirat*)

Section 91 Para. 1 of the Workers Protection Act (*ArbeitnehmerInnenschutzgesetz*, *ASchG*) specifies establishment of the Occupational Safety and Health Advisory Board for the purpose of consultation with the Federal Minister of Labour, Health and Social Affairs on fundamental issues relating to safety and health protection at work.

Alongside the Central Labour Inspector, the Occupational Safety and Health Advisory Board includes a representative of the Transport Labour Inspectorate, two representatives of the Federal Chamber of Labour, two representatives of the Austrian Federal Economic Chamber, two representatives of the Austrian Trade Union Federation, two representatives of the Federation of Austrian Industries, two representatives of the Federal Chamber of Engineers, two representatives of the Austrian Chamber of Physicians and two representatives of the Austrian Workers' Compensation Board (AUVA). One representative each of the Austrian Railways Insurance Institute and of the Insurance Institution for Public Service Wage and Salary Earners also sit on the Occupational Safety and Health Advisory Board when the matter under consultation is related to the statutory responsibilities of these institutions. A representative of the Association of Electricity Companies (*VEÖ*) participates in the board when the topic of consultation is related to the interests of electricity companies. In addition, the Liaison Office of the *Laender* at the Office of the *Land* Government of Lower Austria (*VST*) is invited to the meetings of the Occupational Safety and Health Advisory Board, as are the individual federal ministries that come under consideration, depending on the matter under consultation.

Expert committees may be established and convened for the purpose of preliminary consultation.

The activities of the Occupational Safety and Health Advisory Board pursuant to Section 91 *ASchG* during the period under review of 1 January 2008 to 31 December 2011 are listed in the following:

Four meetings of the Occupational Safety and Health Advisory Board were held during this period. The following items were repeatedly included on meeting agendas:

Reports on the activities of the accident insurers' prevention centres

Workers' protection at EU level: proposed legislation, EU strategy, campaigns, political developments

Current activities und projects of the Ministry of Social Affairs (relating to labour law and labour inspection): previously adopted amendments to laws and ordinances, proposed legislation, targeted schemes and campaigns

Various expert committees (working groups) of the Occupational Safety and Health Advisory Board also held meetings between 2008 and 2011.

These specifically included meetings of the expert committee on the Occupational Health and Safety Strategy 2007-2012, where information was provided on the projects and the findings of the Occupational Health and Safety Strategy working groups. At several meetings of the expert committee on occupational exposure limits, negotiations took place towards a comprehensive amendment to the Ordinance governing limit values (*Grenzwerteverordnung, GKV*).

Consultations not obligatory under the law

The Health and Safety at Work Strategy 2007–2012 was launched with a view to coordinating activities by the relevant players in the field of workers' protection. It is based on the annual work schedule of the Labour Inspectorate, international guidelines (ILO) and, specifically, the EU common strategy 2007–2012 (Communication by the European Commission and Council Resolution).

The strategy encompasses representatives of institutions that are directly or indirectly involved in the field, such as ministries, *Laender* governments, accident insurers, the social partners, interest groups, universities, businesses, associations, etc.

The joint planning that goes into the National Health and Safety at Work Strategy aims to make optimal use of the time and staff resources at each institution, to encourage an exchange of know-how and information and set up networks and cooperations. Many factors, such as the demographic change seen in the working world (ageing-friendly work), new employment trends (the new self-employed, migrants, teleworking etc.), economic incentives for workers' protection, rehabilitation and reintegration of workers, etc., are considered in implementing the projects under the strategy, and measures are taken that aim to reduce the incidence rate of accidents (by 25 % throughout the EU), cut down on occupational diseases and work-caused illnesses.

Core elements of the Occupational Safety and Health Strategy 2007-2012

- Improvement and adaptation of the legislation on occupational safety and health
- Proper application and enforcement of the regulations concerning occupational safety and health
- Integration of occupational safety and health into educational systems (schools, universities of applied sciences, universities)
- Quality improvement of the access to preventive services
- Support of small enterprises with the aid of intelligible information and practical guides

Objectives of the Occupational Safety and Health Strategy

- Reduction of the incidence rate of accidents at work
- Reduction of occupational and work-related diseases
- Appropriate equipment of the labour inspectorates

- Support through policies of public health and health promotion at work

Measures for implementing the Occupational Safety and Health Strategy

The following activities were carried out as part of the National Occupational Safety and Health Strategy:

- Preparation of guidelines and folders
- Campaigns
- Conferences and events
- Commissioning of research projects and studies
- Collection of examples of good practical solutions for promoting health and safety at work
- Learning game for encouraging, at the workplace, a discussion of psychological stress factors

Details in German:
http://www.arbeitsinspektion.gv.at/AI/Arbeitsschutz/strategie/default.htm

In English:
http://www.arbeitsinspektion.gv.at/AI/Arbeitsschutz/strategie/en_strategy_0010.htm

A variety of information events were also held as part of implementing the European Campaign for Safety and Health at Work within Austria.

National Network for Occupational Safety and Health

The Central Labour Inspectorate convenes meetings of the National Network for Occupational Safety and Health twice a year. The meetings are attended by representatives of the major organisations involved in occupational health and safety, including labour supervisory bodies, federal ministries, social partners, social security institutions, interest groups of experts for the prevention of occupational accidents and diseases, universities, prevention centres and others.

Such meetings have been taking place since 2000. The most important task is to support the campaigns by the European Agency for Safety and Health at Work. At past meetings, joint expert conferences were planned and advertising activities for occupational safety and health coordinated. Another purpose of the meetings is to clarify the position of the national stakeholders in order to be able to take an active role in planning initiatives at the European level.

Question 3

Activities within the framework of the National Occupational Safety and Health Strategy 2007-2012:

Six guides: wood dust; natural optical radiation (UV radiation outdoors); handling of nanomaterials; assessment of the evaluation of psychological stress; artificial optical radiation; assessment of strain arising from manually handling loads

Nine targeted schemes, campaigns and projects: the topics included support from experts for the prevention of occupational accidents and diseases, risk assessment, advising responsible individuals in the construction sector, investigation of organisational procedures to ensure the safe use of self-propelled mobile work

equipment, good practice awareness-raising campaign, explosion protection in motor vehicle paint shops and joineries

Three conferences/events: psychological strain and back pain; work as part of life rhythm; health symposium: “Personal crisis ahead” (“*Ich krieg die Krise*”)

Nine folders: Who is who – people involved in workers’ protection; hazard of sun exposure; fundamentals of risk assessment; construction accidents – analysis and prevention; industrial cleaning; making workplaces barrier-free; hazard of workplace noise; hazard of vibrations; hot surfaces of industrial baking equipment

Studies and research projects: handling nanotechnology at work – experience and case studies; permeability of textiles for UV radiation

In the context of the European campaigns, a total of 14 events were staged during 2008-2011:

European campaign on risk assessment 2008-2009
– four events with 425 participants

European campaign on safe maintenance 2010-2011
– ten events with 1,890 participants

ARTICLE 3 § 2

Questions 1 and 2

Previous reporting is updated as follows:

Austria has a highly developed system of regulations for protecting workers. On joining the EU in 1995, Austria adopted a large number of new regulations that supplemented previously existing legislation.

Changes were and continue to be required as a result of new EU Directives or amendments to existing provisions, as well as in connection with EU Regulations that also affect Austrian workers’ protection regulations (e.g. the EU CLP Regulation). It is additionally necessary to adapt regulations as technologies advance and in order to reflect increasingly complex requirements for training and specialist knowledge. Sometimes, however, it is a matter of translating obsolete provisions of law into the framework of the contemporary legal system.

In all cases where EU legislation is transposed or where exclusively Austrian regulations are developed, consultation takes place with the social partners, for example within the expert committees of the Occupational Safety and Health Advisory Board.

Legislation issued during the period under review

Provisions within the competence of the Labour Inspectorate

Amendment to the Ordinance concerning prohibitions and restrictions of employment for female employees: In Federal Law Gazette II no. 279/2008 an amendment to the Ordinance concerning prohibitions and restrictions of employment for female employees, Federal Law Gazette II no. 356/2001, was published; specifically, Section 2 was omitted, which had specified the prohibition of employment in underground mining. The amendment entered into force as of 3 April 2009.

Amendment to the Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*) 1993: An amendment to the *ArbIG* 1993 was published in Federal Law Gazette I no. 150/2009. The main subjects were inspection of the file on the posting of employees kept by the Federal Ministry of Finance, and the querying of data from the social security institutions and from the Main Association of Austrian Social Security Institutions. The amendment entered into force as of 1 January 2010.

Amendment to the *ArbIG* 1993: An amendment to the *ArbIG* was published in Federal Law Gazette I no. 93/2010. The main subject of the change was the notification of the Chamber of Physicians when the Labour Inspectorate reports an offence involving physicians employed at hospitals. The amendment entered into force as of 1 November 2010.

Amendment to the Ordinance concerning the supervisory districts and competence of the Labour Inspectorates: The change to the Ordinance concerning the supervisory districts and competence of the Labour Inspectorates was published in Federal Law Gazette II no. 451/2011. This specifically entailed adapting the Ordinance concerning the supervisory districts and competence of the Labour Inspectorates with regard to the 12th supervisory district. The adaptation was necessary due to the merging of the political districts of Judenburg and Knittelfeld to form one political district referred to as “Murtal”.

Amendment to the Ordinance governing workplaces (*Arbeitsstättenverordnung*) and of the Ordinance governing construction workers protection (*Bauarbeiterschutzverordnung, BauV*): An amendment to the Ordinance governing workplaces and to the Ordinance governing construction workers protection was made public in Federal Law Gazette II no. 256/2009. The amendment entered into force as of 1 January 2010. The amendment contains new regulations concerning first-aid providers at workplaces and construction sites and concerning the persons responsible for fire-fighting and for evacuation.

Amendment to the *BauV*: In Federal Law Gazette II no. 408/2009, an amendment to the *BauV* was adopted (effective as of 1 January 2010), which entailed an adjustment of the regulations pertaining to scaffolding to reflect current technical standards.

Amendment to the Ordinance governing work equipment (*AM-VO*) and to the *BauV*: In Federal Law Gazette II no. 21/2010, an amendment to the *AM-VO* and to the *BauV* was adopted (effective as of 1 February 2010), which updated regulations that were no longer consistent with contemporary technical and legal conditions and adjusted the ordinances to reflect current technical standards.

Amendment to the *BauV*: In Federal Law Gazette II no. 3/2011, an amendment to the *BauV* was made (effective as of 1 February 2011), which expressly stipulated that certain provisions of the *BauV* also apply if any work is not carried out at construction sites but at external work sites. Provisions on the following addressed were specifically: precautions against icy surfaces and against falling objects; the use of suitable equipment to reach work sites that are difficult to access; methods for positioning with the aid of ropes; working on roofs under the risk of falling; earthwork; work done by chimney sweeps and work on or in furnaces; working at, over or in bodies of water; and maintenance work on railway facilities and on roads with vehicle traffic.

Amendment to the Ordinance on noise and vibrations: An amendment to the Ordinance on noise and vibrations was published in Federal Law Gazette II no. 302/2009, which specified in detail the measurement of whole-body vibrations. The amendment entered into force as of 1 October 2009.

Amendment to the Act on Annual Leave and Severance Pay for Construction Workers (*Bauarbeiter-Urlaubs- und Abfertigungsgesetz, BUAG*), the Workers Protection Act (*ArbeitnehmerInnenschutzgesetz, ASchG*), the Act Governing Coordination of Construction Works (*Bauarbeitenkoordinationsgesetz, BauKG*), the *ArbIG* 1993, and the Transport Labour Inspection Act (*Verkehrs-Arbeitsinspektionsgesetz, VIG*) 1994: With the adoption of Federal Law Gazette I no. 51/2011, the legal basis for establishing a database on construction sites was set forth in the *BUAG*, the *ASchG*, the *BauKG*, the *ArbIG* and the *VAIG*. In addition, a provision was introduced in Section 20 Para. 9 *ArbIG* 1993 governing cooperation with other European authorities. The amendment entered into force as of 1 August 2011.

Amendment to the Ordinance governing limit values (*Grenzwerteverordnung, GKV*) 2007 – *GKV* 2011: The amendment to the 2007 Ordinance governing limit values for working substances and governing carcinogenic agents was published under the new name “Ordinance governing limit values for working substances and governing carcinogenic agents and substances toxic to reproduction” (*GKV* 2011) in Federal Law Gazette II no. 429/2011 and entered into force as of 20 December 2011. The main changes and additions include: a revision of the special regulations applying to wood dust (Chapter 3); changes to the measurement obligation (Chapter 5); updating of the list of substances in Annex I, specifically by requiring adoption of the EU’s indicative limit values and by taking into account toxicological findings; updating of the list of carcinogenic agents in Annex III; and introduction of the term “substances toxic to reproduction” in Annex I as well as a list of such substances in the new Annex VI.

Ordinance governing the protection of workers against the effects of optical radiation (*Verordnung optische Strahlung*, *VOPST*) and amendment of the Ordinance governing workplace health monitoring (*VGÜ*) and of the Ordinance governing prohibitions and restrictions of employment for young people (*KJBG-VO*): The legislation was published in Federal Law Gazette II no. 221/2010. The *VOPST*, which entered into force as of 9 July 2010, transposing into Austrian law EU Directive 2006/25/EC regarding the exposure of workers to artificial optical radiation.

Ordinance governing the protection of employees in surface mining operations (*Tagbauarbeitenverordnung*, *TAV*): The *TAV* was published in Federal Law Gazette II no. 416/2010. The amendment entered into force as of 1 January 2011. The ordinance sets forth regulations governing the protection of employees working in surface mining operations, replacing the previous “Quarry Ordinance” as well as the corresponding provisions of the General Mining Police Ordinance.

Provisions within the competence of the Transport Labour Inspectorate

Amendment to the Transport Labour Inspection Act (*Verkehrs-Arbeitsinspektions-gesetz*, *VAIG*) 1994, Federal Law Gazette no. 650/1994, as amended by Federal Law Gazette I no. 79/2008, and amendment to the Ordinance governing the protection of transport workers (*AVO Verkehr*), Federal Law Gazette II no. 422/2006, as amended by Federal Law Gazette II no. 57/2008. The *AVO Verkehr* includes

provisions specifying the documentation topics relating to workers' protection that must be taken into account during transport licensing procedures. The ordinance was supplemented in 2008 and expanded to include prerequisites from worker protection legislation to be applied in statutory licensing procedures for cableways (safety report, operating licence).

Amendment to the *AVO Verkehr*, Federal Law Gazette II no. 422/2006, as amended by Federal Law Gazette II no. 52/2009. With this amendment, the *AVO Verkehr* was expanded to include licensing procedures for operating railways.

Amendment to the *VAIG* 1994, Federal Law Gazette no. 650/1994, as amended by Federal Law Gazette I no. 150/2009. The main subjects were inspection of the file on the posting of employees kept by the Federal Ministry of Finance, and the querying of data from the social security institutions and from the Main Association of Austrian Social Security Institutions.

Amendment to the Ordinance governing protection of railway workers (*EisbAV*), Federal Law Gazette II no. 384/1999, as amended by Federal Law Gazette II no. 208/2009. The amendment specifies protection measures during construction work in tunnels and skills training requirements for railway operations managers. The Ordinance governing protection of workers in inland navigation (*SchiffAV*), published in Federal Law Gazette II no. 260/2009, was issued to specify in detail measures to protect employees against the special hazards entailed in inland navigation. The *SchiffAV* sets forth provisions requiring compliance with workers' protection standards in the case of watercraft on inland waterways and floating devices on inland waterways.

Amendment to the *VAIG* 1994, Federal Law Gazette no. 650/1994, as amended by Federal Law Gazette I no. 22/2010, to include supplementary regulations to facilitate administrative procedures.

Amendment to the *AVO Verkehr*, Federal Law Gazette II no. 422/2006, as amended by Federal Law Gazette II no. 12/2010 (adaptation to reflect amendments to the Environmental Impact Assessment Act) and Federal Law Gazette II no. 251/2010 (specification of proof of compliance with workers' protection regulations in the case of cableway licence renewals).

Amendment to the *VAIG* 1994, Federal Law Gazette no. 650/1994, as amended by Federal Law Gazette I no. 51/2011. Definition of regulations for the "construction site database" that are analogous to those of the *ArbIG*.

Amendment to the *AVO Verkehr*, Federal Law Gazette II no. 422/2006, as amended by Federal Law Gazette II no. 302/2011. This amendment expanded the *AVO Verkehr* to include statutory approval procedures for ships (licensing, operating permit, vessel approval).

Amendment to the Ordinance governing protection of railway workers (*EisbAV*), Federal Law Gazette II no. 384/1999, as amended by Federal Law Gazette II no. 156/2011. Regulation governing warning signs in track vicinity.

Ordinance of the Federal Minister for Transport, Innovation and Technology governing observance of workers' protection requirements and proof of compliance in transport approval procedures (*AVO Verkehr 2011*), Federal Law Gazette II no. 17/2012. The current version of the *AVO Verkehr* was republished for improved user readability.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Safety and health regulations for the self-employed

It is apparent from the Conclusions by the Committee on Social Rights as well as from the additional questions that the Committee views Austria as not complying with the requirements of Art. 3 § 1 (now Art. 3 Para. 2) of the European Social Charter with regard to safety and health regulations for the self-employed.

1. However, the laws governing commercial plants already provide for adequate protection of the life and health of the business licence holder, as shown in the following.

Pursuant to the first sentence of Section 77 Para. 1 of the Industrial Code *(Gewerbeordnung, GewO*) 1994, a plant is to be licensed for operation when, based on the state of the art of technology (Section 71a), medicine and other applicable sciences, it can be expected that, either in general or after complying with specific appropriate requirements, any dangers within the meaning of Section 74 Para. 2 No. 1 GewO that are foreseeable according to the circumstances of the individual case can be averted, and any annoyances, impairments or detrimental effects within the meaning of Section 74 Para. 2 nos. 2 to 5 can be reduced to a reasonable level.

As part of plant licensing procedures in the individual case, the trade authority must therefore require where necessary measures which can be expected to prevent any danger to the life and health of the owner. Such measures will have to be based on an expert opinion issued by the official safety expert, who can refer to the specifically applicable workers' protection regulations as "technical rules".

If, however, such measures cannot assure that the owner's life and health will be protected, the legal consequence must be to refuse the plant a license to operate.

2. The previously existing legislation was extended with the aim of transposing Directive 92/57/EEC into national workers' protection regulations. Specifically, the *GewO* was amended in 2010 (Federal Law Gazette I no. 66/2010) to extend safety and health regulations applicable to construction sites to business licence holders (self-employed persons).

In detail, Section 84j was added to the 1994 *GewO* in response to the consideration that self-employed persons as well as employers who carry out occupational activities at a construction site can, as a result of their activities, endanger the safety and health of other business licence holders and of employees of the latter. Separate provisions requiring business licence holders to use personal protective equipment are not necessary, as Section 15 and Section 69 Para. 4 *ASchG* do require personal protective equipment to be used reasonably and appropriately and these provisions apply accordingly.

Section 367 no. 57a of the 1994 *GewO* was introduced as a penal provision to correspond with Section 84j: persons not complying with the requirements and prohibitions contained in the provisions of Section 84j Paras. 1 and 2 are liable to a fine of up to EUR 2,180.

The protection of the self-employed can be viewed as given to a satisfactory extent, as far as the Industrial Code is concerned.

The Austrian Federal Economic Chamber (*WKO*; the interest group representing Austrian businesses, with more than 400,000 member companies) has reiterated the view that it would be contradictory to the nature of self-employed activity to subject it to the same legal provisions as dependently employed activity. Special consideration needs to be given in this regard to the fact that the self-employed arrange their working conditions autonomously and are not dependent on other individuals. It should also be considered that the employers of dependently employed workers are bound to a number of obligations as a result of regulations for protecting workers. In the case of the self-employed, which party should assume the role of the employer? In the absence of an employer, there would be no object to such provisions in the case of the self-employed.

In this context it should be noted that “false” or pseudo self-employed workers, i.e. who work on a freelance basis but, strictly speaking, would have to be regarded as employees from a labour-law point of view, are thus automatically subject to the provisions for the protection of workers.

In their capacity as the interest group of all businesses active in Austria, the *WKO* offers to the self-employed a broad range of services in the areas of further training and consulting, aimed at helping them improve their safety and health at work and prevent any accidents or health impairments.

In addition to the advice and counselling listed in the Austrian report to the European Committee of Social Rights, some of the services included in these offerings are indicated below.

The academy for owners of small businesses1 addresses, for example, in one of its set of courses topics relating to the work-life balance. This module focuses on techniques and methods for time management and self-management, while the specific issues discussed include delegating tasks and outsourcing as well as dealing with stress.

Work-life balance issues are also a frequent topic at major events for one-person enterprises (*EPU-Tage*).

At this year’s conference for business owners, experts will provide health tips especially geared towards female entrepreneurs. In addition, information events will take place dealing with various types of healthcare for this target group, one example being women’s heart health.

Self-employed persons also find tips concerning time management and work-life balance under the category of “organisation tips” in the WIKI for one-person enterprises.2

The initiative “proFITNESS: healthy employees – healthy companies” launched by the *WKO* has the goal of convincing small and medium-sized companies as well as self-employed persons and employees of the benefits of health promotion at work. The website www.profitnessaustria.at provides self-employed persons with information on ways of promoting health through nutrition, exercise and relaxation, as well as with a quick check for rating their health awareness. Sources of government support for measures to promote health are also listed.

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[1] http://portal.wko.at/wk/format_detail.wk?angid=1&stid=217642&dstid=8345&opennavid=45711 (in German)
[2] http://epu.wko.at/wiki (in German)

Another website providing information is www.arbeitundgesundheit.at, which was initiated by organisations such as the Federal Chamber of Labour, the *WKO*, the Austrian Trade Union Federation, the Federation of Austrian Industries, the Social Insurance Institution for Trade and Industry (*SVA*), the Austrian Workers' Compensation Board (*AUVA*) and Pfizer. Self-employed persons can obtain from this website information concerning both measures for promoting health at work and workers' protection measures.

A DVD entitled "Safety and health protection at work" ("*Sicherheit und Gesundheitsschutz bei der Arbeit*", available in German), which sensitises the self-employed to the issue as well, was produced and made available in cooperation with the *AUVA* in December 2010.

The campaign "Fit for more success" sponsored by the SVA provides business people who invest in their health with a grant of EUR 100 to cover expenses. Anyone covered by compulsory commercial health insurance can receive the grant when they embark on at least three activities for promoting health in specified areas (e.g. nutrition, ergonomic workplace design) and spend at least EUR 100.

The most recent initiative is a pilot project, launched in March 2012, which is tailored to one-person enterprises and entitled "Healthy and able to work from the start" ("Gesund und arbeitsfähig von Anfang an"); the initiative is supported by the *SVA*, the Vienna Economic Chamber and the *WKO* proFITNESS initiative. The scheme provides the self-employed with tailored coaching in the areas of stress management, factors in performance and stress, and health promotion.

The Presidential Conference of Austrian Chambers of Agriculture (*Präsidentenkonferenz der Landwirtschaftskammern Österreichs*), the interest group of the businesses active in agriculture and forestry, points out in their statement that the health and safety of self-employed farmers falls within the scope of responsibility of the Farmers' Social Security Authority (S*ozialversicherungsanstalt der Bauern, SVB*), which puts great effort in meeting their responsibilities in the areas of accident prevention and health protection.

Examples of tasks in the way of prevention pursued by the accident insurance division (safety advice and health promotion) are listed below.

Developing awareness of accident prevention: both the safety advice and health promotion departments regularly organise campaigns focused on topics relating to safety and health. Examples of these include: "Conscious movement in farm work – healthy spine"("*Bewusst bewegt am Bauernhof – Gesunde Wirbelsäule*"); "Sun and health"("*Sonne und Gesundheit*"); "Fit4life – be a part" (". The primary target group of all such campaigns are self-employed persons working in agriculture and forestry.

Training and advice: Farm managers (*Betriebsführer*) are provided with technical safety advice in order to enhance their awareness of safety issues. Potential accident hazards are identified and proposals for avoiding them are prepared jointly. Representatives of safety advice visit between 3.000 and 4.000 farms each year. At the same time, ongoing work is done on information material, and workshops and courses relating to safety in agriculture and forestry are held. The training and education of future farm managers is a special concern. Consequently, representatives visit all agricultural schools to hold classroom sessions.

In cooperation with the *AUVA*, the *SVB* has developed a survey to rate hazards in farming and forestry operations. Hazard rating is compulsory only for operations

where workers are employed. The measures taken in response to such hazard rating obviously benefit employers as well, however.

The *SVB* has additionally stated that, in their view, the safety and health regulations applying to the self-employed in agriculture and forestry are adequate, particularly since the accident prevention responsibilities set forth in the laws governing social insurance have been specified especially with a view to this group of individuals.

ARTICLE 3 § 3

Question 1

No substantial changes.

Question 2

Labour Inspectorate

Workplaces, construction sites and external work sites checked

Between 2008 and 2010, the number of inspection visits to workplaces (including federal offices) and enterprises at construction sites and external work sites declined from 63,392 to 59,764. Excluded from inspection visits are plants and work sites supervised by the Farming and Forestry Inspectorates and the Transport Labour Inspectorate, administrative employees of the *Laender*, of local authority associations and municipalities, educational institutions run by the *Laender* and municipalities, religious institutions of the legally recognised churches and religious communities, and domestic employees working in private households.

Inspection visits made in 2007-2010:

Year	Workplaces inspected	Enterprises inspected at construction sites and external work sites	Total	Percentage of inspected workplaces* [%]
2005	55,879	14,322	70,201	17.1 %
2006	50,910	13,132	64,042	15.4 %
2007	52,025	13,382	65,407	15.6 %
2008	49,727	13,665	63,392	14.8 %
2009	49,468	12,803	62,271	14.7 %
2010	47,729	12,035	59,764	14.1 %

* Percentage of workplaces within the Labour Inspectorate's sphere of competence. The figures for 2005, 2006 and 2006 in the column entitled "Percentage of inspected workplaces" had to be revised due to a programming error.

Inspections carried out

The number of inspections carried out decreased from 68,132 to 58,907 within the 2008-2010 period. The number of consultations rose from 28,523 to 31,638 within the same period.

Year	Inspection visits to workplaces	Inspection of construction sites and external work sites	Total*)
2005	79,295	18,038	97,333
2006	74,236	16,341	90,577
2007	76,179	16,554	95,444
2008	52,451	15,681	68,132
2009	47,934	16,064	63,998
2010	43,751	15,156	58,907

*) Excluding checks of drivers.

Percentage of employees covered by inspection visits

During 2008-2010, the number of employees at the workplaces, construction sites and external work sites inspected declined by 4.9%, as shown in the table below. The percentage of employees working at the inspected sites fell slightly.

	Employees inspected at			
Year	workplaces	construction sites and external work sites	Total	Percentage of employees at the inspected workplaces * [%]
2008	1,278,320	46,268	1,324,588	45.8 %
2009	1,214,169	40,796	1,254,965	43.4 %
2010	1,220,610	39,320	1,259,930	43.3 %

* Percentage of employees working at workplaces within the sphere of competence of the Labour Inspectorate.

Complaints

The following table shows that the number of infringements hardly changed between 2008 and 2010.

Year	Infringements *)
2005	77,363
2006	67,870
2007	68,908
2008	68,280
2009	68,927
2010	67,832

*) Including persons enjoying special job placement protection, excluding checks of drivers.

Sectors in which infringements were found

During 2008-2010 most infringements and violations were found in the following sectors (listed in descending order according to infringements in 2010):

Branch	2008	2009	2010
Wholesale and retail trade; repair of motor vehicles and motorcycles	14,574	15,859	16,439
Construction	16,231	16,765	16,423
Manufacturing	13,820	11,849	11,962

Measures

Apart from according priority to advising operations on how to eliminate abuses, the Labour Inspectorate sent the operations and businesses written requests to remedy faults and, where necessary, filed a report on the offence with the administrative authorities. Reflecting the decline in the number of infringements, the number of written requests similarly fell between 2008 and 2010, whereas the number of offence reports showed a slight increase.

Year	Requests *)	Offence reports *)
2008	20,541	2,146
2009	21,383	2,202
2010	20,504	2,181

*) Including persons enjoying protection regulating the employment of particular groups (*Verwendungsschutz*).

Accidents at work and occupational diseases in general

The following table indicates the short- to medium-term development of accidents at work and cases of occupational disease suffered by dependently employed persons as registered by *Allgemeine Unfallversicherungsanstalt* (*AUVA*):

	1995	2000	2005	2008	2009	2010
Recognised accidents at work (excluding accidents to or from work)	138,128	110,429	103,029	116,407	99,052	92,954
Of which fatal	161	135	124	115	98	84
Rate of accidents at work [1)]	535	412	385	410	356	334
Recognised cases of occupational disease	1,308	1,136	1,146	1,477	1,589	1,446
Of which fatal	7	13	58	63	80	46

[1)] Recognised accidents at work in terms of the annual average of persons covered by accident insurance (x 10,000).

Source: *AUVA*.

The number of accidents at work was higher than average in 2008. According to AUVA, this is to be attributed to a considerable backlog in recording cases of accidents at work in 2007, which were subsequently included in the 2008 report.

The highest accident rates (per 10,000 employees) in 2010 were seen in construction (725), water supply, sewerage, waste management and remediation activities (632), and administrative and support service activities (499).

The highest absolute numbers of incidence of occupational diseases in 2010 were seen in manufacturing (402), construction (179), and in wholesale and retail trade, repair of motor vehicles and motorcycles (80).

Transport Labour Inspectorate

Workplaces and plants checked and inspections carried out

	Total inspections	Plants and workplaces inspected
2008	1,086	644
2009	1,372	844
2010	1,328	668
2011	1,358	606

Employees covered by inspections

	Employees covered by inspections	Percentage of employees covered by inspections
2008	36,717	30 %
2009	34,351	27 %
2010	45,177	37 %
2011	46,014	38 %

Complaints, broken down by enterprises/transport sector

	Complaints			
	2008	**2009**	**2010**	**2011**
Primary and secondary railways	805	680	904	1.374
Streetcars	3	89	129	139
Cableways	86	97	432	1,041
Non-public railways	80	258	93	38
Sleeping and dining car operators	35	43	48	96
Post office	208	185	137	176
Telecoms	601	425	390	482
Navigation	170	117	170	221
Aviation	143	215	169	140
Total (of all transport sectors)	**2,131**	**2,109**	**2,472**	**3,707**

Measures taken, including recourse to courts

Written requests sent to enterprises and offence reports filed during the reporting period:

	Requests	**Offences reported**
2008	400	6
2009	502	5
2010	498	0

Statistical information on accidents at work

This includes the number of accident reports received by the Transport Labour Inspectorate; this number does not indicate the actual recognition of accidents at work by the social insurance institutions.

	Accident reports received	**Of which fatal accidents at work**
2008	3,873	6
2009	3,639	0
2010	3,652	5

Within the past 10 years, the accident rate (accidents per 1,000 employees) fell from 38.8 (2001) to 29.7 (2010).

This is equal to a 23% decline during the period under observation.

Farming and Forestry Inspectorates

A regular item in the EU annual reports on the activities of the national supervisory authorities, the Farming and Forestry Inspectorates established at the offices of the *Land* Governments had an average of 18 inspectors on their rolls in 2008-2010. On average, just over 15,500 operations with employees were scheduled for inspections. The inspections covered more than 60,000 employees each year.

Year	Inspectors	Full-time equivalent	Scheduled operations	Employees covered
2008	17	10.4	15,232	61,607
2009	18	10.6	15,633	61,948
2010	18	10.5	15,546	63,268

On average, 2,471 inspections were carried out each year throughout the country during the same period. In an average of 1,495 cases each year, written remedial instructions were issued.

Year	Inspections	Requests	Complaint filed	Immediate measures
2008	2,468	1,463	5	0
2009	2,397	1,455	4	0
2010	2,548	1,566	6	0

For more detailed information on accidents and occupational diseases reference is made to the records and statistics of the competent accident insurers (*AUVA* and *SVB*). To the extent that such data have already been sent to the Farming and Forestry Inspectorates, they are indicated in the following table:

Year	Employed family members			Employees		
	Accident at work	Occupational disease	Fatal	Accident at work	Occupational disease	Fatal
2008	5,292	154	63	1,769	21	14
2009	5,613	153	70	1,515	25	12
2010	6,520	168	83	707	17	9

Reply to the additional question by the Committee of Social Rights in the Conclusions XIX-2 (2009)

In reply to the additional question concerning the increased accident rate among **temporary workers**, no specific measures were taken during the period under review. Future activities to address this issue are possible, however.

ARTICLE 3 § 4

Question 1

The administration of occupational medical care is governed by the Workers Protection Act (*ASchG*). It contains provisions covering:

- Responsibilities of occupational physicians
- Appointment of occupational physicians
- Minimum amounts of time on duty at companies and what is to be accomplished during that time
- Records and reports

- Cooperation with other experts for the prevention of occupational accidents and diseases and with staff bodies
- Reporting deficiencies
- Occupational medical centres
- Occupational medical care for workplaces with to 50 employees
- Accident insurers' prevention centres.

Training of occupational physicians

Occupational physicians must complete medical studies and be authorised to practise the medical profession independently. Afterwards they must complete a specialised course lasting twelve weeks. This training must be courses recognised by the Federal Ministry of Labour, Social Affairs and Consumer Protection. Two training institutions are currently authorised to provide this training leading to a diploma.

A training programme for physicians specialising in occupational medicine, lasting several years, also exists.

The programme and its content and curriculum are specified in the laws governing the medical profession.

Responsibilities of occupational physicians

Occupational physicians have the responsibility of supporting employers, employees, safety representatives and staff bodies in all matters relating to workers' protection. The employer nonetheless retains responsibility for this area. The employer is required to provide any necessary information and documents to enable occupational physicians to fulfil their duties.

Occupational physicians are also required to be consulted in these cases:

- all issues concerning health at work and the prevention of work-related diseases;
- workplace planning;
- procurement of work equipment and any modifications;
- introduction of work procedures or any modifications;
- resting and selection of personal protective equipment;
- issues relating to occupational psychology, occupational physiology, ergonomics and occupational hygiene;
- organising first aid services;
- issues relating to occupational medicine when employing persons with disabilities;
- identifying and assessing hazards;
- defining measures for avoiding hazards;
- organising the instruction of employees.

Appointment of occupational physicians

All employers are required by law to appoint an occupational physician. They can be regularly employed by the company which they serve (internal care) or be based externally. A preference for internal care is stipulated in legislation: only companies not having appropriately qualified staff may resort to external occupational physicians.

External occupational physicians provide services either as self-employed persons or are employed by a centre for occupational medicine. The accident insurers maintain their own prevention centres, where occupational medical care is provided as well (refer to the accident insurers' prevention centres).

Employers are obligated to make available any space, equipment and resource required for administering this care, as well as appropriate specialist or assistant staff, if necessary.

Minimum amounts of time on duty at companies and what is to be accomplished during that time

A minimum amount of time has been defined during which preventive care for workers' protection must be provided at companies.

This minimum depends on the number of staff and on the hazards or stress or strain involved in the specific business. A distinction is made between: offices and similar workplaces (1.2 hours per employee and year); and other operations or businesses, involving a high level of stress or strain or hazard (1.5 hours per employee and year). Where heavy night work is performed at the company, the base amount of time is increased by another half hour per employee affected.

These figures define the total amount of time during which occupational physicians and occupational health and safety officers are deployed. Occupational physicians must be deployed for at least 35% of this time.

During the prevention time required by law, only specified activities may be carried out, i.e. the actual duties of the occupational physician.

1. Advice and support to employers
2. Advising employees, safety representatives and staff bodies
3. Inspection of the workplace, construction site or external work site and participation in inspections by the Labour Inspectorate
4. Identifying and investigating the causes of work-related diseases and health hazards
5. Monitoring measures taken in response to any hazards identified
6. Occupational medical examination of employees (up to 20 % of the prevention time spent by the occupational physician)
7. Immunisation against occupational diseases (related to the employee's activities)
8. Further training (up to 15 % of the prevention time spent by the occupational physician)

9. Activities in the health and safety committee (*Arbeitsschutzausschuss*)
10. Recording activities and the results of examinations; preparing reports and schemes for health protection and promotion.

Records and reports

Occupational physicians keep records of their (daily) work and the time spent on duty, and in particular of the inspections and examinations that they perform as well as the results.

Occupational physicians are required to provide to their employer a summary report for each year, listing the activities performed during their working hours as well as any proposals for improving working conditions.

Both the records and the reports must be provided to the labour inspectors on request and passed on to any successor of the occupational physician at the company.

Cooperation with other staff involved in accident and disease prevention and with staff bodies

Occupational physicians are required to collaborate with occupational health and safety officers and the works council members. They are required to carry out the company inspection jointly with the occupational health and safety officers and the works council members.

Reporting deficiencies

Occupational physicians are required to provide notification of any deficiencies to the employer or the person otherwise responsible for workers' protection as well as to the staff bodies. If a serious and immediate hazard exists for employees' health and safety, specified individuals must be notified without delay and measures to counteract the hazard be proposed.
If employers do not take adequate measures to protect employees, in spite of the occupational physicians' request to remedy the deficiencies, the latter can immediately contact the competent labour inspectorate. This action presupposes that no health and safety committee exists at the company, which applies to more than 98% of companies active in manufacturing and services.[3]

Occupational medical centres

An occupational physician may become the medical director of an occupational medical centre if that individual works in the occupational medical care of companies for at least 38 hours per week. Additional occupational physicians must be employed in order to maintain at least 70 hours of services weekly. The respective physicians are required to regularly work at the centre at least eight hours a week in order for this time to be recognised towards the total service time.

[3] sections B-N of *ÖNACE*

Occupational medical centres also require a suitable staff of specialists to provide adequate support. This may include physicians who have not yet fully completed training in occupational medicine, medical technical service staff (dieticians, occupational ergotherapists, speech therapists, biomedical laboratory technicians, orthoptists, physical therapists, radiology technicians), nursing experts with diploma, psychologists, chemists, as well as individuals with other appropriate training (in ergonomics, epidemiology, toxicology etc.). Specialist staff is required to be employed for at least half of the total working hours of all occupational physicians but at least 38 hours a week.

Every occupational medical centre must have adequate space and equipment. Details are available in the Ordinance governing occupational medical centres.

Four weeks before an occupational medical centre commences with services, the operator is required to notify the Federal Ministry of Labour, Social Affairs and Consumer Protection. The competent Labour Inspectorate will subsequently inspect the facility to ensure that all requirements are met. If that is not the case, the operator of the centre is requested in writing to remedy the identified deficiencies. It is not permitted to operate a centre without meeting the requirements. Any violation is reported to the competent administrative penal authority.

Occupational medical care for workplaces with to 50 employees

In addition to freelance occupational physicians or occupational medical centres, companies with a staff of up to 50 employees also have the option of using the services of the accident insurers' prevention centres.

Such companies are provided with preventive care through inspections carried out by occupational physicians and occupational health and safety officers, simultaneously if possible.

Inspections are required to be conducted at least once a year (in case of 11-50 employees) or every two years (in case of 1-10 employees), and more frequently if required.

Accident insurers' prevention centres

For the purpose of providing prevention services to companies with up to 50 employees, the accident insurers are required to establish dedicated prevention centres where both occupational physicians and occupational health and safety officers are employed.

Services are provided free of charge.

Authorised physicians

Where employees work at activities entailing a risk of occupational diseases and where reasonable for preventive purposes, employees are required to have an examination performed prior to beginning work (examination for suitability) and then again later in periodic intervals (follow-up examinations). This applies to jobs where respiratory protective devices must be worn frequently for long periods at a time and where workers are exposed to excessive heat strain and to noise at levels harmful to

health. If the examinations reveal that employees are not suitable for a specific job, they are not permitted to be entrusted with the corresponding tasks.

This form of health monitoring is administered by individuals referred to as authorised physicians. The required authorisation is granted by the Federal Ministry of Labour, Social Affairs and Consumer Protection. The Ministry issues a list of authorised physicians each year, which is provided to the social partners as well as other individuals on request.

Employers are required to pay the expense of examinations for suitability and follow-up examinations and are entitled to receive cost refunding from the competent accident insurer.

Reforms in occupational medical care

Prior to Austria joining the EU, occupational medical care was required only for companies with more than 250 employees. Since the adoption of the Workers Protection Act (*ArbeitnehmerInnenschutzgesetz, ASchG)* in 1994, such care has been required for all companies, independently of their size.

On enactment of the law, a plan for gradual implementation entered into force, beginning with 1 January 1996 and extending until 1 January 2000, as of which very small companies with up to 10 employees have also been required to provide occupational medical care.

As of the same date when such care became a requirement for companies with 11 to 50 employees, the legal basis was established for the accident insurers' prevention centres.

The Ordinance governing occupational medical centres introduced, in 1996, detailed provisions for such centres.

Since the *ASchG* entered into force, the stipulated (fixed) prevention time for occupational physicians and occupational health and safety officers has been modified so as to take into account hazards and company size when determining the hours.

Question 2

In terms of the number of companies in Austria offering such care, the legal framework has been implemented to a relatively wide extent. It is estimated that less than 40 % of companies with up to 50 employees do not provide occupational medical care yet. The Labour Inspectorate carries out checks with the aim of further improving the care rate among companies.

Campaigns are conducted in order to increase the number of companies providing such care and to improve care quality as well, since small companies are also inspected as part of such campaigns. Examples of campaigns in recent years include an evaluation of working substances used in small motor vehicle workshops, with the aim of encouraging occupational medical care at these businesses as well as of improving the quality of such care. Among the current activities is a campaign being conducted among cabinet makers, in the course of which it is ascertained whether preventive care is provided and, if so, what areas such care covers and in what way.

As part of the campaigns, materials such as brochures, folders and information sheets are prepared, which not only provide information about the activities of occupational physicians but also define more clearly the objectives pursued. The information materials are available from the website of the Labour Inspectorate.

The quality of activities taking place within occupational medicine is, however, influenced not only by the Labour Inspectorate's monitoring activities; the initial and continued training of occupational physicians also has an impact in this regard. The head of the department of occupational medicine and occupational hygiene at the Central Labour Inspectorate closely collaborates with the academies responsible for training occupational physicians. This official is also a member of the board of the Austrian Society of Occupational Medicine (*Österreichische Gesellschaft für Arbeitsmedizin*) and in this capacity can substantially influence the quality of the initial and continued training received by occupational physicians. At least once every year, the Austrian Society of Occupational Medicine conducts a conference, lasting several days, for the continued and advanced training of occupational physicians. To improve quality levels in occupational medicine, the Central Labour Inspectorate also works together with other institutions, such as the *AUVA* and the *VAEB* (the Austrian insurer for the railway and mining sector), as well as of course with the Medical University of Vienna.

The physicians at the Labour Inspectorate also play a key role in quality assurance among occupational physicians. Their responsibilities include monitoring activities in the area of occupational medicine carried out at companies. The occupational physician in the particular case cannot be held directly responsible for any deficiencies identified. Rather, a written summary of inspection results is submitted to the employer, requesting that steps be taken to ensure that the deficiencies are remedied, i.e. to ensure that the quality of the occupational physician's efforts is improved. A claim under administrative penal law is subsequently filed against any employer not ensuring appropriate remedies for the deficiencies. The physicians of the Labour Inspectorate are also responsible for monitoring the physicians authorised to perform examinations of employees as described above.

Question 3

Approximately 1780 occupational physicians were active in Austria in 2011. They are trained at these three institutions.

- Medical University of Vienna (specialists in occupational medicine)
- Austrian Academy of Occupational Medicine (*Österreichische Gesellschaft für Arbeitsmedizin*)
- Linz Academy of Occupational Medicine and Safety (*Linzer Akademie für Arbeitsmedizin und Sicherheitstechnik*)

Between 45 and 60 new occupational physicians are turned out each year.

	2008	**2009**	**2010**	**2011**
Education/training completed	53	58	45	55

Approximately 1,200 physicians were authorised to perform examinations for suitability and follow-up examinations as well as investigations of noise effects and other investigations in 2011.

The preventive care department of the Austrian Workers' Compensation Board (*AUVAsicher*) employs about 50 occupational physicians, some as permanent employees and others under contract with *AUVAsicher*.

The *AUVA* estimates that this avenue of preventive care covers about 60 % of the employees of those companies with up to 50 employees which are under the responsibility of the *AUVA*.

Approximately 51,300 workplaces were provided with occupational medical care in 2010.

AUVAsicher placed a focus on counselling in muscle and skeletal disorders during the period of 2009-2010.

The *VAEB*, responsible for the railway and mining sector, employed 13 occupational physicians in 2010. Close to 80 % of the companies under the responsibility of this insurer have applied for occupational medical care. As 10 employees or fewer work at the majority of the workplaces within this insurer's scope of responsibility, inspections are required only every two years.

Approximately 1,100 workplaces were provided with occupational medical care in 2010.

About 1.2 hours are scheduled for each inspection.

ARTICLE 11

THE RIGHT TO PROTECTION OF HEALTH

ARTICLE 11 § 1

Questions 1 and 2

Previous reporting is updated as follows, **taking into account the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)**:

General health objectives for Austria

A process was launched in Austria in early 2011 with the goal of developing general health objectives. This is an important milestone along the path towards realising the vision of "health for everyone". The health objectives are intended to support coordinated, target-oriented action, both in the area of health promotion and health care as well as in areas lying outside the healthcare system, such as education and environment, which play a role in the population's health. With all of the players pursuing common objectives, the aim is to achieve the greatest benefit for Austrians' health.

The process is planned to result in about ten general health objectives that will provide direction for the next 20 years and orientation for identifying the focus of future efforts.

The general health objectives are intended to focus on health rather than on disease (or individual diseases). They should be comprehensive, worded in general terms, and provide a general framework. The health objectives previously defined by the World Health Organization (WHO) and by the Austrian *Laender* should find their way into these general health objectives for Austria. Apart from that, the general health objectives for Austria are to be stated in broad terms, so as to allow policy areas such as social affairs or youth policy, which lie outside the healthcare system, to contribute towards realising these objectives, e.g. through measures aimed at reducing poverty or through open space and support programmes offered as a part of open youth work.

A draft proposal will be prepared by a general meeting of about 30 experts who represent the area of health promotion and healthcare as well as other policy areas touching on health. It is planned for the final version of the general health objectives, based on the draft, to be adopted by the Federal Health Commission (*Bundesgesundheitskommission*) in June 2012. The ideas offered by all interested citizens will also be considered in the process.

Diet as a means of prevention in 2011-2013

Since 2011 all parties significantly involved in the healthcare system have joined forces in the interests of improving the diet of pregnant women, infants, children and young people. In support of this cause, the Federal Health Commission, the key organisation within the healthcare system, has made available a total of EUR 10 million for the period of 2011-2013. These funds will be used to support measures in all Austrian *Laender* that motivate these groups towards balanced dietary habits and that aid in implementing the scheme. Very careful attention is paid to modifying public conditions as well, so as to support and facilitate healthy choices.

Where the meal plans of nursery schools and school kitchens and other public food facilities offer healthy choices as a rule and not by way of exception, all children have an equal chance of growing up to be healthy adults.

Only measures proven effective in practice have been selected for use in the dietary prevention strategy – thus ensuring that public funds are invested effectively.

Waiting time and waiting list management in the healthcare system

With regard to **waiting list and waiting time management** in the healthcare system, for elective surgery and invasive testing for diagnosis at hospitals, a waiting list management system has been established that is comprehensible and transparent for patients. The system is the result of an amendment to the Federal Hospitals and Sanatoriums Act (*Bundesgesetz über Kranken- und Kuranstalten*, *KAKuG*), specifically through the addition of Section 5a Paras. 2 and 3 as published in Federal Law Gazette I no. 69/2011.

Section 5a Para. 2 *KAKuG* specifies that legislation at the *Laender* level must require those bodies maintaining public and private hospitals in the non-profit sector that are affected, depending on the type of hospital and services provided there, to establish a transparent, anonymous waiting list system for elective operations and for cases of invasive testing for diagnosis, in the least for the specialities of ophthalmology and optometry, orthopaedics and orthopaedic surgery as well as neurosurgery, provided that the waiting time for the particular speciality exceeds four weeks. It is necessary to define in detail the specific, primarily medical criteria for determining the order within the waiting list system and its is not possible, within the Austrian system for allocating competences, to specify these criteria in a fundamental act of law (Art. 12 of the *Federal Constitutional Act, Bundes-Verfassungsgesetz, B-VG).* Yet, due to the necessity of achieving uniform transparency among waiting lists throughout the *Laender*, legislation at the *Laender* level is required to stipulate criteria pertaining to the procedures and organisation of the waiting list system. According to the provision cited above, legislation at the *Laender* level must also include criteria for the procedures and organisation of this waiting list system, where the total number of persons per hospital department registered for the specific surgery must be indicated as well as, of those persons, the number of registered persons who are privately insured (*Sonderklasse*).

Section 5a Para. 3 *KAKuG* specifies the requirement to inform the person registered for the specific surgery of the current waiting period on request, while the possibility of obtaining information by electronic means must be afforded to the extent technically possible.

Already the original version of the *KAKuG*, the previous *KAG (Hospital Act)*, specified that public and private non-profit hospitals are required to provide their services exclusively in the interests of patients' well-being (refer for example to Section 16 Para. 1 lits. c and d). It can therefore be assumed that, even prior to the aforementioned amendment, surgery scheduling was determined exclusively by patients' well-being and also handled in this way. The modification proposed in Section 5a Para. 2 is concerned for the most part with additionally making the waiting management system transparent. By requiring anonymous waiting lists to be kept, compliance with data privacy requirements was achieved.

Further changes to the legal framework

Due to the allocation of competences set forth in the constitution and the resulting distribution of financial competences (social security contributions and tax revenues), the Federal Government periodically concludes agreements with the *Laender* governments on a regular basis as specified in Art. 15a *B-VG*. The currently applicable provisions of Art. 15a *B-VG*, governing the organisation and funding of healthcare, were stipulated to cover the period from 2008 until and including 2013.

The contracting parties are committed to providing comprehensive medical care for all persons, regardless of age and income. In this context, the following principles apply: a funding system based on solidarity, equal and low-threshold access to services, and providing services in keeping with high levels of quality and efficiency. Through the agreement, the parties also jointly commit to the goal of defining healthcare processes based on patients' needs so as to ensure that prevention, diagnosis, treatment, rehabilitation and nursing care services are provided in an expedient order and by the proper body as well as within an appropriate period of time, according to assured quality standards and with the best possible outcome. The parties also agree to align their efforts with core public health principles. The current agreement as specified in Art. 15a *B-VG* continues and further expands measures stipulated and initiated in the period covered by the previous agreement, aimed at a joint system of management and planning. Specifically, planning objectives and principles are defined jointly in general terms in an Austrian Healthcare Structure Plan and regional structure plans are then prepared at the *Laender* level. The parties therefore agree specifically to take the necessary steps, with the participation of the intramural and extramural sectors, in order to:

- ensure joint, integrated and intersectoral planning and management in healthcare;
- improve the level of commitment in *Laender* healthcare planning, through mutual consultation to coordinate the planning of intramural and extramural care;
- establish an intersectoral funding system.

Life expectancy and major causes of death

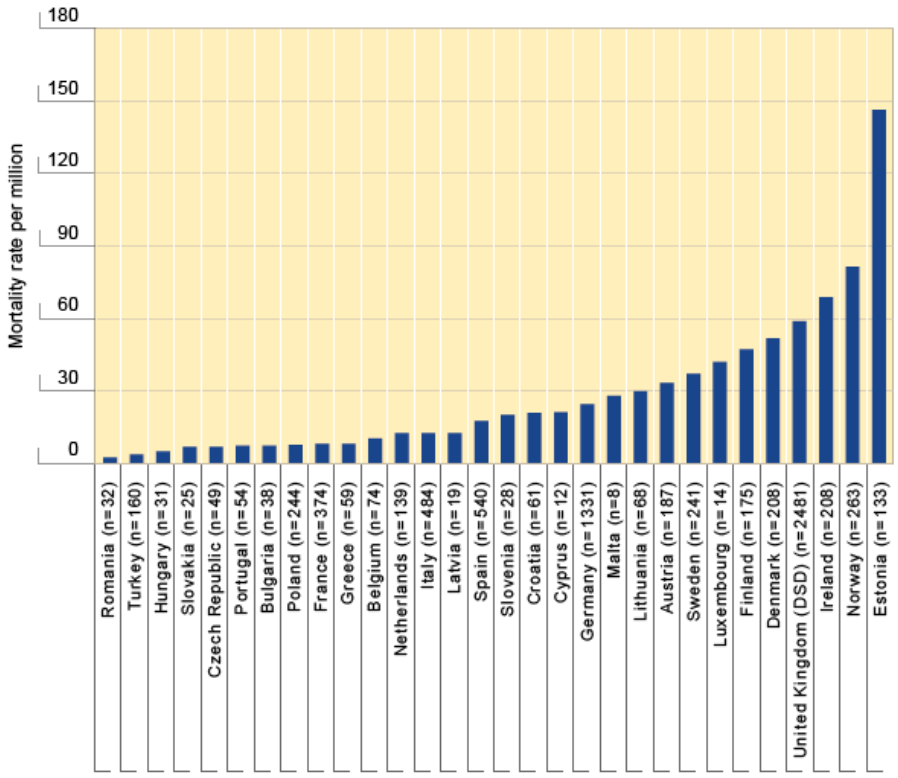
Regarding the reference values (Eurostat) cited by the Committee of Social Rights in the Conclusions XIX-2 (2009), at the outset it should be noted that general caution is advisable when making comparisons among individual countries, on account of the differences seen from country to country with regard to both reporting and data sources (i.e. level of completeness and idiosyncrasies of national statistics, case definitions).

As one of a current total of five "key epidemiological indicators" developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the indicator referred to as "deaths directly caused by drugs" (understood as a corresponding case definition in accordance with the EMCDDA definition) is used in Austria as an important parameter to allow the assessment, within the context of the other four indicators, of the situation surrounding problem drug use.

Granted, in terms of this EMCDDA key indicator, the current rate of drug-related mortalities in Austria is higher than the EU average (refer to the following chart), yet the differences to the other EU Member States shown here are not as great as those

indicated in the Eurostat statistics to which the particular additional question by the Committee apparently refers.

Mortality rates per million among all adults (15 to 64 years) due to drug-related deaths



Source: EMCDDA - 2011 Annual report on the state of the drugs problem in Europe

An analysis of the drug-related mortalities in Austria reveals that high-risk patterns of use characterised by polytoxicomania and involving opiates continue to be widespread and represent a major health risk.

It is, therefore, imperative for prevention efforts to include measures aimed at reducing risk and at raising awareness of high-risk patterns of substance use. Largely as part of low-threshold assistance to drug users at institutions and in isolated cases at *Laender* level, specific programmes exist that give high priority to providing information and counselling services to meet this need. Yet emergency aid, i.e. crisis intervention and observation, also plays a vital role in this regard.

In the course of an investigation of drug-related mortalities carried out in Vienna, risk factors were identified to serve as the basis for defining risk profiles and for developing targeted prevention strategies along with early diagnosis methods as a means of reducing drug-related mortalities. An example of the study findings is the fact that, due to reduced opiate tolerance, a higher overdose risk exists among former prison inmates, who are consequently a relevant target group for assistance services to drug users. Effort is thus being put forth within assistance programmes for drug users to more closely align offerings in the way of counselling, care and treatment with target groups. Apart from these services, tailored to individuals with addictions, special attention is given to optimising the general medical care

accompanying these services, in order to improve the general health of addicts and to increase their life expectancy and enhance their quality of life.

In this context, the Federal Government and the *Laender* continue to place high priority on establishing (and expanding) a qualified and diversified system of counselling and care facilities, covering all of Austria, as well as a prevention infrastructure that is aligned with the most recent research findings.

Access to health care

The Austrian Health Care Structure Plan (*ÖSG*) was initially agreed in 2006 as a framework plan for achieving an integrated healthcare structure. *ÖSG* 2010, the third, expanded version of the plan, encompassing a planning horizon up to 2020, represents a further major step towards comprehensive planning of the entire healthcare system.

This plan is the mandatory basis for integrated planning of Austria's healthcare structure as defined in the agreement pursuant to Art. 15a of the Austrian Federal Constitutional Act, *Bundes-Verfassungsgesetz, B-VG)* concerning the organisation and funding of healthcare (Federal Law Gazette I no. 105/2008). It also serves as the framework for detailed planning at regional level, specifically for the Regional Health Care Structure Plans (*RSG*s).

The *ÖSG* 2010 was the first plan to be supplemented with the addition of framework plans for mobile care and for rehabilitation. Special fields such as oncological care were modified to reflect contemporary standards. In response to longstanding demands, hospice and palliative care were defined in detail for the first time. The foundation has been laid for more closely aligning the overall system with the goals of process and outcome quality.

Another strategic feature of the *OSG* 2010 is to set forth for the first time innovative forms of organisation and operation that function along the lines of process principles, in order to enable options for more flexibly providing care at hospitals and at the interface between hospital and outpatient care, in a way that is both better aligned with patients' needs and enhances efficiency.

In terms of structure, the *ÖSG* 2010 moves towards specifically defining multi-level healthcare structures: A cross-regional plan, i.e. superseding the borders of individual *Laender*, for pooling specialised care offerings (at reference centres) has been set forth in the ÖSG 2010 and should be in place by the next revision of the *ÖSG*. The quality criteria for reference centres have already been defined in the *ÖSG*. At the local level of the care structure, standard hospitals serving local areas are planned to ensure in future that, under specified conditions, basic care complying with quality standards is available near patients' place of residence. The vision for the coming years is for additional care offerings, supplementary to the conventional range of standard acute care services, to become established at such basic care facilities and ultimately resulting in integrated structures providing comprehensive basic care.

The full version of the *ÖSG* can be viewed (in German) on the website of the Federal Ministry of Health (www.bmg.gv.at) by following this link:

http://bmg.gv.at/home/Schwerpunkte/Gesundheitssystem_Qualitaetssicherung/Planung/Oesterreichischer_Strukturplan_Gesundheit_OeSG_2010

Reply to the question as to how this structure plan has improved access to healthcare in Austria

The *ÖSG* national framework plan and the *RSG*s, which are based on the *ÖSG,* cover planning specifications and reference values as well as quality criteria to ensure that healthcare is provided within a regionally balanced structure that is planned and realised (and later adapted) to meet the needs in each region. Examples include reference values for the proximity of institutional care facilities that depend on the level of care and ensure basic care near patients' place of residence and a certain concentration of more highly specialised services (similar proximity reference values for mobile care are also planned to be included in the next version of the *ÖSG*). At the same time, specifications for the minimum size of care units and for the density of institutional care services ensure sufficient numbers of patients, so that care services are provided to quality standards by staff experienced in these services. A forecast of the future need for medical services in each of the 32 care regions (according to source) is planned to ensure that the required care capacities are available in the future as well. Applying quality criteria ensures that services are provided to comparable quality standards everywhere, i.e. across all regions, in private and public facilities, and in the institutional and mobile service sectors alike. Implementation of the *ÖSG* is subject to ongoing monitoring. The *ÖSG* does not, therefore, immediately contribute to access to healthcare, which has been regulated by other means. Rather, the ÖSG contributes to ensuring that equal care of comparable quality is available to all patients. The specifications included in the *ÖSG* have to be implemented in each of the *RSG*s at the *Laender* level and subsequently adhered to by the respective service providers.

Inclusion of recipients of social assistance in the statutory health insurance

Recipients of social assistance have been included in the statutory health insurance scheme since 2010.

On the basis of the agreement pursuant to Art. 15a *B-VG* between the Federal Government and the *Laender* governments stipulating means-tested minimum income throughout Austria, Federal Law Gazette I no. 96/2010, a means-tested regime of minimum income covering all of Austria was created as a way of better combating and preventing poverty and social exclusion, thereby replacing the previous social assistance regimes of the *Laender* with their varying rules. The benefits included in the means-tested minimum income scheme are of a subsidiary nature, i.e. they are only provided when the individual's funds or third-party benefits do not provide adequate coverage to meet the particular need; apart from this, recipients must display a personal willingness to pursue employment.

The recipients of means-tested minimum income benefits were included in the health insurance scheme through an ordinance (amendment of the Ordinance governing the introduction of health insurance for persons included pursuant to Section 9 of the General Social Insurance Act (*Allgemeine Sozialversicherungsgesetz, ASVG*) in the health insurance scheme, Federal Law Gazette II no. 262/2010).

Recipients of minimum income not previously covered by health insurance have been included. Persons pursuant to Section 19a *ASVG* who have taken out self-insurance within marginal part-time employment are not included, as these individuals would otherwise be excluded from the possibility of accumulating pension insurance periods. The particular social assistance institution responsible registers the recipient, while the *Land* in each case is responsible for paying contributions. The contribution

base is the respective equalisation supplement reference rate. The rate of contribution is calculated based on the rate for pensioners plus the assessment rate (*Hebesatz*) and the additional contribution and thus amounts to 9.1 %.

As a result of the 2010 Social Insurance Amendment Act (*Sozialversicherungs-Änderungsgesetz, SVÄG*), Federal Law Gazette I no. 63/2010, a scheme was simultaneously created through which the Federal Government provides compensation on behalf of the recipients of benefits from means-tested minimum income funds. Specifically, the Federal Government compensates the regional health insurance funds for the difference in contributions between the revenues contributed for the recipients of minimum income included in health insurance pursuant to the ordinance specified in Section 9 *ASVG* and the total benefits paid to this group of individuals and their eligible family members. The scheme entered into force as of 1 September 2010.

The tables below provide 1) an overview of the average number of persons eligible for benefits on the basis of means-tested minimum income in 2011; and 2) a similar overview as at 29 February 2012; both are based on data provided by the social security institutions.

Persons eligible for means-tested minimum income			
Annual average in 2011			
(12-month average)			
Health insurance fund	Women and men	Men	Women
All persons eligible			
All regional health insurance funds (*GKK*)	**32,628**	**15,929**	**16,699**
GKK Vienna	17,945	9,106	8,839
GKK Lower Austria	3,731	1,634	2,097
GKK Burgenland	461	213	248
GKK Upper Austria	1,987	848	1,139
GKK Styria	2,380	1,093	1,287
GKK Carinthia	1,116	532	584
GKK Salzburg	1,450	778	672
GKK Tyrol	1,848	946	902
GKK Vorarlberg	1,710	779	931
Persons paying contributions			
All health insurance funds	**23,104**	**11,150**	**11,954**
GKK Vienna	13,087	6,639	6,448

GKK Lower Austria	2,481	1,021	1,460
GKK Burgenland	330	146	184
GKK Upper Austria	1,375	558	817
GKK Styria	1,622	720	902
GKK Carinthia	942	451	491
GKK Salzburg	1,095	594	501
GKK Tyrol	1,252	642	610
GKK Vorarlberg	920	379	541
Family members			
All health insurance funds	**9,524**	**4,779**	**4,745**
GKK Vienna	4,858	2,467	2,391
GKK Lower Austria	1,250	613	637
GKK Burgenland	131	67	64
GKK Upper Austria	612	290	322
GKK Styria	758	373	385
GKK Carinthia	174	81	93
GKK Salzburg	355	184	171
GKK Tyrol	596	304	292
GKK Vorarlberg	790	400	390

(Source: Main Association of Austrian Social Security Institutions)

Persons eligible for means-tested minimum income 29 February 2012			
Health insurance fund	Women and men	Men	Women
All persons eligible			
All health insurance funds	**36,246**	**17,677**	**18,569**
GKK Vienna	19,684	9,887	9,797
GKK Lower Austria	3,987	1,748	2,239
GKK Burgenland	518	250	268
GKK Upper Austria	2,099	921	1,178

GKK Styria	3,430	1,604	1,826
GKK Carinthia	1,198	567	631
GKK Salzburg	1,488	797	691
GKK Tyrol	2,101	1,101	1,000
GKK Vorarlberg	1,741	802	939
Persons paying contributions			
All health insurance funds	**25,406**	**12,227**	**13,179**
GKK Vienna	14,126	7,065	7,061
GKK Lower Austria	2,667	1,117	1,550
GKK Burgenland	370	173	197
GKK Upper Austria	1,467	612	855
GKK Styria	2,278	1,009	1,269
GKK Carinthia	1,007	477	530
GKK Salzburg	1,116	608	508
GKK Tyrol	1,435	769	666
GKK Vorarlberg	940	397	543
Family members			
All health insurance funds	**10,840**	**5,450**	**5,390**
GKK Vienna	5,558	2,822	2,736
GKK Lower Austria	1,320	631	689
GKK Burgenland	148	77	71
GKK Upper Austria	632	309	323
GKK Styria	1,152	595	557
GKK Carinthia	191	90	101
GKK Salzburg	372	189	183
GKK Tyrol	666	332	334
GKK Vorarlberg	801	405	396

(Source: Main Association of Austrian Social Security Institutions)

Question 3

Taking into account the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009), the following data are submitted:

http://www.statistik.at/web_de/statistiken/gesundheit/index.html (in German)

Diseases and causes of death

http://www.statistik.at/web_de/statistiken/gesundheit/todesursachen/todesursachen_im_ueberblick/index.html (in German)

Infant and maternal mortality

Infant mortality in 2010 was 3.9 per thousand. **Maternal mortality** in the same year was 1.3 for 100,000 live births.

The table below lists the **main causes of infant mortality.**

Refer to Excel spreadsheet:

Saeuglingssterblichkeit_seit_1980_nach_tc

The table below lists the **main causes of maternal mortality.**

Muettersterblichkeit_in_oesterreich_seit_1

Number of hospitals in 2010

	Number of hospitals	Number of actually provided beds
Total hospitals	**268**	**64,008**
of which:		
in public ownership, *of which:*	**154**	**45,367**
of public status (non-profit)	102	38,976
of non-public status, not-for-profit	15	1,663
for profit	37	4,728
general medical services	77	32,641
special medical services (short-term)	31	6,964
rehabilitation	34	4,716
long-term medical services	12	1,046
in private ownership, *of which:*	**114**	**18,641**
of public status (non-profit)	25	7,314
of non-public status, not-for-profit	20	4,205
for profit	69	7,122
general medical services	52	10,662
special medical services (short-term)	18	1,478
rehabilitation	31	4,341
long-term medical services	13	2,160

Source: Federal Ministry of Health, hospital statistics

Number of pharmacies

Austria has a total of 1,292 community pharmacies (as at 31 December 2011), all of which are operated by pharmacists as private, independent companies. An additional 24 subsidiary pharmacies also serve the population (each community pharmacy may operate no more than one subsidiary pharmacy). 46 hospital pharmacies serve the hospital sector. Improvement in the supply of medicines to the Austrian population is seen in the consistent increase in the number of pharmacies.

A total of 169 new community pharmacies have opened within the past 10 years. The largest increase was seen among small towns previously without a pharmacy, where 67 new ones opened. In towns and cities already having pharmacies (with the exception of *Laender* capitals), 55 new pharmacies were established. 47 new community pharmacies have opened in the *Laender* capitals during the past 10 years.

Changes in the number of community pharmacies and subsidiary pharmacies

Community pharmacies	**Subsidiary pharmacies**
2002 1,141	19
2003 1,162	20
2004 1,172	19
2005 1,184	19
2006 1,200	7
2007 1,217	18
2008 1,233	18
2009 1,252	23
2010 1,276	23
2011 1,292	24

Geographical distribution:

Apothekenverteilung_in_Österreich.pdf

Employees in healthcare

http://www.statistik.at/web_de/statistiken/gesundheit/gesundheitsversorgung/personal_im_gesundheitswesen/index.html (in German)

Physicians: absolute number and per 100,000 inhabitants by *Laender* (as of January 2011)

aerzte_und_aerztinnen_2010_absolut_und

Hospital employees in 2010 according to specialisation, gender and *Laender* (as at 31 December)

personal_in_krankenanstalten_2010_nach

Midwives


hebammen_in_beruf
sausuebung.pdf

Expenditure on healthcare (percentage of GDP)

The table "**Health expenditure in Austria** according to the System of Health Accounts" (SHA) lists the changes in health care expenditure in Austria for the period 1990 to 2010. Healthcare expenditure according to the SHA consists of the ongoing health care expenditure plus investments in the healthcare sector.

A total of EUR 31.4 billion were spent on health care in Austria in 2010, according to the SHA. Of that amount, EUR 29.8 billion was attributed to ongoing healthcare expenditure and EUR 1.66 billion was spent on investments in the healthcare sector. Healthcare expenditure rose by an average of 5.2 % per year during the period from 1990 to 2010.

Between 2009 and 2010 healthcare expenditure increased by EUR 673 million, from EUR 30.8 billion to EUR 31.4 billion, which equals a 2.2 % increase. The gross domestic product (GDP) rose by 4.1 % from 2009 to 2010. As a result of relatively strong economic growth and a smaller rate of increase for healthcare expenditure, the percentage of healthcare expenditure in the GDP decreased from 11.2 % in 2009 to 11 % in 2010. Viewed in terms of the percentage change relative to the GDP, healthcare expenditure rose during the period 1990 to 2010, specifically from 8.4 % to 11 % of the GDP.

In the course of preparing national accounts, the data were revised in 2011 taking into account the new ÖNACE classification. Some of the changes in the national account figures were subsequently included in the SHA healthcare expenditure, so that modified healthcare expenditure figures are available for the entire period of 1990 to 2009.

Source: Statistics Austria, http://www.statistik.at/web_en/

Details are available directly from Statistics Austria at:
http://www.statistik.at/web_en/statistics/health/health_expenditure/index.html

Progress in integrating general emergency psychiatric treatment in the general medical system; impact of this reform on the quality of treatment administered to psychiatric patients

It should be noted at the outset that the reform of the psychiatric sector has had a great deal of positive impact on the whole. The reform was launched more than 20 years ago and is still in progress. The reform primarily involves destigmatising the field and applying a paradigm shift in the way of viewing it, no longer seeing physical and mental health as separate but rather as mutually dependent and closely interacting. These developments have consequently had far-reaching ramifications for society as well, since mental illnesses are now accorded a different priority than 20 years ago and, fortunately, are much less frequently considered taboo.

It can be observed in general that Austria's healthcare policy continues to place increasing emphasis on providing needs-based treatment to individuals suffering from psychological disorders.

One example can be seen in the recent initiative to define general health objectives in line with a "health in all policies" approach, in which promoting psychosocial health among all segments of the population has been adopted as the ninth objective.

Another example is the Child Health Strategy (*Kindergesundheitsstrategie*) defined in the course of the Child Health Dialogue (*Kindergesundheitsdialog*), where goal number 15 includes measures to improve psychiatric care for children and adolescents.

In the working world, cases of early disability retirement ensuing from psychological diagnoses are becoming much more frequent. To address this issue, a programme, known as fit2work is gradually being introduced in all of the *Laender*. The programme offers advice and support to working individuals with health impairments as well as to unemployed persons with health impairments and companies. The basis for the initiative is provided by the Work and Health Act (*Arbeit- und Gesundheit-Gesetz, AGG*), which entered into force as of 1 January 2011.

Based on an evaluation completed in 2011, the social security institutions have developed a care strategy for individuals with mental illnesses entitled "Fostering mental heath – optimum care for the mentally ill". The strategy was adopted on 14 February 2012 by the conference of health insurance institutions, the top-level body of the Main Association of Austrian Social Security Institutions, and implementation has been included in the social security institutions' Balanced Score Card objectives for 2012.

In cooperation with *Gesellschaft Gesundheit Österreich GmbH*, the information below concerning the psychiatric care situation in Austria can be given.

In reforming the psychiatric sector, the main concerns were to align inpatient psychiatric care with contemporary standards and to dissolve large psychiatric hospitals and clinics.

While in 1974 there had been ten psychiatric hospitals maintaining a total of more than 11,700 beds, capacities had dropped well below 5,000 beds by 2002 (Katschnig et al., 2004). Chronic patients in particular (many of them under guardianship) were able to be released from hospital as the psychiatric reform progressed.

This development received support when a statute was introduced to regulate committal and accommodation in accordance with contemporary standards (*UbG*), which specifically safeguards the personal rights of individuals involuntarily committed to an institution. The *UbG* has been in force since 1991, when it replaced the 1916 Ordinance governing guardianship.

As at November 2011, Austria provided a highly varying range of bed capacities for administering emergency inpatient care (including places at day clinics), encompassing these psychiatric specialities:

- general psychiatry – adults (3,459 beds)
- treatment of patients with addictive disorders (955 beds)
- paediatric and adolescent psychiatry (350 beds)

Inpatient psychiatric care facilities have been gradually decentralised in order to provide patients with care near their place of residence. Since efforts were launched in 1987 towards decentralising services (beginning with the KFJ-Spital hospital in Vienna), the plan has been implemented for 14 of the 20 specialised departments currently included in the regional health care structure plans (*RSG*s). A total of 24 % of all places for psychiatric patients in general hospitals are currently being provided at the decentralised psychiatric departments, whereas the percentage (and the corresponding degree of decentralisation) varies greatly from one *Land* to another.

Additional decentralised departments of psychiatry have been established since 2009 and others are currently being planned. The measures towards decentralised services have largely reached completion in the Austrian *Laender* of Lower Austria, Upper Austria and Salzburg. Plans have not yet been implemented for all locations in Carinthia, Tyrol and Vienna, while in Styria decentralisation is still in the planning stage. A decentralised department has been established at one general hospital in Burgenland. Vorarlberg is the only *Land* where it is not currently planned to decentralise care. The remaining psychiatric hospitals display a high level of specialisation and provide care in line with concepts from social psychiatry.

To summarise briefly, decentralising care offers the main benefits listed below:

- care for the population near individuals' place of residence;
- interdisciplinary approach to work due to the department of psychiatry being attached to a general hospital (consultation and liaison services are provided);
- enhanced options for collaborating with parties providing services outside the ward;
- step towards destigmatising mental illness: the departments of psychiatry are integrated in an environment of general medical care.

In addition to emergency inpatient services, outpatient care offerings have been expanded throughout Austria in recent years. This is in accordance with the principle of the priority of outpatient over inpatient care, another goal of the psychiatric sector reform. A basic survey carried out in 2007 revealed that a broad range of offerings in the field of complementary care (i.e. accommodation, work, counselling) is available in all of the *Laender*, whereas the distribution of these services varies from region to region, and it is highly probable that existing offerings need to be expanded in the individual case. To date no reliable national data has been available as a basis for evaluating the extent to which these offerings meet existing needs.

The availability of psychotherapy to the population has also improved in recent years, although it cannot yet be considered adequate. In all of the *Laender*, various models for providing psychotherapeutic care have been introduced with the aim of ensuring free or reasonably priced psychotherapy in an outpatient setting. The models vary with regard to target groups (i.e. availability in some *Laender* is limited to individuals with serious psychological impairments) and to additional eligibility conditions (e.g. social need) as well as scope of treatment.

In these contexts it has to be mentioned that in the meantime about 10,000 psychotherapists are available in Austria for providing both inpatient and outpatient treatment, and they can be seen as well distributed across regions throughout the *Laender*.

It is undisputed that the quality of care provided to psychiatric patients has tremendously improved as a result of the changes introduced by the reform of the psychiatric sector as described above.

In spite of the special services offered for individuals with psychological disorders, general practitioners have always continued to be the key contacts when psychological issues arise: especially in rural areas, patients often have longstanding relationships with such doctors founded on trust. Therefore, as part of a system of integrated and local care for the mentally ill, it is important to consider the points of contact with general practitioners as well, and to train these doctors in diagnosing mental illness and in administering drug therapy to those affected.

In the future, psychosocial care will continue to pose major challenges in the following areas:

- expansion of inpatient and outpatient services to provide psychiatric care for children and adolescents throughout the country;
- networking the various professionals providing inpatient care and services outside the ward.

ARTICLE 11 § 2

Question 1

No substantial changes.

Question 2

Previous reporting is updated as follows:

A total of 854,413 general **precautionary check-ups** were carried out in 2010.

The **Fund for a Healthy Austria** (*Fonds Gesundes Österreich*), today a segment of Gesundheit Österreich GmbH, was charged with implementing the Federal Act Governing Measures and Initiatives to Promote and Inform about Health (*Bundesgesetz über Maßnahmen und Initiativen zur Gesundheitsförderung, -aufklärung und -information*) which had entered into force in March 1998. The Austrian Federal Government dedicates additional means amounting to EUR 7.27 million annually to this initiative.

Its measures are aimed, chiefly, towards initiating and fostering projects of health promotion and primary preventive health care. Other focal efforts are the provision of efficient networking in the health care sector, health care training measures and the organisation of specialised conferences. The Fund also carries out successful awareness-raising campaigns under the motto “More awareness – better living” (*Bewusst lebt besser*) which aim specifically at diet, physical exercise, mental health and stress management.

All of the campaigns in 2008 and 2009 focused on heart health. The first phase of the campaign with the motto “Me and my heart – a healthy team” (“*Mein Herz und Ich. Gemeinsam gesund*“), running in late 2008, sensitised the public on the issue. Physical exercise was the topic of focus in 2009. With the motto “3000 more steps each day” (“*3000 Schritte mehr am Tag*“), the second phase of the campaign motivated people to exercise more in daily activities. With a “Let’s get moving together” (“*Gemeinsam gesund bewegen*“) day, the third phase of initiatives encouraged Austrians to get active as a group.

Question 3

Precautionary check-ups

Recent statistics on the participation rate for precautionary check-ups:

In 2010, 854,413 individuals (396,279 men and 458,134 women), 12.5 % of the eligible population of Austria, took advantage of a basic check-up. Seen altogether, at 12.9 % versus 12.0 %, the percentage of women is slightly higher than that of men. A total of 139,960 women also participated in the gynaecological examination programme.

The highest participation rate for the general precautionary check-up in 2010 was found among the 60 to 64-year-olds (16.2 %), followed by the 55 to 59-year-olds (15.6 %) and the 70 to 74-year olds (14.8 %). From age 75 and older, the participation rate can be seen to drop significantly (10.4 %). The lowest participation rate can be observed for the 18 to 24-year-olds (6.7 %). In terms of absolute figures, the 45 to 49-year-olds accounted for the most examinations, followed by the 40 to 44-year-olds and the group between 50 and 54 years of age. This corresponds to the large demographic share of these age groups relative to the Austrian population overall.

Considering the average increase in the absolute number of precautionary check-ups offered as part of the general examination programme, an increase in absolute terms and a general positive trend can be recognised for the period 2006 to 2010 as compared with the average for 2000 to 2004 (under the former examination scheme).

Absolute number of precautionary check-ups (general examination programme) in 2000 to 2010 (all health insurers).

Land	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Austria	653,472	709,350	748,332	786,315	813,782	775,723	791,370	821,655	871,691	839,360	854,413

Number of precautionary check-ups in 2010 by age and gender

Precautionary check-ups, by age and gender, absolute figures (all health insurers), 2010

Age group	Total check-ups			of which			
				General examination programme			Gynaecological examination programme
	M + W	Men	Women	M + W	Men	Women	
Total	**994,373**	**396,279**	**598,094**	**854,413**	**396,279**	**458,134**	**139,960**
18-24	60,847	20,514	40,333	48,392	20,514	27,878	12,455
25-29	70,568	23,913	46,655	56,001	23,913	32,088	14,567
30-34	74,640	27,674	46,966	61,333	27,674	33,659	13,307
35-39	87,685	33,164	54,521	73,025	33,164	39,861	14,660
40-44	106,774	43,482	63,292	91,346	43,482	47,864	15,428
45-49	110,895	46,591	64,304	**96,115**	**46,591**	**49,524**	14,780
50-54	100,340	42,919	57,421	88,521	42,919	45,602	11,819
55-59	88,290	36,695	51,595	77,484	36,695	40,789	10,806
60-64	85,185	35,665	49,520	74,700	35,665	39,035	10,485

65-69	72,000	30,318	41,682	63,933	30,318	33,615	8,067
70-74	60,296	25,148	35,148	53,787	25,148	28,639	6,509
75 and older	76,853	30,196	46,657	69,776	30,196	39,580	7,077

Note: M = men; W = women.

Precautionary check-ups, by age and gender, in percent of the target group (residential population in Austria from age 18), 2010

Age group	General examination programme			Gynaecological examination programme
	M + W	Men	Women	
Total	**12.5**	**12.0**	**12.9**	**3.9**
18-24	6.7	5.6	7.8	3.5
25-29	10.0	8.6	11.5	5.2
30-34	11.6	10.4	12.8	5.0
35-39	12.3	11.3	13.3	4.9
40-44	13.1	12.3	13.8	4.5
45-49	13.6	13.1	14.2	4.2
50-54	14.6	14.2	15.0	3.9
55-59	15.6	15.1	16.1	4.3
60-64	**16.2**	**16.0**	**16.4**	4.4
65-69	14.4	14.6	14.3	3.4
70-74	14.8	15.1	14.5	3.3
75 and older	10.4	12.5	9.2	1.6

Note: M = men; W = women.

Source: Main Association of Austrian Social Security Institutions

Reply to the additional questions of the Committee of Social Rights in the Conclusions XIX-2 (2009)

Public information and awareness-raising campaigns

2011: Anti-alcohol and anti-tobacco information campaign by the Federal Ministry of Health targeting primary schools. The goal of the campaign is to make children aware, already at the early age of between six and ten, of the effects of alcohol and tobacco consumption on health.

Details can be viewed (in German) at the website of the Federal Ministry of Health

2009 and 2011: revised editions of the White Book on Alcohol in Austria ("*Handbuch Alkohol- Österreich*")

The White Book on Alcohol in Austria contains a comprehensive overview of all data in Austria relevant to the topic of alcohol and makes an important contribution to discussions of this sensitive issue. The White Book contributes significantly towards defining systematic measures for identifying and combating alcohol-related problems. The publication also plays a key role in implementing the EU Alcohol Strategy set forth in 2006 as well as the Global Strategy to Reduce the Harmful Use of Alcohol, which was adopted by the WHO in 2010.

2010 - 2012 Austria participates in the European alcohol project “Take Care”: Europe has the world’s highest rate of alcohol consumption. The corresponding overall objective of the EU project, which runs from March 2010 to November 2012 and in which Austria is participating as a collaborating partner, is to reduce alcohol consumption and the related harmful effects among European adolescents and young adults, who in some cases have come to the notice of authorities on account of risky alcohol consumption.

The innovative feature of the project is the multi-level approach, which enables various groups to be targeted with several intervention modules.

An interim report on the measures taken during the first half of the project term was published in June 2011.4

In summary, the participating countries collected and presented a number of national good practice models, which were subsequently evaluated in June 2010 by the participating countries.

This served as the basis for a draft manual that is being used since May 2011 for trial projects with selected models, carried out in the partner countries according to a multi-level approach (i.e. among young people, parents, key persons and employees in retail trade).

After a meeting in early 2012 to exchange experiences gathered in the projects an evaluation is to follow. A final manual, based on the evaluation, will subsequently be drawn up and presented at a special EU conference planned for this purpose and scheduled for October 2012. By virtue of the large number of countries involved (as mentioned above Austria is also participating in the project), the project is making a significant contribution towards establishing a common base of expertise at the EU level.

Health education at schools

Results of the Healthy School project (“*Gesunde Schule*”)

The main results are listed in the following:

- quality standards for Healthy Schools, in all relevant areas (i.e. diet, exercise, psychosocial health, addiction, physical environment, teaching and learning, health management);
- continued education plan for principals and teachers defined and tested in a pilot programme;
- quality standards for external service providers to schools;
- database of service providers for the target group of schools;
- quality assurance instruments for service providers;
- continued training courses for service providers were developed and tested;
- school self-evaluation tool has been developed and tested (Healthy School Star of Quality “*Qualitätsstern Gesunde Schule*“ – see www.sozialversicherung.at/schule (in German));
- standardised documentation system;
- draft plan for extending the Healthy Behaviour in School-aged Children Study (HSBC) to include a survey of teachers and principals;
- draft plan for linking HSBC and PISA;

[4] Available at: http://www.lwl.org/LWL/Jugend/lwl_ks/Praxis-Projekte/Take_Care_Start/?lang=en

- report on international models of health care provision that cover needs and meet current standards;
- research on the evidence from screening among children and young persons aged six to 18 has been made available;
- school service points in all *Laender;*
- framework agreement with the Ludwig Boltzmann Institute Health Promotion Research (LBI HPR; refer to http://lbihpr.lbg.ac.at/en), stipulating the terms of research projects and joint funding

The Federal Ministry for Education, the Arts and Culture, the Federal Ministry of Health, and the Main Association of Austrian Social Security Institutions continue to jointly maintain the www.gesundeschule.at website. Now that the project has been completed, the website serves as a contact point for stakeholders with an interest in school life, providing information on the schemes and activities of the three partner organisations. The site also makes available useful information relating to the topic of health and school.

Health topics as part of the school curriculum

In the Austrian school system, health promotion is defined as a principle to be conveyed by teachers in all subjects. A separate ordinance governing the underlying principles defines the objectives as follows:

- to organise school life as a setting that promotes health, integrating all individuals involved in daily school activities;
- to foster students' competences and achievement potential with regard to independent, health-conscious behaviour and knowledge;
- to build a network between schools and the local environment;
- to foster the communicative and cooperative skills of teachers, students and parents, and enhance communication structures among teachers, students and parents;
- to document innovative projects and activities and disseminate details of such efforts.

Details are available (in German) at
http://www.bmukk.gv.at/schulen/unterricht/prinz/gesundheitserziehung.xml

Health-related topics specified in subject curricula

At the primary level, the curricula for the subjects of general studies (*Sachunterricht*) and physical education list health promotion as a focus. At lower secondary schools and general secondary schools as well as institutions for nursery school education and social education, contents of health promotion represent a major element in many subjects: biology and environmental studies, home economics and nutrition, physical education, psychology, educational studies, health studies and handicrafts.

The elective exercise referred to as "promotion of interests and talents" ("*Interessen- und Begabungsförderung*"), which is offered at primary schools and lower secondary schools, also provides an opportunity for health promotion.

Health studies, life studies, physical education as well as additional compulsory electives such as home economics and childcare, advanced health studies and handicrafts (focus B: textiles – living) are all separate subjects at pre-vocational schools.

At vocational schools, contents of health promotion are discussed as part of compulsory subjects (belonging to the core curriculum and extended curriculum), for example in biology and ecology, and nutrition and physical education.

By adopting the curriculum under their powers of autonomy, schools can define additional focus topics through related elective subjects and exercises.

Counselling and screening

Medical examinations at schools

Section 66 of the School Education *Act (Schulunterrichtsgesetz, SchUG)* regulates healthcare at school. Section 66 Para. 1 entrusts school physicians with the task of counselling teachers on any of students' health issues that affect classroom teaching and school attendance and to carry out any examinations of students that are required for this purpose.

School medical examinations as defined in the law are for the purpose of determining students' eligibility for school and of counselling teachers.

Generally, every school in Austria has a school physician, who must be provided by the body maintaining the school.

Section 66 Para. 2 specifies the **requirement** for students to submit to a school medical examination **once every school year**, apart from any examination on school admission. Additional examinations are allowed with the consent of the student. If any health concerns are identified during examinations, the school physician must inform the student.

School medical examinations are **free of charge** for students.

The examination should not be regarded as a precautionary check-up in the explicit sense. It serves as the basis for counselling the teacher, the student and the student's parents on health issues that affect school attendance and classroom teaching. Preventive health care (including screening) does not lie within the school authority's scope of competence but is the responsibility of the public health authorities, and it is organised differently from one *Land* to another.

Among the activities taking place as part of the Healthy School project, a study on screening among school children was commissioned. The study by the Danube University Krems revealed that unequivocal evidence either supporting or contrary to a particular intervention exists for only a few of those investigated. The majority of the screening interventions were not recommended because there is no unambiguous scientific evidence proving the net benefit of screening among healthy children and young persons.

Expectant mothers and children

A large number of measures are in place to safeguard the health of mothers and small children; examples include: the prohibition of employment as specified in the Maternity Protection Act (*Mutterschutzgesetz, MSchG*) 1979, health and accident insurance coverage, childcare benefit, and family allowance.

As a means of improving the health care provided to mothers and their children, a programme of examinations to be recorded in the Mother-Child Booklet was introduced in 1974. The prescribed examinations provide an opportunity for early recognition and timely treatment of any illnesses as well as for monitoring the child's development. The result has been a substantial decrease in the infant and maternal mortality rates.

The programme requires five gynaecological and one internal medical examination as well as two sets of laboratory tests during pregnancy and five examinations of the child (such as an orthopaedic, an ENT and an eye examination) during the first 14 months. Having these examinations carried out is a prerequisite for being granted the full amount of childcare benefit after the child reaches the age of 21 months.

Mothers may also take advantage of three ultrasound scans during pregnancy, two ultrasound scans of the infant's hip and four additional examinations, until the child reaches the age of 62 months.

The School Health Service (*Schulgesundheitsdienst*) takes specific measures towards protecting the health of **pupils and students** up to the secondary level, while the Health Service of the Austrian National Union of Students (ÖH) serves the same function for the post-secondary sector.

Mental illness

Screening for mental illness and psychological disorders is a controversial issue among experts and, according to the available findings, no evidence-based screening models exist. Apart from this, screening of this kind requires a great deal of resources.

ARTICLE 11 § 3

Question 1

See Article 11 § 1.

In addition, the information given in the following is relevant in this regard.

Smoking

The Tobacco Act (*Tabakgesetz, TabakG*) was amended in 2008, as published in Federal Law Gazette I no. 120/2008, extending the general ban on smoking in public places to include catering businesses (restaurants, cafes, pubs and bars, etc.), which had previously been exempted, and introducing extensive requirements for signs and labels to indicate areas where smoking is prohibited and to warn of the dangers of smoking. These provisions entered into force on 1 January 2009, with a transition period until 30 June 2010 being stipulated. In exception to the general ban on smoking in catering businesses, establishments consisting of one room of less than 50m² can optionally be operated as either smoking or non-smoking establishments (the limit is 80m² for cases where alterations are not permitted due to construction, fire-protection or monument protection laws). In all other catering establishments, a

room that is completely separated from the others by physical means can be designated as a smokers' room. In such cases the main room must always be kept smoke-free, and at least half of the seats where food is served must be within the non-smoking area. Other provisions introduced by the amendment include: minimum requirements for the health protection of employees, and in particular minors, who work at catering businesses where smoking is permitted; and a prohibition of the employment of expectant mothers in rooms where people smoke.

In addition, any violations of the non-smoker protection requirements specified in the Tobacco Act, which prior to 1 January 2009 were not subject to sanctions, are since punishable under administrative penal law.

Protection against ionising radiation

The purpose of radiation protection legislation is to protect the health of the population and of future generations from any harm caused by ionising radiation.

The Federal Constitutional Act for a Nuclear-free Austria (*Bundesverfassungsgesetz für ein atomfreies Österreich*) of 13 August 1999 (Federal Law Gazette I no. 149/1999) prohibits the construction and operation of plants that are used to generate energy from nuclear fission as well as the transport of fissile material within Austrian territory for the purpose of generating energy.

Radiation protection is additionally governed by the provisions of the Radiation Protection Act (*Strahlenschutzgesetz*; Federal Law Gazette no. 227/1969 as amended) and ordinances based on this act. An amendment to this act through the Radiation Protection EU Amendment Act (*Strahlenschutz-EU-Anpassungsgesetz*; Federal Law Gazette I no. 146/2002) in 2002 and 2004 (Federal Law Gazette I no. 137/2004) in 2004, as well as the ordinances listed below, served to transpose in particular the specific EU Directives (or Regulations) into Austrian law.

The Ordinance governing general radiation protection (Federal Law Gazette II no. 191/2006, amended by Federal Law Gazette II no.76/2012) regulates the protection of the life or health of persons, including any descendants, from harm caused by ionising radiation that is related to actually handling or to exposure as a result of handling radiation sources, with the exception of medical matters.

The Ordinance governing medical radiation protection (Federal Law Gazette II no. 409/2004) regulates the medical application of ionising radiation to persons.

The Ordinance governing radiation protection for aviation staff (Federal Law Gazette II no. 235/2006) regulates the protection of the life and health of air crews, including any descendants, from harm caused by cosmic radiation during flights.

The Ordinance governing intervention (Federal Law Gazette II no. 145/2007) specifies the measures in the event of radiological emergencies or constant exposure to radiation.

The Ordinance governing natural radiation sources (Federal Law Gazette II no. 2/2008) regulates the protection of the life and health of workers and of the population from harm caused by ionising radiation from natural radioactive substances.

The Ordinance governing the shipment of radioactive wastes (Federal Law Gazette II no. 47/2009) regulates the monitoring and control of shipments of radioactive wastes and spent fuel elements.

Environmental Impact Assessment Act 2000 (*Umweltverträglichkeitsprüfungsgesetz, UVP-G*) and its application

During the reporting period the Environmental Impact Assessment (EIA) has become an effective and generally recognised tool of preventive environmental protection. Use of the method has proliferated over the past years and the duration of assessments could be substantially reduced.

A number of amendments were introduced to the Environmental Impact Assessment Act (*Umweltverträglichkeitsprüfungsgesetz, UVP-G*) 2000, specifically in 2006, 2008, 2009 and 2011. The changes were occasioned by the EIA Directive, by the implementation of the EU Directive on the geological storage of carbon dioxide (CCS Directive) as well as in response to issues arising in practical implementation and in response to requests for simplification of assessment procedures.

In addition to the **information** previously included in the EIA documentation, as a result of the 2009 amendment to the *UVP-G*, details of the assessments conducted each year, including the type, number and duration of procedures, have been made available on the website of the Environment Agency Austria (*Umweltbundesamt*) as of 2009 (Section 43 Para. 1 *UVP-G* 2000; refer to the following link (in German): http://www.umweltbundesamt.at/umweltsituation/uvpsup/uvpoesterreich1/uvpdatenbank/uvpgenehmigung/).

The charts, which show the number and types of approval and assessment procedures in Austria, broken down by the authority involved, as well as the average duration of procedures and the procedures with the Environmental Senate (*Umweltsenat*), are based on data collected and provided by the authorities responsible for EIA (*Laender* Governments, Federal Ministry for Transport, Innovation and Technology, and the Environmental Senate).

In order to **accelerate procedures**, Section 4 Para. 3 *UVP-G* 2000 was introduced as a legal basis for what is referred to as the “investors’ service”. The underlying practice had already been quite common previously and had been covered by the Environmental Information Act (*Umweltinformationsgesetz, UIG*). It specifically entails making the information that is kept by the particular authority available to project applicants for the purpose of preparing projects.

As a part of all procedures it is now also mandatory to submit a climate and energy plan, which must include measures for **reducing greenhouse gases that impact the climate**.

The authorisation specified in Section 3 Para. 8 *UVP-G* 2000, enabling ordinances to be issued that identify territories where air quality is to be protected, has so far been utilised on three occasions; a fourth ordinance will soon enter the assessment phase.

The **Environmental Senate**, which has become a generally recognised appellate body, has been established for an indefinite period through the 2009 amendment to the *UVP-G*. The quantity and scope of its activities have risen enormously over the reporting period.

Clean waterways

The National Water Management Plan issued in 2009 (*Nationaler Gewässerbewirtschaftungsplan, NGP* 2009; refer to http://wisa.lebensministerium.at/article/archive/29367 (in German)) was largely made binding through the corresponding ordinance in 2009 (Federal Law Gazette II

no. 2010/103). The plan includes measures for the short, medium and long term, aimed at restoring the ecological balance of waterways and preventing water pollution.

The *NGP* 2009 (refer also to Section 55c of the Austrian Water Act (*Wasserrechtsgesetz, WRG*)) is the first of at least three planning documents that are scheduled to be published in six-year intervals. It includes water management plans, based on assessments (Section 55d *WRG*), as well as the necessary measures to be taken in order to maintain and achieve in increments (Section 33e *WRG*) the objectives set forth in Sections 30 sqq. *WRG*, specifically to prevent the pollution of waterways and protect them and thus achieve a sustainable water management system. As a means of achieving the objectives of avoiding pollution and protecting waterways, a prohibition of any deterioration of water quality is to be expressly made legally applicable to all bodies of water. The *NGP* 2009 is a planning document that provides the general framework.

Good water status has been defined in detail through specific ordinances governing surface waters and groundwater. The Ordinance on quality objectives for the chemical status of surface waters (Federal Law Gazette II no. 2006/96) sets forth environmental quality standards for use in describing good chemical status and the chemical components of good ecological status in respect of synthetic and non-synthetic pollutants in surface water bodies. The Ordinance on quality objectives for the chemical status of groundwater (Federal Law Gazette II no. 2010/98), based on Section 30c Para. 2 *WRG*, specifies good chemical status in terms of pollutant limits and of criteria to be used in evaluating the chemical status of groundwater. This Ordinance also specifies prohibitions and limitations on introducing pollutants, with the aim of protecting groundwater against deterioration and pollution. The Ordinance on quality objectives for the ecological status of surface waters (Federal Law Gazette II no. 2010/99), which specifies criteria for the ecological status of surface waters, was issued based on Section 30a *WRG* in order to transpose into Austrian law Directive 2000/60/EC; it entered into force as of 30 March 2010. This Ordinance lays down for the different categories of surface waters the ecological status to be achieved, specifically through setting limits and reference values for the various quality components, while underscoring the prohibition of deterioration.

For sections of bodies of water and for partial catchment areas with more than one water (utility) plant, Section 33d *WRG* was amended in 2011 to authorise the governor of the *Land* in the particular case to prescribe remediation programmes, and this has already taken place for the most part.

The Ordinance governing water status monitoring was amended (Federal Law Gazette II no. 2010/465) in order to transpose Directives 2006/118/EC, 2008/105/EC and 2009/90/EC into Austrian law. The amendment includes new provisions governing the scope of parameters, the measurement period and frequency when monitoring flowing bodies of water and groundwater; the annexes were largely revised as well.

Additional items of the Austrian Water Act that were adapted to reflect provisions of Community law include: measures aimed at limiting emissions for waste water discharge; the option of issuing specific ordinances to protect water supply facilities; options for measures affecting individual bodies of water and sections thereof; and a programme aimed at improving groundwater quality.

Question 2

Narcotic drug policies

Substitution treatment remained the focus of discussions on drug policy and of measures taken during the period under review. The specific issue was the impact of the ordinances that were issued to newly regulate the relevant legal framework, which became effective in 2007 (amendment of the Narcotic Drugs Ordinance, Federal Law Gazette II no. 451/2006, and the Ordinance governing further training in oral substitution, Federal Law Gazette II no. 449/2006). The effects were subsequently reviewed in the course of an extensive evaluation process, in which aspects such as patient care, quality assurance in treatment, and the safety of managing replacement substances were reviewed. Drawing on the findings, corresponding adjustments were introduced to the framework conditions with the aim of further improving this method of treatment (amendment of the Narcotic Drugs Ordinance, Federal Law Gazette II no. 485/2009, and amendment of the Ordinance governing further training in oral substitution, Federal Law Gazette II no. 487/2009)

Another focus of activity in connection with the treatment of individuals suffering from addictions was an amendment to the Narcotic Substances Act (*Suchtmittelgesetz - SMG*; Federal Law Gazette I no. 112/1997). Among the aims pursued was to establish a legal basis for substitution monitoring throughout Austria and to lay a legal foundation for regulating information exchange within the entirety of coordinated care measures provided to substitution patients.

The phenomenon of new psychoactive substances was also in the focus of drug policy measures. Circulating with increasing frequency, these substances having a potential psychoactive effect are made up of various categories of chemical substances that are not subject to the international control of addictive drugs. Many of these substances are research chemicals and often waste products arising from pharmaceutical research. Common to all these substances is that they are produced on a large scale, for the most part in labs located in Asia, and that little or nothing is known of the potential effects, interactions with other substances and health risks entailed in their use. Among the substances receiving attention from the media up to now has been “spice”, a smoking blend containing synthetic cannabinoids that is misleadingly sold as “herbal incense” and was subsequently banned in Austria on the basis of the Medicinal Products Act (*Arztneimittelgesetz, AMG*) in 2009, as well as a substance from the family of synthetic cathinones that has become known under the name of “mephedrone”; the latter was listed in the Narcotic Drugs Ordinance in August 2010. In 2010 a total of 41 substances appearing on the drug market for the first time were registered by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The extremely large number of such chemicals, and even more the possibility of continually creating new chemical compounds by changing the molecular structure, makes it easy for manufacturers and traffickers to circumvent the international and national regulations governing addictive drugs time and again. This aspect in particular faces legislators with a difficult challenge in taking effective action against such alarming developments, and for this reason the question of appropriate solutions has become the subject of EU-wide discussions.

Austria responded to this complex situation in 2011 by preparing comprehensive legislation to address the phenomenon: the New Psychoactive Substances Act (*Neue-Psychoaktive-Substanzen-Gesetz, NPSG*), Federal Law Gazette I

no. 146/2011 (note: the *NPSG* entered into force on 1 January 2012). The legislation allows measures to be taken to effectively combat criminal schemes (exclusively) involving the supply side, where manufacturers and dealers, motivated by profit interests, resort to such chemicals having a potential psychoactive effect in order to circumvent the international control of drugs and relevant legislation, in this way escaping punishment. The measures set forth in the legislation are applicable not only to certain specified substances but also to categories of chemical compounds listed in an ordinance issued in response to anticipated need. To support these measures, the *NPSG* additionally provides for monitoring of the market in such substances and, to the extent possible, for the assessment of the risk entailed in any new substances that emerge, with the primary aim of achieving the best possible information base for prevention. The legislation does not affect any legal use of the chemicals in question for commercial or research purposes.

In the course of expanding the monitoring of the epidemiological situation surrounding drug use, and following the related representative national survey of substance use (i.e. of drugs, alcohol, tobacco, psychoactive medications) conducted in 2004, the second population survey relating to this issue was carried out 2008. Reference is made to the enclosed fact sheet on “Illegal drug use in Austria” (in German).

factsheet__illegaler_
drogenkonsum_in_oe

During the previous period reviewed, a uniform Austria-wide documentation and reporting system was implemented that collects, standardises and evaluates comparable and reliable information on addicts (demographic and social data, drug consumption patterns etc.) who have turned to counselling facilities for treatment. In the meantime the system has proven effective and has resulted in a total of five reports, the most recent covering clients treated in 2010, which include an Austria-wide evaluation and hence highly informative insights. In terms of its methods, the system entails national, routine and anonymous case reporting involving standard core data on drug consumers who seek treatment. The data are intended to help estimate the user rate with a view to planning drug counselling services. Providing an estimate of the prevalence of problematic drug consumption and an analysis of drug-related deaths, the system provides most of the type of monitoring and key indicators envisaged by the European Monitoring Centre for Drugs and Drug Addiction.

A number of recent datasets are available to assess the narcotic drugs situation. The prevalence of experience with the consumption of illegal psychoactive substances, after rising slightly both in adults and youths over the past decade, has stabilised, albeit at a higher level. About one in five Austrians has consumed cannabis at least once, with a peak rate of up to 35 % among young adults. Rates are substantially lower for all other substances, typically at 2 % (heroin) to 4 % (Ecstasy, amphetamines, cocaine) for the general population. Current consumption rates (for the last twelve months) are even lower – evidence that consumption of illegal substances is usually restricted to a trial experience or a short phase in life.

Based on the latest estimate of the prevalence of problem drug use (usually of several substances) involving opiates in 2009, some 25,000 to 37,000 individuals are affected in Austria. When this estimate is compared with other data sources it can be concluded that, following an increase in 2004, the prevalence of problem drug use decreased once again and has remained stable in recent years.

Consequently, an extension of health policy measures has been seen. Activities are increasingly launched that include elements of general and specific prevention as well as early recognition and early intervention schemes. Drug counselling and treatment services are continuously responding to new developments, making efforts to focus their counselling, care and treatment services at known target groups and to address new target groups. A striking feature is that open-access treatment and low-threshold care facilities offer a range of activities directed specifically at women. Such new developments are frequently a response to deficits, gaps and adjustment requirements identified in actual practice, by surveys and evaluations. In addition to multiple activities regarding primary and secondary prevention as well as damage control and treatment, there are numerous new or extended offers for social reintegration. Reintegrating (former) drug users in the working world continues to be a focal effort. Consideration is increasingly given to covering their requirements in terms of housing (emergency overnight accommodation as well as long-term shelters) and leisure/social networking. Drug counselling and care facilities continue to be funded by the *Laender* and the Austrian Ministry of Health.

Regarding the details on developments during the period under review, reference is made to the annual report on the drug situation (in German) on the website of the Federal Ministry of Health (www.bmg.gv.at).

Additional questions concerning Article 11 as included in the General Introduction to the Conclusions XIX-2 (2009)

Facilities offering counselling, care and treatment specifically for drug users are located throughout Austria in almost every region. Treatment or counselling in the area of addiction and illegal substances is provided in an inpatient or outpatient setting at a total of 200 specialised institutions. Specific drug-related counselling, care and treatment services are provided at specialised facilities and in the context of general healthcare (e.g. psychiatric hospitals, psychosocial services, physicians). Inpatient services are open to individuals from all of Austria and from other countries as well. In terms of numbers, substitution treatment has emerged as the most prominent form of treatment, and it is the subject of ongoing efforts towards improvement. Diversifying treatment options is regarded as an important goal in Austria. A corresponding trend could be made out in the area of inpatient care during the past decade, from long-term to short-term therapy and generally more flexible therapy schemes through the introduction of modular systems. Substitution treatment is also offered in inpatient settings and withdrawal treatment on an outpatient basis as well. In the context of substitution treatment, individual patients' needs can be better accommodated through the range of different substances that are available. In line with the objective of creating a seamless care network, the majority of programmes also include various preparatory and follow-up activities, leisure-time and reintegration activities, as well as activities geared towards specific target groups (e.g. young people or persons with psychiatric comorbidity*).*

The range of treatment services has been planned to largely cover existing needs, hence long waiting periods hardly occur. The only exceptions arise in the case of certain treatment centres, where the treatment scheme includes a preparatory phase to verify the motivation of patients entering high-threshold programmes, and during short-term fluctuations in demand. Nonetheless, the capacities offered by Austria's addiction aid system continue to be expanded and adjusted to best meet needs.

Securing and remedying contaminated sites

The **provision of funds to secure and remedy contaminated sites** helps eliminate a major risk potential for humans and the environment from contaminated soil and groundwater.

As of 1 January 2012, 259 contaminated sites – i.e. sites that pose a considerable risk for human and environmental health - had been identified. Remediation activities have been completed at 116 contaminated sites. For another 80 sites, appropriate measures are already in progress.

The funding is obtained from dedicated federal contributions. A total of 248 remediation projects have received funding, totalling about EUR 1 billion, towards improving 60 million m^3 of groundwater and rehabilitating 200 hectares of derelict land.

Funding amounting to about EUR 35 million was promised in 2011 for a total of eleven remediation projects. Up to 95 % of the investment costs related to environmental impact can be funded.

Question 3

Changes in patterns of alcohol use

Key figures on alcohol use in Austria:

A total of 5 % of the adult population in Austria suffer from chronic alcoholism ("adult" refers to age 15 and older; approx. 340,000 chronic alcoholics in total, 255,000 of these are males).

10 % of the population develop the disease in the course of their lives.

2009: 10.4 litres of pure alcohol is consumed per capita on average each year, with a declining trend (11.1 litres was consumed in 1999).

Consumption begins between the ages of 13 and 15.

Additional information is available for 2011 (in German) from the White Book on Alcohol in Austria (*Handbuch Alkohol Österreich*) volume 1.

Other surveys and studies in which Austria participates:

Eurobarometer: an opinion survey commissioned by the European Commission in periodic intervals; survey of about 1000 respondents (most recently in April 2010).

Available at: http://ec.europa.eu/public_opinion/archives/ebs/ebs_331_en.pdf.

ESPAD: the European School Survey Project on Alcohol and Other Drugs (ESPAD) is a Europe-wide survey of 15 and 16-year-old students concerning the consumption of alcohol, tobacco and other drugs and attitudes towards these substances (most recently in 2007).

Available at: http://www.espad.org/austria

HBSC (Health Behaviour in School Aged Children): this survey, carried out under the auspices of the WHO, collects data on alcohol and other health-related topics from students aged 11 to 15 using a self-reporting questionnaire (most recently in 2005-2006).

Available at: http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/activities/adolescent-health/health-behaviour-in-school-aged-children-hbsc2.-who-collaborative-cross-national-study-of-children-aged-1115

GPS: conducted by the Ludwig Boltzmann Institute (LBI) of Addiction Research on commission of the Federal Ministry of Health, the General Population Survey is a representative survey of substance use and consumption patterns among the population aged 14 and older (most recently in 2008).

Number of smokers

According to the 2008 Representative Survey on Substance Use (*Repräsentativerhebung zum Substanzgebrauch*, http://www.api.or.at/akis/download/gps2008band3.pdf), about 38.9 % of the adult population in Austria (aged 15 and older) smoke (27.4 % smoke daily); 43.5 % of men are smokers (30 % daily) and 34.7 % of women (25 % daily). This represents a decrease in smoker prevalence compared with the 2004 Representative Survey on Substance Use (51 % of the Austrian population were smokers in 2004).

Within the segment of the population aged 14 to 17, a total of 74 % have ever smoked in their lives (source: ESPAD 2007, http://www.api.or.at/akis/download/espad%202007band4.pdf, available in German). 9.7 % of respondents indicated having smoked their first cigarette at the age of nine or earlier, and one in four had done so by the age of eleven. More than half of all young people have smoked a cigarette by the age of 13 and almost three-quarters by 16. One in three respondents indicated that they had smoked daily (for a certain period at least) by the time they had reached the legal smoking age of 16.

State of the environment

http://www.umweltbundesamt.at/en/soer/

ARTICLE 12
THE RIGHT TO SOCIAL SECURITY

ARTICLE 12 § 1 und § 2

Questions 1 and 2

No substantial changes.

Question 3

Health insurance

Medical care, maternity benefits in kind

Employed persons, self-employed persons, public service employees, the unemployed and pensioners and their family members are protected. Generally speaking, only self-employed persons in a few liberal professions (e.g. authors, lawyers and civil engineers) are not protected under the Austrian health insurance scheme. However, it should also be added that all persons residing in Austria have the right to voluntary insurance.

On average, 8.3 million persons (99.3 % of the population) were protected by health insurance in 2010: 6,105,900 contributors, 2,025,500 co-insured family members and about 200,000 persons had health insurance with health care institutions (employees of certain public law employers).

- Insured contributors 46 %
- Co-insured family members 25 %
- Pensioners 25 %
- Others 4 %

Sick pay, maternity benefit

Employed persons compulsorily insured under the General Social Insurance Act (*ASVG*) and unemployed persons are entitled to sick pay or maternity benefit. The number of persons protected under the *ASVG* in 2007 was 4,898,089 or 88,2 % of all contributing insurees.

Public service employees are protected under the civil service welfare regulations. They are entitled to the continued payment of salary in the event of incapacity for work because of sickness or maternity.

Self-employed persons are protected under the Commerical Social Insurance Act (*Gewerbliches Sozialversicherungsgesetz, GSVG*).

This law does not provide for compulsory sick pay benefits. Insurees may, however, take out supplementary insurance pursuant *to the Commercial Social Insurance Act (Gewerbliches Sozialversicherungsgesetz, GSVG)*, in which case they are entitled to sick pay or a daily allowance.

Operational support (*Betriebshilfe*) or maternity benefit (*Wochengeld*) is due for women who, due to gainful employment, are subject to compulsory insurance in the health insurance plan pursuant to the *GSVG* or the *BSVG* (Farmers Social Insurance

Act); and women who run a forestry or agriculture business, either solely or with their spouse, or who are employed full-time at their spouse's or parents' business. The respective laws specify support primarily in the form of a benefit in kind, provided through appropriately trained persons who are qualified to complete the tasks involved in the particular commercial, agricultural or forestry operation. Where operational support is not provided as a benefit in kind, the recipient is entitled to a maternity benefit instead (Sections 102a and 102d *GSVG*, Sections 98 to 99b *BSVG*).

The only persons without insurance cover were some marginally employed persons (marginal employment earnings limit for 2008: EUR 374.02 per month), namely, those who were not already protected by sickness insurance outside their marginal employment or were not self-insured if in marginal employment.

Accident insurance

(Benefits in the event of work accidents and occupational diseases)

Primarily, accident insurance covers economic activity. Persons not economically active are therefore in principle not protected by accident insurance. However, accident insurance also covers schools and universities as well as areas involving economic activity or related to school and university attendance (in particular, travel accidents).

Accident insurance covers practically 100 % of the economically active population, including schoolchildren and students. The only persons not protected are self-employed persons in a few liberal professions (e.g. authors, lawyers and civil engineers).

In 2009, the number of persons protected was 5,914,738.

- Employed persons 3,189,037
- Self-employed persons 1,419,310
- Schoolchildren and students 1,306,391

Pension insurance

(Old age, invalidity and survivors' benefits)

The most important source for the provision of retirement income in Austria is the so-called "statutory pension system" (*Gesetzliche Pensionsversicherung*). It provides old-age pensions, surviving dependants' pensions, as well as invalidity pensions.

The statutory pension system includes, in principle, all people in gainful employment[5] (including most categories of the self-employed), with the exception of public service employees, who have traditionally been covered by their own systems. However, under the General Pensions Act (*Allgemeines Pensionsgesetz, APG*)", which took effect on 1 January 2005, uniform pension laws were created for all gainfully employed persons, including public service employees at federal level[6].

[5] Employees with wages below the so-called marginal earnings threshold (currently EUR 5,267.64 per year gross) may opt into the old-age insurance on a voluntary basis.

[6] This means that pensions for newly employed public service employees at federal level are calculated according to the same regulations as those of other persons (for those being younger than 50 in the year 2005, pension entitlements are calculated as a mix of old and new provisions on a pro rata temporis basis, while those older than 50 were exempted from the new

The Austrian statutory pension system is an earnings-related unfunded scheme, organised on a PAYG basis and primarily financed by insurance contributions, amounting to 22.8 % of gross earnings up to a specified ceiling[7].

In 2008, 2009, 2010 and 2011 the number of persons covered by pension insurance are as follows:

Employed persons

in mio.

2008: 3,388,632

2009: 3,339,064

2010: 3,360,258

2011: 3,421,755

Source: Main Asscoiation of Austrian Social Security Institutions

Self-employed persons

In thousands

2008 403,772

2009 409,101

2010 415,770

2011 421,502

Source: Federal Ministry of Labour, Social Affairs and Consumer Protection, Unit VI – bali web

Public service employees

(Reference date 1 July)

Total:

2008 4,040,190

2009 3,988,439

2010 4,026,407

2011 4,085,944

Source: Main Association of Austrian Social Security Institutions / Person-related statistics

system). Furthermore, it should be noted that the *Laender* run their own systems for their public service employees. However, most of the *Laender* enacted related reforms during recent years as well, aligning the respective regulations towards the rules in place in the normal "statutory pension system".

[7] Gross earnings above the ceiling (2012: EUR 59,220 per year gross) are not part of the contribution base

Rates of benefits, pension adjustment

Maximum contribution base

2008	EUR	3,930.00	
2009	EUR	4,020.00	2.3 %
2010	EUR	4,110.00	2.2 %
2011	EUR	4,200.00	2.2 %

Source: Expert opinion of the Commission on the long-term safeguarding of pensions

Average contribution base

2008	EUR	2,362.00	2.5 %
2009	EUR	2,413.20	2.2 %
2010	EUR	2,449.70	1.5 %
2011	EUR	2,510.40	2.5 %

Source: 2012 Expert opinion of the Commission on the long-term safeguarding of pensions

Average (total) pension in EUR

2008	881.15	EUR
2009	913.51	EUR
2010	938.39	EUR
2011	959.80	EUR

Source: Expert opinion of the Commission on the long-term safeguarding of pensions (Ü11)

Maximum pension (normal old-age pension after 40 insurance years)

2008	EUR	2,654.33
2009	EUR	2,720.67
2010	EUR	2,826.47
2011	EUR	2,887.15

Source: Changing social security figures (Pension Insurance Institution, *Pensionsversicherungsanstalt*)

Equalisation supplement (*Ausgleichszulage*)

The standard rates for granting an equalisation supplement to the pension (in order to ensure a minimum income) were raised as follows:

	Standard rate for single pensioners		Standard rate for married couples		Standard rate for each child
2008	EUR 747.00	2.9 %	EUR 1,120.00	2.6 %	EUR 78.2
2009	EUR 772.40	3.4 %	EUR 1,158.08	3.4 %	EUR 80.95
2010	EUR 783.99	1.5 %	EUR 1,175.45	1.5 %	EUR 82.16
2011	EUR 793.40	1.2 %	EUR 1,189.56	1.2 %	EUR 122.41

Source: 2012 Expert opinion of the Commission on the long-term safeguarding of pensions

Pension adjustment[1)]

2008	2.0 %
2009	3.4 %
2010	1.5 %
2011	1.0 %

Source: Manual of Austrian Social Insurance 2012

1) Owing to the introduction of base rates and/or the increase of pensions in line with consumer prices or by set amounts, the percentages given are not comparable for all years.

Comparison of cost of living, wages and salaries, and pension adjustment

	Consumer price index (CPI) Basis 1986	Tariff wage index Basis 1986
Annual average 2008	162.8	199.4
Annual average 2009	163.7	206.2
Annual average 2010	166.6	209.3
Annual average 2011	172.0	213.5

Quelle: Statistics Austria

Average number of persons receiving old-age benefits

2008 1,187,099

2009 1,216,809

2010 1,246,353

2011 1,270,680

Quelle: Expert opinion of the Commission on the long-term safeguarding of pensions (Ü 5)

Equalisation supplement

Compared with December 2011, 3,571 fewer persons were granted an equalisation supplement than in December 2010 and approximately 3,550 fewer than ten years before.

December	Total	Men	Women
2008	243,246	76,417	166,829
2009	241,619	76,652	164,967
2010	238,242	76,026	162,216
2011	234,671	75,434	159,237

Source: Manual of Austrian Social Insurance 2012

Unemployment insurance

Insurance protection is related to gainful activity as an employed person. Protection extends, e.g. to employees, apprentices, homeworkers, persons undergoing vocational training and development assistants. Public service employees are excluded from the unemployment insurance requirement and receive from the Public Employment Service a benefit corresponding to unemployment benefit and unemployment assistance in the event of unemployment (”bridging aid” or “extended bridging aid”), which is financed by the relevant Federal or *Laender* Government authorities.

On the annual average for **2008**, the number of persons protected by unemployment insurance was 2,852,086, for **2009** 2,829,900, for **2010** 2,869,034 and for **2011** it was 2,922,534.

Leistungen.xlsx

From 2008 on the so called "free emloyees" are protected by unemployment insurance. The number of this group was 25.366 (2008), 23.737 (2009), 21.771 (2010) and 19.884 (2011).

Family allowance

Family allowance amounts (as of February 2012):

The amount of family allowance paid depends on the child's age and the number of children.

a. Age-based scale

Allowance amount per child and month

0-2 years: EUR 105,4

3-9 years: EUR 112,7

10-18 years: EUR 130,9

19 years and older: EUR 152,7

b. Scale based on number of children

The total amount of family allowance per month increases by:
EUR 12.80 for 2 children
EUR 47.80 for 3 children
EUR 97.80 for 4 children
another EUR 50.00 for each additional child.

c. Supplement for children with a serious disability

EUR 138.30 per month for each child with a serious disability (in addition to general family allowance)

d. School start benefit

A school start benefit (*Schulstartgeld*) of EUR 100 per child between the ages of six and 15 is paid concurrently with family allowance for September.

In principle, this benefit covers the entire resident population.

Family allowance was distributed to some 1.1 million eligible recipients on behalf of about 1.8 million children in 2011.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Registration and/or inclusion of the self-employed with regard to all systems of social security pursuant to Article 12 Para. 1

Health and accident insurance (medical care/aid, sick pay, benefits in case of accidents at work and occupational diseases, maternity-related benefits)

With regard to the registration of self-employed persons, it should be noted that the Austrian social security system distinguishes between **self-employed persons in the trade and industry sectors** and the self-employed in agriculture and forestry.

Self-employed persons in the trade and industry sectors are subject to the *GSVG*; an exception to this is in the area of accident insurance, in which case such individuals are subject to the *ASVG*. The Social Insurance Institution for Trade and Industry (*Sozialversicherungsanstalt der gewerblichen Wirtschaft, SVA*) is

responsible for administrating social insurance and the Austrian Workers' Compensation Board (*Allgemeine Unfallversicherungsanstalt, AUVA*) is responsible for accident insurance.

Self-employed persons in agriculture and forestry, on the other hand, are subject to the *BSVG*, where the Farmers' Social Security Authority (*Sozialversicherungsanstalt der Bauern, SVB*) is responsible for administrating. The *SVB* is responsible for health, accident and pension insurance alike. **Of the total number of persons paying health insurance contributions** in 2011 (6,447,172), 88 % were insured under a health insurance scheme for the dependently employed and **12 % under a health insurance scheme for the self-employed** (source: Main Association of Austrian Social Security Institutions (*Hauptverband der österreichischen Sozialversicherungsträger*), 2011 Manual of Austrian Social Insurance).

The table below provides an overview of changes in the number of insured persons paying health insurance contributions:

Persons paying health insurance contributions

Category	Insurees on average in 2010	Difference compared to		
		2009	2005	2000
All categories	**6,447,172**	**+ 68,818**	**+ 352,315**	**+ 751,481**
Blue-collar workers	1,295,369	+ 6,196	+ 17,689	+ 4,273
Salaried employees	1,795,890	+ 17,079	+ 166,766	+ 307,978
Civil servants	213,223	- 5,681	- 34,955	- 75,373
Self-employed	486,855	+ 6,962	+ 36,832	+ 111,859
Voluntary insurance	132,535	+ 2,530	+ 8,242	+ 27,396
Pensioners	2,168,791	+ 39,491	+ 142,741	+ 242,000
Other insurees [1)]	354,509	+ 2,241	+ 15,000	+ 133,348

[1)] Unemployed persons, persons receiving childcare benefit without a continued employment relationship and similar persons.
(Source: Main Association of Austrian Social Security Institutions, 2011 Manual of Austrian Social Insurance)

1) Self-employed persons in the trade and industry sectors

These persons enjoy insurance protection with respect to health insurance as well as accident and pension insurance. The competence of the Federal Ministry of Health in Austria extends to **health insurance and accident insurance,** but does not include either registration for insurance, administration of contributions and pension insurance. Hence, the information given below refers only to the two aforementioned areas.

Compulsory insurance arises as a matter of law when the conditions specified in the social insurance laws are met. It is thereby ensured that the social risks to which any employed individual is potentially exposed are distributed among the entire group of insured persons.

The largest category of individuals insured by the *SVA* are business licence holders and those holding shares in businesses. Since 1998, all persons in general who receive income from a business operation or from self-employment as a result of business activity are subject to commercial health (pension) and accident insurance unless they have other compulsory insurance as a result of that activity.

As mentioned above, the administration of **health insurance protection is the responsibility** of the ***SVA***, whereas accident insurance is administered by the ***AUVA***. The *AUVA* is also responsible for paying benefits in the event of an accident.

1a) Health insurance benefits

Health insurance protection covers insured persons as well as family members (i.e. spouses, children and, under certain conditions, grandchildren, stepchildren and cohabitants/registered partners as well) to the same extent. Co-insurance is normally given without paying any additional contributions.

The **duties of commercial health insurance include** (Section 78 sq *GSVG*):

- **Early recognition of diseases** (i.e. conducting medical **examinations of youth and precautionary/health examinations**) and measures towards maintaining public health).

- The **provision of benefits on occurrence of the insured event of illness**:

  Medical treatment: Medical treatment includes medical assistance (as provided by physicians with their own practices, physicians in group practices or in facilities funded by or under contract with social security institutions), and supplying medical drugs, medical aids and accessories (in which case insured persons are required to pay a cost contribution for items such as medications, eyeglasses and orthopaedic insoles). Medical treatment must always be adequate and appropriate and must not exceed the necessary level.

  Institutional care (the insurance institution pays the costs of a hospital stay if and for as long as required in the case of the illness).

  Home medical care if necessary (on the request of a physician).

- The provision of **benefits on occurrence of the insured event of maternity**: Medical assistance, assistance by a midwife, care by qualified paediatric and neonatal nurses, medical drugs and aids, payment of institutional care costs and transportation costs.

  Other benefits which may be claimed on occurrence of the insured event of maternity include either operational support as a benefit in kind (i.e. provision of an employee to relieve the mother from her duties) or, in case operational support cannot be provided, a monetary maternity benefit at a fixed rate of EUR 26.97 per day.

- **Dental treatment and prothesis**: The range of benefits and services include surgical and restorative dental treatment, any necessary dental prothesis (i.e. any prothesis required to prevent ill health or an impairment of the ability to work) and orthodontic braces.

- **Medical rehabilitation programmes** that are provided following specific medical treatment, in order to ensure the effectiveness of treatment or to mitigate the effects of illness. The aim is to restore the health of the insured individual or their family members to the point that the individual is able to take his or her place in society permanently, if possible, without requiring care or assistance. Rehabilitation is only provided where appropriate rehabilitation measures are not available from an accident or pension insurance (e.g. stay at a rehabilitation centre, medical drugs and aids). Insured persons are required to contribute between EUR 7.04 and EUR 17.10 (as of 2012) for each day of accommodation at a rehabilitation centre.

- **Health promotion:** Raise awareness of health risks and of the prevention of diseases.

Funds can also be paid out by the health insurance scheme in the form of voluntary benefits for **measures towards stabilising individuals' health** (e.g. a stay at a sanatorium) or **measures towards preventing illness** (health education, measures

to combat widespread diseases, and tooth decay, such as dental hygiene programmes at nursery schools).

The benefits provided by health insurance as listed above are usually **benefits in kind**.

Insured persons who are **entitled to receive monetary benefits**, that is, those whose annual income is higher than the threshold for benefits in kind (EUR 59,219.99 in 2012), initially pay their medical invoices themselves as private patients and later receive cost reimbursement after presenting the paid invoices to the *SVA*.

For the benefits provided by the insurance institution, the insured person is required to pay a **cost contribution (deductible)** at a rate specified in the statutes of the *SVA*. A voluntary "bonus system" was introduced for the first time in 2012, which allows physicians and patients to agree on personal health goals as part of the precautionary check-up; patients achieving their goals are then required to pay only half of the deductible.

Self-employed persons in trade and industry also have the option of taking out **voluntary additional insurance**, which **entitles** the beneficiary **to monetary benefits**, either as sick pay for the event of inability to work or as a **daily allowance** while receiving institutional care.

1a) Accident insurance benefits

As mentioned above, accident insurance is administered for the self-employed in the trade and industry sectors by the *AUVA*. The following benefits are provided by accident insurance when the insured individual suffers physical harm as a result of an accident at work or an occupational illness (Section 173 et seq. *ASVG*):

- **Treatment following an accident**: Treatment following an accident is intended to cure or at least improve the health impairment caused by an accident or an occupational illness, using appropriate means, and to prevent the effects of the injury or disease from worsening. The benefits provided comprise medical treatment, medical drugs and aids, care at a hospital, sanatoriums and other institutions. Post-accident treatment is provided for so long and as many times until the effects of the accident at work or occupational illness improve or an enhancement of the individual's ability to work can be expected so as to prevent any worsening of the condition.

- During post-accident treatment, the insured person receives a **monetary benefit** in the form of a **daily allowance**. Depending on the type and seriousness of the injury, a one-time benefit of special support may also be granted voluntarily for the duration of treatment.

- **Occupational and social rehabilitation:** Rehabilitation aims at restoring persons with a disability to the highest possible level in terms of their physical, mental, occupational and social abilities, thereby allowing them participation in the life of the community to the greatest possible extent.

  Whereas **medical rehabilitation**, which is required to be provided within the scope of treatment following an accident, **occupational rehabilitation** seeks to enable the individual to return to working life in the previous occupation or to transition to a new occupation. This is accomplished through vocational training

or re-training and re-orientation (e.g. courses) as a means of regaining the capacity to work, or through support in getting a job or gainful employment or some other source of income. The individual with a disability receives from the accident insurance institution a transitional allowance for the duration of the occupational training.

Measures in the field of **social rehabilitation** include benefits, in addition to post-accident treatment and occupational rehabilitation programmes, which are suited to effectively achieve the particular objectives. Taking into account the income situation of the individual with a disability, the accident insurance institution may, for example, provide a supplement for taking out a loan for purchasing a suitably adapted vehicle or for adapting an existing vehicle.

- **Provision of artificial limbs, orthopaedic aids and other aids** to the individual with a disability: Artificial limbs, orthopaedic aids (such as shoes and insoles) as well as other kinds of aids are provided as required to ensure the success of treatment or to alleviate the consequences of the work accident or occupational illness. The expense of fitting and adjustment are also paid, while patients are not required to pay any share.

- **Monetary benefits** are provided in the form of:

  Disability benefits

  Surviving dependants' pension: widow(er)'s pension, orphan's pension

  Partial refund of interment costs.

  Monetary benefits are always calculated based on the assessment base. The assessment base for self-employed persons with membership in an economic chamber and for the new self-employed (*neue Selbständige*) with compulsory insurance is a set amount per calendar year (EUR 18,090.14 in 2012). Self-employed individuals in trade and industry can additionally elect to take out additional accident insurance from the *AUVA* at one of two higher levels (Section 19a and Section 77 Para. 4 *ASVG*). In this case, the assessment base increases by EUR 11,492.50 (level 1 of additional insurance; contribution payments of EUR 98.94 per calendar year) or by EUR 17,323.58 (level 2 of additional insurance with contribution payments of EUR 148.63 per calendar year).

  The insured person is entitled to disability benefit if and for as long as the individual's capacity to work is reduced by 20 % as a result of an accident at work or an occupational illness for more than three months following the occurrence of the insured event.

  The amount of the benefit is determined based on the degree of reduced capacity to work and the assessment base.

  A surviving dependant or widow(er) is entitled to a pension in the event of an insured person's death caused by accident at work or occupational illness. In this case the widow or widower is entitled to a widow(er)'s pension of 20 % of the assessment base each year until the beneficiary's death or re-marriage. The widow(er)'s pension can be increased to an annual rate of 40 % of the assessment base in special cases.

In addition, the child of the insured person whose death was caused by an accident at work or occupational illness is entitled to an orphan's pension until the child reaches the age of 18. The pension is 20 % of the assessment base for a child who has lost one parent and 30 % of the assessment base for a child who has lost both parents. After reaching age 18, the orphan's pension is paid out only on special application.

A partial refund of interment costs amounting to 1/15 of the assessment base is also granted where death was caused by an accident at work or an occupational illness. The payment is made to the person who paid the funeral expense.

2) Self-employed persons in farming and forestry

Self-employed persons in agriculture and forestry are protected by insurance in the areas of health insurance as well as accident insurance and pension insurance, which are administered by the Farmers' Social Security Authority (*Sozialversicherungsanstalt der Bauern, SVB*). Social insurance protection as specified in the Farmers Social Insurance Act (*Bauern-Sozialversicherungsgesetz, BSVG*) becomes effective as soon as the farmer or forester commences business activities.

Farm or forestry managers (*Betriebsführer*) are subject to compulsory health (and pension) insurance if the assessment value (*Einheitswert*) of the farm or forest operation is at least or exceeds EUR 1,500. The minimum assessment value for compulsory accident insurance is EUR 150. Below these minimum assessment values, managers of such operations are nonetheless subject to compulsory insurance if they earn their living largely from the income provided by the operation.

The following persons are additionally subject to compulsory insurance when employed full-time in the operation:

- spouses;
- children, grandchildren, adoptive children, stepchildren and children-in-law of the farm/forestry manger;
- parents, grandparents, adoptive parents, stepparents and parents-in-law.

Full-time employment in a farm or forestry operation exists where the majority of the individual's working hours are spent in the farm or forestry operation.

The individuals listed above, as well as the farm/forestry manager's siblings, are included in farmers' accident insurance even if they work "only" part-time in the operation; i.e. accident insurance coverage is not conditional on full-time employment.

Any secondary employment in farming and forestry is also subject to compulsory health, accident and pension insurance pursuant to the *BSVG*. As mentioned above, the Federal Ministry of Health is responsible only for health and accident insurance, consequently the following will deal only with these areas.

2a) Health insurance benefits

The information given under 1a) applies here as well.

The general provisions governing the scope and responsibilities of health insurance are set out in Section 75 et seq. of the *BSVG*.

The *BSVG* does not contain any provisions specifying entitlement to monetary benefits (*Geldleistungsberechtigung*), or voluntary additional insurance that would allow receiving monetary benefits (refer to the third-last and the last paragraphs under 1a) above).

2b) Accident insurance benefits

The information given under 1b) applies here in general as well.

The *BSVG* does not provide for a **daily allowance**. Instead, the *SVB* contributes a portion of the expense incurred through employing any substitute staff that are required when the insured person is unable to work, in order to relieve the insured person and to ensure a successful recovery. The amount of this benefit is specified in the statutes (taking into account the economic circumstances in the individual case).

Differences exist also with regard to occupational rehabilitation: the expense incurred by substitute staff is paid in this case.

For the duration of vocational training provided as part of occupational rehabilitation to an individual with a disability, a transitional allowance amounting to 40% of the assessment base is paid.

The amount of EUR 18,090.14 per year (as of 2012) is stipulated in the *BSVG* as the uniform assessment base. For persons earning a secondary income from farming and who are additionally employed as defined in the General Social Insurance Act, the assessment base pursuant to the *BSVG* has to be compared with the assessment base specified in the *ASVG* (total of contribution bases, Section 179 *ASVG*). The higher of the two assessment bases is subsequently to be applied as the assessment base for determining monetary benefits.

Pursuant to the *BSVG*, the insured person is eligible for disability benefit if and for as long as the individual's capacity to work is reduced by 20 % as a result of an accident at work or an occupational illness for more than one year following the occurrence of the insured event.

The *BSVG* does not provide for an increase of the widow(er)'s pension to an annual rate of 40 % of the assessment base.

Health insurance tables

Expenditure for operational support (maternity benefit) pursuant to the GSVG and BSVG in 2010 [1)]

Type	In millions of EUR		
	Total	*SVA* (trade & industry)	*SVB* (farmers)
Total	**11.3**	**7.9**	**3.4**
Operational support	1.8	1.6	0.2
Maternity benefit	9.5	6.3	3.2

[1)] Preliminary figures

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Change in the number of persons directly covered by social insurance[1)] according to insurance type
Yearly averages for 1991-2010

Year	Health insurance	Pension insurance	of which:		Accident insurance	Unemployment insurance
			Dependently employed	Self-employed		
1991	5,187,904	2,954,569	2,576,458	378,111	4,963,425	2,443,992
1992	5,271,613	2,998,760	2,599,582	399,178	5,016,485	2,470,435
1993	5,311,351	3,004,450	2,588,502	415,948	5,485,509	2,463,749
1994	5,356,361	3,013,270	2,598,776	414,494	5,515,389	2,476,916
1995	5,397,426	3,031,157	2,604,516	426,641	5,526,260	2,487,735
1996	5,418,540	3,015,447	2,589,044	426,403	5,464,653	2,474,339
1997	5,446,031	3,038,070	2,603,181	434,889	5,488,101	2,492,756
1998	5,514,946	3,075,097	2,632,828	442,269	5,523,972	2,522,679
1999	5,552,591	3,122,235	2,670,598	451,637	5,644,579	2,561,801
2000	5,695,691	3,169,954	2,709,492	460,462	5,698,698	2,601,532
2001	5,772,843	3,197,295	2,732,731	464,564	5,753,641	2,626,893
2002	5,853,263	3,201,264	2,726,596	474,668	5,728,088	2,615,877
2003	5,930,330	3,218,870	2,741,035	477,835	5,697,863	2,618,054
2004	6,016,422	3,244,811	2,761,978	482,833	5,739,715	2,622,490
2005	6,094,857	3,288,720	2,800,270	488,450	5,772,407	2,647,074
2006	6,165,781	3,352,321	2,859,905	492,416	5,791,617	2,707,795
2007	6,231,384	3,431,308	2,935,998	495,310	5,893,960	2,779,594
2008	6,330,390	3,527,212	3,022,085	505,127	5,957,879	2,852,086
2009	6,378,354	3,497,069	2,982,956	514,113	5,914,738	2,829,900
2010	6,447,172	3,540,529	3,019,221	521,308	6,034,556	2,869,034

1) Excluding co-insured family members
Note: Since 1993, the Farmers' Social Security Authority has completely recorded family members having accident insurance
(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Change in the number of persons insured[1)] in commercial health insurance according to category of insuree
Yearly averages for 1986-2010

Year	Total of insurees			Compulsory insurance			Voluntary insurance	
	M + W	M	F	Working	Childcare benefit recipients	Pension benefit recipients	Continued insurance	Insured family members
				M + W	M + W	M + W	M + W	M + W
1986	259,811	145,327	114,484	148,246	-	110,091	1,006	468
1987	260,324	145,958	114,366	148,472	-	110,400	993	459
1988	260,826	146,786	114,040	148,653	-	110,708	1,016	449
1989	261,160	147,797	113,363	149,113	-	110,586	993	468
1990	260,747	148,695	112,052	149,406	-	110,012	981	348
1991	260,714	149,542	111,172	149,866	-	109,564	951	333
1992	261,126	150,942	110,184	150,895	-	108,950	958	323
1993	262,731	153,545	109,186	152,709	-	108,735	956	331
1994	269,527	159,239	110,288	156,112	-	112,108	946	361

1995	273,497	163,504	109,993	158,982	-	113,187	946	382
1996	276,194	166,720	109,474	161,618	-	113,187	1,009	380
1997	284,358	173,789	110,569	170,133	-	112,795	1,094	336
1998	292,827	180,484	112,343	179,186	-	112,213	1,116	312
1999	301,585	187,175	114,410	188,458	-	111,810	1,032	285
2000	348,683	221,722	126,961	234,330	-	113,078	1,000	275
2001	368,035	235,347	132,688	251,254	-	115,606	907	268
2002	385,739	247,461	138.278	266,971	293	117,291	882	302
2003	397,049	253,400	143,649	275,455	1,495	118,886	891	322
2004	411,291	261,489	149,802	285,915	3,211	120,882	945	338
2005	423,053	269,320	153,733	295,201	3,876	122,645	952	379
2006	433,132	276,167	156,965	303,055	4,152	124,537	984	404
2007	442,319	281,699	160,620	309,897	4,558	126,469	997	398
2008	458,041	286,892	171,149	323,382	4,834	128,350	1,063	412
2009	473,414	290,680	182,734	336,164	4,632	131,031	1,184	403
2010	486,942	294,638	192,304	345,484	4,239	133,976	2,815	428

1) Excluding co-insured family members

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Change in the number of persons insured[1)] in the farmers' health insurance scheme according to category of insuree
Yearly averages for 1986-2010

Year	Total of insurees			Compulsory insurance				Voluntary insurance
	M + W	M	F	Self-employed	Family members	Childcare benefit recipients	Pensioners	
				M + W	M + W	M + W	M + W	M + W
1988	254,390	161,505	92,885	99,887	20,345	-	133,989	169
1989	249,449	157,478	91,971	96,902	18,463	-	133,919	165
1990	244,299	153,523	90,776	93,555	16,928	-	133,638	178
1991	239,091	149,355	89,736	90,015	15,190	-	133,685	201
1992	233,619	144,548	89,071	86,098	13,603	-	133,714	204
1993	228,795	140,206	88,589	82,721	12,271	-	133,602	201
1994	225,146	136,504	88,642	79,501	11,175	-	134,277	193
1995	221,432	132,864	88,568	76,209	10,195	-	134,834	194
1996	217,963	129,497	88,466	73,536	9,388	-	134,841	198
1997	214,876	126,766	88,110	71,757	8,968	-	133,948	203
1998	240,426	125,294	115,132	93,808	13,925	-	132,478	215
1999	236,043	121,613	114,430	90,192	13,969	-	131,589	293
2000	274,085	150,814	123,271	126,909	13,757	-	133,129	290
2001	279,124	152,553	126,571	129,811	13,622	-	135,415	276
2002	280,026	151,424	128,602	129,542	13,606	333	136,272	273
2003	280,391	149,435	130,956	128,302	13,509	1,375	136,940	265
2004	284,285	149,223	135,062	130,318	13,460	2,288	137,964	255
2005	296,916	152,664	144,252	141,368	13,454	2,667	139,191	236
2006	295,099	150,802	144,297	138,593	13,177	2,634	140,469	226
2007	293,432	148,819	144,613	135,663	13,101	2,664	141,779	225
2008	292,021	147,553	144,468	133,283	12,945	2,390	143,182	221
2009	290,799	146,215	144,584	130,845	12,884	2,307	144,557	206
2010	289,644	144,925	144,719	128,591	12,780	2,144	145,931	198

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Accident Insurance Tables

Change in the number of persons directly covered by accident insurance according to insurance institution
Yearly averages for 2003-2010

Type		2003	2004	2005	2006	2007	2008	2009	2010
Total		**5,697,863**	**5,739,715**	**5,772,407**	**5,791,617**	**5,893,960**	**5,957,879**	**5,914,738**	**6,034,556**
of which	Dependently employed	3,032,979	3,035,737	3,066,875	3,086,692	3,158,456	3,231,454	3,189,037	3.201.357
	Self-employed	1,384,106	1,404,403	1,404,861	1,403,686	1,404,649	1,411,932	1,419,310	1.423.335
	Schoolchildren and students	1,280,778	1,299,575	1,300,671	1,301,239	1,330,855	1,314,493	1,306,391	1.409.864
AUVA		4,255,486	4,302,995	4,336,207	4,390,406	4,494,037	4,558,783	4,511,128	4,630,134

SVB	1,075,283	1,057,935	1,044,262	1,032,208	1,019,776	1,005,528	998,232	987,538
VAEB	67,852	66,922	64,017	63,058	62,583	63,303	63,388	62,943
BVA	299,242	311,863	327,921	305,945	317,564	330,265	341,990	353,941

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Recognised insurance claims by insurance institution and category of insuree in 2010

Insurance institution Category of insuree	Recognised insurance claims		of which					
			Accidents at work		Accidents from/to work		Occupational diseases	
	Number	of which fatal	**Number**	**of which fatal**	**Number**	**of which fatal**	**Number**	**of which fatal**
All accident insurers	**189,923**	**315**	**171,556**	**186**	**16,530**	**56**	**1,837**	**73**
I Dependently employed	120,428	192	105,402	91	13,490	51	1,536	50
II Self-employed	10,068	103	9,573	91	255	1	240	11
IIIa Schoolchildren and students	56,068	5	53,597	1	2,471	4	-	-
IIIb Other protected persons	3,359	15	2,984	3	314	-	61	12
AUVA	**168,591**	**216**	**152,592**	**103**	**14,420**	**51**	**1,579**	**62**
I Dependently employed	105,785	176	92,954	84	11,385	46	1,446	46
II Self-employed	3,380	20	3,058	15	250	1	72	4
IIIa Schoolchildren and students	56,068	5	53,597	1	2,471	4	-	-
IIIb Other protected persons	3,358	15	2,983	3	314	-	61	12
SVB	**6,688**	**83**	**6,515**	**76**	**5**	**-**	**168**	**7**
II Self-employed	6,688	83	6,515	76	5	-	168	7
IIIb Other protected persons	-	-	-	-	-	-	-	-
VAEB	**3,706**	**5**	**3,242**	**2**	**445**	**2**	**19**	**1**
I Dependently employed	3,705	5	3,241	2	445	2	19	1
IIIb Other protected persons	1	-	1	-	-	-	-	-
BVA	**10,938**	**11**	**9,207**	**5**	**1,660**	**3**	**71**	**3**
I Dependently employed	10,938	11	9,207	5	1,660	3	71	3

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Change in the number of persons receiving accident insurance pensions[1)] according to insurance institution December 2006 – December 2010

Type of pension	Dec.	Accident insurance			*AUVA*		SVB		VAEB		BVA	
		M + W	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
All pensions	2006	106,768	72,822	33,946	52,557	20,725	14,589	11,370	2,530	722	3,146	1,129
	2007	106,000	72,577	33,423	52,539	20,471	14,348	11,113	2,510	695	3,180	1,144
	2008	105,596	72,598	32,998	52,821	20,385	14,076	10,784	2,514	675	3,187	1,154
	2009	105,470	72,692	32,778	53,266	20,495	13,730	10,459	2,486	653	3,210	1,171
	2010	103,583	71,487	32,096	52,370	20,114	13,454	10,155	2,477	644	3,186	1,183
Disability benefits	2006	89,234	70,688	18,546	51,006	9,438	14,124	8,388	2,479	110	3,079	610
	2007	88,743	70,498	18,245	51,037	9,339	13,893	8,180	2,456	110	3,112	616
	2008	88,666	70,581	18,085	51,363	9,428	13,629	7,911	2,463	107	3,126	639
	2009	88,836	70,764	18,072	51,866	9,663	13,307	7,641	2,440	106	3,151	662
	2010	87,250	69,601	17,649	51,009	9,477	13,033	7,387	2,433	104	3,126	681
Widow(er)' pension	2006	14,021	380	13,641	202	9,906	171	2,694	2	564	5	477
	2007	13,846	379	13,467	205	9,802	166	2,642	2	543	6	480
	2008	13,654	374	13,280	207	9,690	158	2,589	2	529	7	472
	2009	13,503	372	13,131	206	9,605	156	2,555	2	510	8	461
	2010	13,292	375	12,917	209	9,452	154	2,508	2	502	10	455
Orphan's pension	2006	3,513	1,754	1,759	1,349	1,381	294	288	49	48	62	42
	2007	3,411	1,700	1,711	1,297	1,330	289	291	52	42	62	48
	2008	3,276	1,643	1,633	1,251	1,267	289	284	49	39	54	43
	2009	3,131	1,556	1,575	1,194	1,227	267	263	44	37	51	48
	2010	3,041	1,511	1,530	1,152	1,185	267	260	42	38	50	47

1) Including pensions received by parents and siblings

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Accident insurance pensions according to category of insuree
Month under review December 2010

Amounts in EUR

Category of insuree	Type	All pensions	Disability benefits	Widow(er)'s pensions	Orphan's pensions	Parent (siblings) pensions
All categories	**Number of pensions**	**103,583**	**87,250**	**13,280**	**3,041**	**12**
	Monthly gross payment	**38,475,452**	**29,807,523**	**7,509,537**	**1,153,660**	**4,732**
	Average	**371**	**342**	**565**	**379**	**394**
Dependently employed	Number of pensions	72,958	61,110	9,629	2,207	12
	Monthly gross payment	31,302,975	24,231,981	6,132,184	934,078	4,732
	Average	429	397	637	423	394
Self-employed	Number of pensions	28,435	24,336	3,341	758	-
	Monthly gross payment	6,184,053	4,785,776	1,206,459	191,818	-
	Average	217	197	361	253	-
Schoolchildren and students	Number of pensions	158	152	2	4	-
	Monthly gross payment	98,817	96,477	948	1,392	-
	Average	625	635	474	348	-
Other protected persons	Number of pensions	2,032	1,652	308	72	-
	Monthly gross payment	889,607	693,289	169,946	26,372	-
	Average	438	420	552	366	-

(Source: Main Association of Austrian Social Security Institutions, 2011 Statistical Manual of Austrian Social Insurance)

Unemployment insurance

The scope of persons eligible for unemployment insurance was expanded as of 1 January 2008 to include quasi-freelancers (*Freie Dienstnehmer/innen*):

Like employees, quasi-freelancers perform work, yet they are **not in a personal dependent employment relationship**. The employer of a quasi-freelancer only has the right to issue instructions specifying the specific tasks to be completed, not, however, how the work is to be carried out. **The protection provided for in labour laws does generally not apply to quasi-freelance employment relationships**. Only the provisions governing termination of employment relationships (notice of termination, premature resignation, dismissal) apply by analogy.

Quasi-freelancers who earn an income above the marginal earnings threshold are now required to be included in unemployment insurance. Consequently, any periods worked as a quasi-freelancer which are subject to insurance and which are after 31 December 2007 count towards the qualification for provision of benefits. Any periods a person worked as a quasi-freelancer before 1 January 2008 do not qualify

and may be counted only as work periods not subject to unemployment insurance, only in order to extend the overall time limit (originally a maximum of three years; five years as of 2009).

Expansion of the scope of persons eligible for unemployment insurance to include self-employed persons within the framework of an option model that maintains previously acquired eligibility:

All persons working more than just on a marginal basis can be included in unemployment insurance as of 1 January 2009. After taking up gainful employment, the working person should receive information from the competent social security institution on the option of being included in unemployment insurance. The individual can then join unemployment insurance six months after notification. The decision is then binding for eight years with regard to the five-year period stipulated for extending the overall time limit for unemployment insurance in the case of individuals who were employed for fewer than five years in an employment relationship subject to unemployment insurance. Any later decision to be included in unemployment insurance should be taken from the first day of the calendar month following the end of the term of exclusion or, if employment is taken up after that date, from the beginning of the new employment and by the first of the following calendar month at the earliest.

The insured person can choose to be included in unemployment insurance at a contribution base rate equal to either one quarter, one half or three quarters of the maximum contribution base stipulated in Section 48 of the *GSVG*. The maximum contribution base for the contribution months of a calendar year is correspondingly 35 times the maximum contribution base published for the particular calendar year pursuant to Section 108 Para. 3 *ASVG*. The maximum contribution base is required to be increased each year by the revaluation coefficient (*Aufwertungszahl*) as specified in Section 108 Para. 2 ASVG.

When assessing the qualification for unemployment insurance benefits in the case of persons who acquired qualification periods for unemployment insurance prior to 1 January 2009, and who had an employment relationship subject to compulsory health insurance pursuant to the *GSVG* or *BSVG* prior to that date, an unlimited extension of the overall time limit to include periods of employment subject to compulsory health insurance will continue to apply, even in cases where employment subject to compulsory unemployment insurance was pursued for less than five years.

Family benefits

Family allowance covers the entire resident population.

Amount of unemployment benefit

Income equal to or exceeding the marginal earnings threshold (for 2012: EUR 376.26 per month) is subject to insurance and, therefore, relevant for calculating the amount of unemployment benefit. This means that the benefit cannot reach 50 % of the median income, as this amount may be higher than the actual previous income in individual cases and hence be disproportionate to the earlier income.

The system in Austria in this respect has not changed and modifications for the future are not planned either.

ARTICLE 12 § 3

Questions 1 to 3

The following measures were adopted in the reporting period (2008-2011) in order to adjust regulations in the field of health, accident, pension and unemployment insurance to economic change, to consolidate the progress achieved and, as far as additionally possible, raise it to a higher level:

Legislative activities in the field of health and accident insurance

Federal Act Governing the Adaptation of Laws to the Agreement under Article 15a of the Federal Constitution Act on Organising and Financing the Health Care System for 2008-2013), Federal Law Gazette I no. 101/2007:

This Act comprises the 68th Amendment to the *ASVG* (General Social Insurance Act), the 33rd Amendment to the *GSVG* (Act Governing Social Insurance for Self-employed Persons in Commerce, Trade and Industry), the 33rd Amendment to the *BSVG* (FarmersSocial Insurance Act), and the 34th Amendment to the B-KUVG (Civil Servants Sickness and Accident Insurance Act). Key changes regarding health and accident insurance:

- Introduction of a cap to the prescription charge of 2 % of the net income to combat the problem that an accumulation of prescription charges for people suffering from chronic or multiple illnesses may cause financial constraints which make them forego medically necessary treatment.
- Introduction of a six-week period - during which benefits are granted - after an insured illness although the person would usually not be be eligible anymore.
- To safeguard the liquidity situation of the statutory health insurance system, health insurance contributions under the *ASVG* are increased by 0.15 %, to be paid solely by employers for blue-collar workers, and shared between employers (0.07 %) and employees (0.08 %) for white-collar workers; for *BSVG*-insured persons, contributions are also raised by 0.15 %.
- To foster further harmonisation, the health insurance contribution by persons insured under the *GSVG* is reduced to the level of blue-collar workers, white-collar workers and farmers.
- In line with an agreement between the social partners, an increase in the employer's contribution by 0.35 % while eliminating the surcharge for extended medical treatment amounting to 0.4 % results in a reduction of the overall contribution by 0.05 % for *B-KUVG* insurance.
- Clarification that a higher maternity benefit amount is due also to recipients of child-care benefits health-insured under the *B-KUVG*.
- New regulation of payment of childcare benefits to expatriate family members of Foreign Service workers.
- Adjustment of social insurance law to the (new) agreement under Article 15a *B-VG* on the organisation and financing of the healthcare system. This item covers predominately the technical implementation of the agreement:
  - Increasing the brief of the reform pool to promote integrated care projects (in particular medical services for diabetes patients, apoplexy patients, patients suffering from coronary heart diseases and nephrological diseases, and the discharge management), as well as promote pilot projects for the intersectoral

financing of the outpatient department with funds provided by the social insurance system.

- Obligation on the part of the Main Associaion of Austrian Social Security Institutions to participate in planning for the introduction and implementation of the *Elektronische Gesundheitsakte* (Electronic Health Care File; *ELGA*).
- Extension of the regulation to cap administrative costs of insurance institutions and the Main Associaion of Austrian Social Security Institutions.
- Planning of in- and outpatient services within the scope of the *Regionale Strukturpläne Gesundheit* (Regional Structural Plans for Health; *RSG*).

Establishing maternity benefit eligibility for expectant mothers who are prohibited from further employment by the amendment of the Tobacco Act:

Federal Law Gazette I no. 120/2008: Federal Act amending the Tobacco Act, the ASVG, the GSVG and the BSVG (Bundesgesetz, mit dem das Tabakgesetz, das ASVG, das GSVG und das BSVG geändert werden)

This act, which implemented the corresponding agreement between the government parties in January 2007, includes restaurants in the scope of non-smoker protection. To protect expectant mothers, they have been prohibited by law from working in rooms where people smoke, while at the same time eligibility for maternity benefit was ensured for the period during which the prohibition applies.

Adjustment of regulations governing deadlines to include a medication in the refunding codex (*Erstattungskodex*) to comply with the provisions of Transparency Directive 89/105/EEC:

Federal Law Gazette I no. 39/2009: Federal Act amending the ASVG, the BSVG and the FLAG 1967 (Act Governing Amendments to Social Law; Bundesgesetz, mit dem das ASVG, das BSVG und das FLAG 1967 geändert werden – Sozialrechts-Änderungsgesetz 2009 – SRÄG 2009)

In the course of infringement proceedings (C-311/07), the Republic of Austria was found guilty of an infringement against the Transparency Directive. It was specifically found that the provisions of Austrian law governing reimbursement for medicinal products contradicted the provisions of the Transparency Directive, since medications can remain in the red category of the refunding codex for a maximum of 24 or 36 months following application for inclusion in the yellow or green categories of the refunding codex. The Main Association of Austrian Social Security Institutions had to decide within 90 days of receiving the recommendation of the Pharmaceutical Evaluation Board (*Heilmittel-Evaluierungskommission*), in which case the time-limit of 90 or 180 days for inclusion in the yellow or green categories that is stipulated in the Transparency Directive was not met. The new regulation for the system of including medications in the refunding codex, published in Federal Law Gazette I no. 31/2007, similarly did not comply with the Transparency Directive specifications. Conformity with Community law was finally established through the *SRÄG* 2009.

Measures to ensure sustainable funding of the regional health insurance funds:

Federal Law Gazette I no. 52/2009: Budget Accompanying Act (Budgetbegleitgesetz, BBG) 2009

- To **guarantee short-term liquidity**, the Federal Government pays a contribution of EUR 45 million to the Main Association of Austrian Social Security Institutions. The Main Association shall distribute these funds among the regional health insurance funds in proportion to their negative net assets as at 31 December 2008.
- **Reversal** of the "**disaster fund**" maintained as part of the equalisation fund of the regional health insurance funds and distribution of the existing reserve (approximately EUR 42 million) among the regional health insurance funds.
- **Distribution of the surplus balance pursuant to Section 1 Para. 2 of the Health and Social Sector Contribution Act (*GSBG)*:** When the value added tax on medicinal products was lowered from 20 % to 10 % as of 1 January 2009, a surplus balance of the non-deductible input tax was created through the lump-sum allowance specified in the *GSBG*. The funds exceeding the amount required to reimburse the value-added tax on a one-to-one basis are to be distributed among the indebted health insurance institutions in proportion to their liquidity requirements as of the 2009 financial year and afterwards.
- **Waiver of the Federal Government's receivables against the regional health insurance funds** in the period 2010 to 2012 in order to reduce the liabilities owed by regional health insurance funds that reported negative net assets as at 31 December 2008, 31 December 2009 and 31 December 2010 (in total EUR 450 million). The Federal Government waives payment on condition that the Main Association of Austrian Social Security Institutions submit a plan, to be agreed with the social insurance institutions and approved by the Federal Government, for restructuring finances in order to achieve a balanced budget within the foreseeable future.
- **Establishment of a structural fund for health insurance** institutions with the Federal Ministry of Health, to receive funding from the Federal Government each year as of 1 January. EUR 100 million was paid into the fund in 2010 and EUR 40 million in 2011 and 2012 respectively. The funding is paid out in the form of subsidies, which are granted in accordance with guidelines that have to be defined annually by the Federal Minister of Health in agreement with the Federal Minister of Finance. The guidelines must specify the criteria for: the measures to be selected (distribution of funding); the procedures for granting subsidies (how objectives are achieved and funding is granted); and the organisational framework.
  The Main Association and the regional health insurance funds are required to stipulate objectives in line with the guidelines as well as measures for achieving those objectives. Responsibility for coordinating the measures taken by the regional health insurance funds and for the granting of subsidies rests with the Main Association. The measures must be submitted for agreement to the Federal Minister of Health and the Federal Minister of Finance by no later than 15 December of the year prior to the granting of funding (for the first time in 2009). The annual amount paid into the fund then has to be transferred to the Main Association, the body responsible for administrating the funding. The Main Association prepares a proposal for allocating the funds to the measures that have been achieved and for the resulting distribution among the regional health insurance funds. The Federal Minister of Health must then verify, in consultation with the Federal Minister of Finance, the achievement of the objectives and subsequently approves the granting of funding by the Main Association. The Main Association has to transfer the approved subsidies to the regional health insurance funds. Funding that is not distributed due to a failure to achieve the

objectives is withheld by the Main Association and carried over to the following year.
This path of consolidation initiated in 2009, together with the one-off effects, resulted in a turnaround among the health insurance funds, as demonstrated by the fact that every health insurance institution can expect a positive result at year end or a balanced budget in 2011. Nonetheless, debt totalling about EUR 300 million still exists, which needs to be reduced.

Amendments affecting the insurance of family members:

Federal Law Gazette I no. 84/2009: 3. Third Act Governing Amendments to Social Law (3. SRÄG) 2009

Reference is made in this regard to the reply to the additional questions on Para. 3 of Article 12.

Inclusions in the partial insurance scheme (*Teilversicherung*) regarding accident insurance:

Federal Law Gazette I no. 84/2009: 3. Third Act Governing Amendments to Social Law (3. SRÄG) 2009

The officials of the Vorarlberg *Schilehrerverband*, the ski instructors association, and the members of the official wine tasting commissions have been included in the partial insurance scheme regarding accident insurance and consequently have accident insurance protection when performing their duties.

Extension of accident insurance protection to insured persons participating in activities for basic or advanced training during parental leave:

Federal Law Gazette I no. 84/2009: 3. Third Act Governing Amendments to Social Law (3. SRÄG) 2009

Extension of accident insurance protection to persons voluntarily participating in activities for basic or advanced training during parental leave pursuant to the Maternity Protection Act (*Mutterschutzgesetz, MSchG*) 1979 or the Parental Leave for Fathers Act (*Väter-Karenzgesetz, VKG*). This step is intended to encourage employees to participate in occupational training courses.

Enabling dental clinics of the insurance institutions to offer services and schemes for the prevention of dental, oral and jaw disorders:

Federal Law Gazette I no. 84/2009: 3. Third Act Governing Amendments to Social Law (3. SRÄG) 2009

The dental clinics operated by the social security institutions were previously not permitted to provide services that are not included in the overall contracts (*Gesamtverträge*). This amendment allows such clinics to provide programmes for the prevention of dental, oral and jaw disorders as well as disorders affecting the surrounding tissue and improve prevention of such disorders. The aim is also to help social security institutions avoid ensuing costs. The health insurance institutions are nonetheless required to define in their statutes contribution rates of the insured to cover such costs.

Extension of cost reimbursement to organ transplant cases involving other countries:

Federal Law Gazette I no. 84/2009: 3. Third Act Governing Amendments to Social Law (3. SRÄG) 2009

Previous legislation required health insurance benefits for organ donors to be paid by the donor's health insurance and benefits for the organ recipient to be paid by the recipient's health insurance. In other countries, such as Germany, the recipient's health insurance provides all monetary benefits and benefits in kind. Such differences should not hamper or prevent life-saving organ transplants in Austria. Therefore, in cases involving other countries, where no provision for the reimbursement of the costs arising from an organ transplant exists either pursuant to Community law, to an agreement signed by Austria or under the laws of the other country in the particular case, the benefits in kind that are usually necessary in connection with the organ donation will be provided for both parties (i.e. the recipient and the donor) by the recipient's (Austrian) health insurance.

Lifelong benefit commitments (such as dialysis) are not included in the stipulation so as to avoid any incalculable costs to the insurance pool that might ensue from the organ donation.

With regard to the amendments relating to the **Registered Partnership Act** *(Eingetragene Partnerschaft-Gesetz, EPG*), Federal Law Gazette I no. 135/2009, **refer to the reply to the additional questions on Para. 3 of Article 12**.

Establishment of a legal basis for implementing the restructuring plan entitled "Health: securing financing – long-term potential for controlling expenditure and for sustainable cost reduction" ("*Gesundheit: Finanzierung sichern – Langfristige Potenziale zur Steuerung der Ausgaben und zur nachhaltigen Kostendämpfung*"), submitted by the Main Association of Austrian Social Security Institutions:

Federal Law Gazette I no. 147/2009: Fourth Act Governing Amendments to Social Law (4. SRÄG) 2009

The Austrian Council of Ministers adopted at Sillian in February 2009 a resolution concerning options for sustainable secure financing of the regional health insurance funds, thereby ensuring healthcare for all. The Sillian resolution represents a far-reaching pledge by the Federal Government to sustainably consolidate the regional health insurance funds through measures affecting both the income and expenditure sides. The goal is to achieve a balanced budget and to eliminate the debt accumulated by the social health insurance system. The Main Association was requested to submit to the Federal Ministry of Health by 30 June 2009 a restructuring plan for the expenditure side, coordinated and agreed with the regional health insurance funds and the system partners. The fourth *SRÄG* 2009 established the legal basis for implementing the restructuring plan for the expenditure side, which was prepared by the Main Association on request by the Federal Government and coordinated and agreed with the regional health insurance funds and the system partners.

New rules for filling vacant positions of physicians under contract with health insurance institutions (*Vertragsärzte*) - dynamic planning of positions: The goal is to plan positions within the health insurance system in a dynamic way in the future, taking into consideration the entirety of available outpatient care facilities as well as changing patterns of population development and morbidity. This approach aims at making available positions for physicians (including dentists) where truly required and continually adjusting the plans in response to actual need.

Compensation for investments, taking into account the volume of fees, is to be paid to physicians vacating a permanent position that is no longer filled.

As of 1 January 2010 the overall contracts (*Gesamtverträge*, i.e. agreements governing the relationship of health insurance institutions and physicians, entered into between the Main Association and the Chamber of Physicians) must include **age limits** (specifying a maximum age of 70) **for (dental) physicians under contract with health insurance institutions** in order to ensure that succeeding generations of trained physicians have the opportunity to practise under contract with such institutions.

Specification of a list of criteria to be applied to the stipulation of fee regulations by the parties to the overall contracts: When stipulating fee regulations in future, the parties to the overall contracts will be obligated to consider general criteria, applying them as framework guidelines. Examples of such criteria include changes in contribution revenue collected by health insurance institutions and changes in overall expenditure for (dental) physicians. The aim is to achieve a level of medical care in line with high quality standards, a balanced budget among health insurance institutions and appropriate fee increases for physicians (including group practices) under contract with such institutions.

Stipulation of an economic efficiency requirement in overall contracts: To ensure that treatment and prescription decisions are aligned with economic principles, control measures are stipulated in the overall contracts. The measures specifically regulate medical aids as well as costs incurred by physicians (e.g. through referral for special examinations or to physicians with their own offices, medical aids and accessories).

In addition, the **requirement to use the e-card** and the related infrastructure in hospitals as well as the statutory requirement to verify in cases of doubt patients' identity and the lawful use of the e-card were stipulated.

Provision has also been made to reinforce the Federal Government's supervisory rights.

Specification in greater detail of the legal basis for collecting health insurance contributions from pensions drawn outside Austria:

Federal Law Gazette I no. 102/2010: Second Act Amending the Social Insurance Act (22. SVÄG) 2010

With the entry into force of Regulation (EC) No 883/2004 on the coordination of social security systems and Regulation (EC) No 987/2009, laying down the procedure for implementing Regulation (EC) No 883/2004, the basis was established for equal treatment of persons drawing domestic pensions and those receiving foreign pension benefits with respect to payable health insurance contributions. Specifically, health

insurance contributions are now collected not only based on Austrian pensions but based on comparable benefits received from other countries as well. Pensioners who receive a small amount of benefits from Austria but a substantial pension from a foreign country previously were required to pay only minimal contributions in order to qualify for full health insurance protection in Austria. Now, however, such individuals pay health insurance contributions based on the "total pension" – just as those receiving only Austrian pensions.

Establishment of a partial insurance scheme regarding accident insurance for individuals with disabilities who are active in recognised occupational therapy institutions:

Federal Law Gazette I no. 102/2010: Second Act Amending the Social Insurance Act (22. SVÄG) 2010

Accident insurance protection has now been extended to individuals with disabilities who are active in recognised occupational therapy institutions to reflect the fact that such activities, as well as travel to and from the institution, entail risks for which social security coverage is needed.

Discontinuation of the federal contribution to farmers' accident insurance:

Federal Law Gazette no. 111/2010: Budget Accompanying Act 2011

The Federal Government previously drew on general tax revenue to pay an annual contribution to the farmers' accident insurance fund, amounting to one third of the contributions due for that financial year and one third of the contributions paid in that year. This contribution was discontinued as of 1 January 2011, resulting in annual savings of about EUR 30 million for the Federal Government.

Health insurance protection for male federal public service employees who take parental leave immediately after their child's birth:

Federal Law Gazette no. 111/2010: Budget Accompanying Act 2011

Reference is made to the reply to the additional question on Para. 3 of Article 12.

Annual funding of the structural fund for health insurance institutions in the period 2011 to 2014:

Federal Law Gazette no. 111/2010: Budget Accompanying Act 2011

The structural fund for health insurance institutions is to be funded annually as of 1 January. The amount of this funding for the period 2011 to 2014 is EUR 40 million per year.

Legislative activies to maintain and improve the old-age pensions insurance system

The following measures were adopted in the period under review in order to adjust regulations in the field of pension insurance to economic change, to consolidate the progress achieved and, so far as still possible, to raise it to a higher level:

Reform trends

The Austrian statutory pension system was subject to several reforms since the early 2000s.

The most significant changes in the years 2000-2009 were decided in 2001, 2003 and 2004. These reforms:

- harmonised the different traditional strands of the Austrian pension system (i.e. especially regarding the differentiation between employees in the private sector and public service employees);
- abolished a number of early retirement schemes (early retirement due to “reduced capacity to work” and “on account of unemployment”), but left others in place – although stepwise phasing out till 2017 (early retirement on account of “long-term insurance periods“) and even introduced new ones (the “corridor pension” and early retirement due to “physically hard work” and especially of “long-term contribution periods”);
- aimed at long-term cost containment by introducing a lower annual accrual rate of 1.78% (instead of 2%) and a stepwise implementation of lifetime earnings as basis for the pension calculation (instead of the best 15 years according to the former scheme in place for the private sector). However, the latter measures are subject to a number of different transitional arrangements, like parallel accounting for those who entered the labour market before 1 January 2005 and a temporal ceiling of benefit reductions deriving from the reform.

It is worth noting that the reforms of the early 2000s did not only include measures leading to a retrenchment of benefits, but some elements also intended to soften the possible negative consequences of the pension reforms, especially for women, primarily deriving from the extension of the assessment base from the “best” 15 years to lifetime earnings, and to compensate for the disadvantages of women on the labour market to a certain extent. The minimum number of contribution years in gainful employment required for an old-age pension was reduced to 7 years (formerly 15 years), when having 8 years of child-credits (the time spent for bringing up children credited as pensionable years is up to 4 years per child). Furthermore, the assessment base for time spent with bringing up children was differentiated concerning the splitted pension-benefit calculation formula: in the “oldest” branch of the so called parallel calculation this amount is connected to the formerly mentioned equalisation supplement (currently EUR 814.82 per month (in 2012)), in the other branch of the parallel calculation – the new individual (notional defined benefit) pension account - this amount was raised to EUR 1,570.35 per month (in 2012).

The more recent reform 2010 was – when compared with the ones of the early 2000s – of only gradual character. The reform legislated in 2010 dealt primarily with a) an adaptation of different forms of early retirement and with b) indexation of benefits.

Regarding the first point, the following reform measures are the most important:

- In 2010, changes were decided regarding early retirement due to “long-term contribution periods” (*Langzeitversichertenregelung*) and invalidity pensions: Regarding the first, access was substantially tightened by increasing the respective minimum age, more rigid rules regarding the recognition of fictitious qualifying periods (*Ersatzzeiten*), the abolishment of the opportunity of post-purchasing insurance periods (for times at school and university studies) and deductions for this type of early retirement (to be implemented as of 2014) were introduced (4.2 % per year of early retirement).

- Concerning invalidity pensions, access may now only be granted if the working ability could not be restored by preceding rehabilitation measures, which are now mandatory, but which were of optional character before. Furthermore, within the scheme of invalidity pensions, regulations on what is referred to as “vocational protection” (*Berufsschutz*) have been changed to some degree, whereby access to invalidity pensions was somewhat tightened for white-collar employees and skilled workers. But at the same time access to invalidity pension was eased for unskilled workers to some extent by introducing a “hardship provision” (*Härtefallregelung*), which is, however, planned to expire in 2015.

Concerning indexation thefollowing decisions were taken:

- In 2009 pensions where adjusted according to the pensioners price index, which was slightly above the consumer price index.
- In 2010, pensions were adjusted according to the consumer price index, but pensioners eligible to rather low benefits also received an additional one-time lump sum payment of up to a maximum of 4.2 % of the monthly benefit.
- In 2011, only pensions up to a level of EUR 2,000 gross per month were adjusted according to the consumer price index. Indexation decreased according to a linear scale for pensions between EUR 2,000 and EUR 2,310 and pensions above EUR 2,310 were not subject to any indexation in 2011.
- In 2012, most pensions were adjusted according to the consumer price index. Only for very high pensions above the level of EUR 3,300 gross per month a reduced indexation applies.

Another reform worth mentioning (decided already in 2009) is that the state now covers contributions to old-age insurance of caring family members who decide to opt-in to old age insurance as from level three of long-term care benefits8. Before, this only applied in case of long-term care benefits of level five and above. This means that the group of caring family members whose contributions for old-age insurance are covered by the state (if they opt-in to old-age insurance) has been expanded.

Regarding the second (“new severance pay scheme”) and the third pillar (occupational pensions and “premium-aided pension savings scheme”) no or only minor changes occurred. Regarding the “premium-aided pension savings scheme” (where –rather limited - public subsidies are planned to encourage investment in private pension schemes), respective schemes originally had to invest at least 40% of the savings in the stock market. In 2009, this share was reduced to a level between 15% and 30% (depending on the age of the account holder). The intention was to offer the option of less risky investments within this scheme (especially for older people) by reducing the minimum quota of investment in the stock market.

Legislative activities

Amendment no. 68, Federal Law Gazette I no. 101/2007, 1 January 2008

Increase of the equalisation supplement reference rates and incremental increase of pensions based on social need, as well as a statutory provision that all pensions exceeding 55 % of the maximum contribution base are to be increased by a set amount in 2009 and 2010.

[8] Long-term care benefit compises seven categories of needs-compliant benefits. It is granted at seven different benefit levels – the higher the amount of care needed, the higher the level of benefits.

Amendment, Federal Law Gazette I no. 92/2008, 3 July 2008

Rescheduling of the date of the pension adjustment and the increase of the equalisation supplement reference rates for 2009 to 1 November 2008.

Amendment, Federal Law Gazette I no. 129/2008, 1 August 2008/21 October 2008

Removal of the provision specifying that the first adjustment of pension amounts is generally to take place as of 1 January of the second calendar year following the date for determining the pension entitlement.

Extension of the validity of the provisions governing the terms under which long-term insurees may begin receiving pension benefits without deduction.

Periods of sick pay as well as fictitious qualifying periods accumulated prior to the introduction of compulsory insurance for the self-employed and farmers (*Ausübungsersatzzeiten*) were added to the catalogue of fictitious qualifying months that are to be counted as contribution periods within the scope of the regulations applying to long-time insurees.

specification of 1.034 as the factor used in pension adjustment for 2009 and increase of the limit for the set amount (*Festbetragsgrenze*) as specified in Section 634 Para. 12 *ASVG* to 60 % of the maximum contribution base;

granting of a socially graded one-off payment for 2008 to all recipients of an old-age pension having a total pension income of up to EUR 2,800;

granting of a supplement for energy costs to all recipients of the equalisation supplement.

Amendment, Federal Law Gazette I no. 130/2008, 21 October 2008

Rescheduling of the date of the adjustment of accident insurance pensions for 2009 to 1 November 2008.

Amendment, Federal Law Gazette I no. 146/2008, 30 December 2008

Specification of 1.034 as the factor used in adjusting the equalisation supplement reference rates and pension levels (including related fixed amounts) within the accident insurance scheme for 2009.

Amendment, Federal Law Gazette I no. 14/2009, 26 March 2009

Rescheduling, with retroactive effect, of the date when the specified limit, or protection amount, referred to as *Schutzbetrag* for widow(er)'s pensions is adjusted for 2009, to 1 November 2008, as well as specification of 1.034 as the factor used in adjusting this protection amount;

specification of 1.034 as the factor used in pension adjustment for 2009 and increase of the limit for the set amount (*Festbetragsgrenze*) as specified in Section 634 Para. 12 *ASVG* to 60 % of the maximum contribution base;

granting of a socially graded one-off payment for 2008 to all recipients of an old-age pension having a total pension income of up to EUR 2,800;

granting of a supplement for energy costs to all recipients of the equalisation supplement.

Amendment, Federal Law Gazette I no. 83/2009, 1 August 2009

Exemption of public service employees from the partial pension insurance requirement during periods of child-rearing, national service or alternative civil service, in order to avoid double entry of such periods in the pension account;

amendment of the catalogue of payments not considered income to accommodate new provisions stipulating as tax-free any accommodation allowance and lump-sum compensation for travel expense received by athletes, referees and competition officials, and persons attending to athletes it they work part-time in these jobs;

commitment of the Federal Government to pay (for an indefinite period) all contributions on behalf of individuals who take out voluntary pension insurance while caring for a family member eligible for level 3 care or higher;

modification of Section 225 Para. 1 no. 1 concerning the contribution periods of compulsory insurance that are relevant for old-age pension benefits;

addition of annual capital earnings amounting to EUR 50 or less (after deduction of capital gains tax) to the payments to be disregarded when determining the overall income for calculating the equalisation supplement;

authorisation of social security institutions and the Main Association to inspect the address registry pursuant to the Austrian Surveying Act (*Vermessungsgesetz, VermG*) and to query resident data in the Central Register of Residents;

the option of demonstrating authorisation to represent the insurance institutions by presenting an excerpt from the supplementary register of the company register;

expansion of the beneficiary provisions for persons suffering damage or loss for political or religious reasons or due to their descent (Sections 500 et seq.);

exemption from the administrative expenditure ceiling of 5 % of the expenditure for persons employed by the health insurance institutions in the area of investigation and joint audit of all contributions related to income.

Amendment no. 70, Federal Act of Federal Law Gazette I no. 84/2009, 1 August 2009

statutory provision that no additional contribution pursuant to Section 51d has to be paid if the family member is eligible to receive long-term care benefit of at least level 3 (previously level 4);

modification of the term “family member” (*Angehöriger*) as defined in Section 123 (omission of the requirement that persons who are not related but live in the same household must participate in child-rearing or must care for the insured person in order to be considered a family member; inclusion of persons administering care to insured persons eligible for level 3 care and above in the family member category; additional exemptions from this category in cross-border cases);

requirement for the Main Association of Social Security Institutions to publish all overall contracts, including any amendments and additional agreements (in compiled form), on the Internet by 1 July 2010.

Amendment, Federal Law Gazette I no. 147/2009, 1 January 2010

Requirement for hospitals to use the e-card and the related infrastructure;

requirement to verify in cases of doubt patients’ identity and the lawful use of the e-card;

statutory requirement that dynamic planning of physicians' positions as well as control measures for medical aids and for the costs incurred by physicians are stipulated in the overall contracts;

legal stipulation of measures to prevent and combat cases of misuse involving the receipt of the equalisation supplement;

granting of a socially graded one-off payment to all recipients of an old-age pension having a total pension income of up to EUR 1,300.

Amendment, Federal Law Gazette I no. 62/2010, 1 August 2010

Expansion of Section 58 to require representatives of legal and natural persons as well as asset managers to pay contributions as similarly specified in Section 80 of the Federal Tax Code (*Bundesabgabenordnung, BAO*);

stipulation that insurance months accumulated through the payment of transfer amounts as specified in Section 313 do not become effective towards benefits as a rule until five years after withdrawal from the employment relationship that is not subject to the pension insurance scheme;

establishment of a legal basis for implementing health management scheme referred to as *Gesundheitsstrasse* throughout Austria.

Amendment, Federal Law Gazette I no. 63/2010, 1 September 2010

Statutory requirement for the Federal Government to reimburse the expenditure incurred through the inclusion of the recipients of means-tested minimum income in health insurance;

increase of the additional amount paid for children as applied in the equalisation supplement reference rate.

Amendment, Federal Law Gazette I no. 111/2010, 1 January 2011

Uniform contribution amounts for stays at rehabilitation facilities and sanatoriums;

new rules for the procedure applied when calculating interest due on contributions in arrears;

increase of the contribution base applied when beneficiaries acquire insurance months for periods while attending an educational institution;

repeated rescheduling of the first adjustment of the benefit amount in the case of new pensions;

establishment of a legal claim to occupational rehabilitation as a benefit provided by the pension insurance scheme;

stipulation of a temporary invalidity regulation for cases of hardship involving unskilled employees whose work capacity is assessed as particularly limited;

deferment of the adjustment of benefit levels in 2011 for pensions exceeding the amount of EUR 2,310 monthly, and stipulation of an incremental increase of smaller pensions.

Amendment, Federal Law Gazette I no. 122/2011, 1 January 2011/1 January 2012

(Act Governing Amendments to Social Law – *Sozialrechts-Änderungsgesetz, SRÄG* 2011, Art. 1)

Inclusion of contractual public employees of the *Laender* in the regulation specifying continued compulsory insurance during a father's absence on parental leave immediately after the child's birth pursuant to Section 29o of the Contractual Public Employees Act (*Vertragsbedienstetengesetz, VBG*);

in the case of measures for occupational rehabilitation pursuant to Section 253e, stipulation of entitlement to a transitional allowance already as of the due date;

stipulation that the objective control system as specified in Section 441e is required to include administrative cost objectives for the social security institutions and the Main Association as well;

requirement to evaluate creditworthiness also when investing in euro-denominated interest-bearing securities issued by member states of the EEA;

transfer of the benefits and qualifications administrated by the Pension Institute for Transport and Public Facilities (*Pensionsinstitut für Verkehr und öffentliche Einrichtungen*) to the pension insurance institution responsible in each case;

stipulation of adjustment of pensions in increments for 2012.

Amendment, Federal Law Gazette I no. 17/2012, 1 June 2012

Inclusion of certain volunteers in full insurance coverage (with the exception of sick pay and maternity benefit), specifically: participants in the voluntary social year, the voluntary environmental protection year, the memorial service programme as well as peace and social service in foreign countries as specified in the (concurrently passed) Volunteer Act (*Freiwilligengesetz, FreiwG*); and the inclusion of this group, for the purpose of pension insurance, in the category "children" until a maximum age of 27;

addition of the pocket money stipulated in the Volunteer Act to the payments to be disregarded when determining the overall income for calculating the equalisation supplement.

Amendment, Federal Law Gazette I no. 35/2012, 1 January 2013

Temporary reduction of the assessment rates (*Hebesätze*) for the health insurance of pension benefit recipients belonging to the insurance institution for the railway and mining (*VEB*) sector;

transfer of the reporting requirement for partial insurance, fictitious qualifying periods and insurance months in multiple pension insurance schemes (*Wanderversicherung*), from the Minister of Social Affairs to the Main Association of Social Security Institutions;

increase of the monthly maximum contribution base to EUR 90 (in addition to the yearly adjustment) and limiting of the maximum amount paid out in widow(er)'s pension benefits to 60 times the maximum contribution base for the 2012 calendar year where beneficiaries have a separate income;

incremental increase of the minimum age pursuant to Section 255 Para. 4, applied to determine the pension eligibility of individuals no longer able to work at their previous occupation, to 60 years;

incremental reduction of the fictitious value for the retiring farmer's life interest (*fiktives Ausgedinge*) that is taken into account in calculating the equalisation supplement;

inclusion of ascertainment of the initial account credit and any supplementary credit as stipulated in the General Pension Act (*Allgemeines Pensionsgesetz, APG*) among the legal cases pertaining to benefits that are listed in Section 354;

adaptation of the requirements governing accident reports and the investigation of accidents at work, to accommodate the simultaneously stipulated integration of the Transport Labour Inspectorate into the Labour Inspectorate;

introduction of more stringent special eligibility requirements for early retirement in the case of a long insurance period (an arrangement due to expire; specifically the incremental increase of the long insurance period from 450 to 480 insurance months);

discontinuation of the time limit for the invalidity regulation in cases of hardship;

basic stipulations for adjusting pension levels in 2013 and 2014.

Legislative activities in the area of unemployment insurance

Reference is made to the document below:

Legistische Änderung_Stand Mai

(available only in German)

Excerpts of the most important changes during the period under review are listed below:

Additional new regulation of pre-retirement part-time work: a substantial contribution towards relieving the labour market during the crisis period

Federal Law Gazette I no. 90/2009, entered into force as of 1 September 2009

- Facilitated entry to pre-retirement part-time work through defining a minimum entry age of 53 for women and 58 for men in 2010 (as in 2009). Minimum age to be raised annually by six months from 2011; the entry age is to be postponed by one year.
- Position of replacement employee repealed.
- Cost reimbursement: 55 % for blocked working time model, 90 % for continual pre-retirement part-time model.
- Part-time employees working less than 80 % and at least 60 % of normal hours may draw pre-retirement part-time allowance.
- Temporarily reduced working hours (*Kurzarbeit*) are treated as normal working periods with regard to hours worked and remuneration.
- Simplified administration.
- Pre-retirement part-time allowance can be granted for up to one year after entitlement to the corridor pension.

The minimum wage index for collective agreements will be applied to existing agreements as well, with a minimum limit for increases also applying.

Permanent establishment of the currently applicable entry age for pre-retirement part-time work and reduction of cost reimbursement in cases of blocked working time

(Federal Law Gazette I no. 111/2010, Budget Accompanying Act 2011, entered into force as of 1 January 2011)

Pre-retirement part-time allowance can be claimed by individuals who will reach the regular retirement age within no more than seven years, i.e. women aged 53 and older and men aged 58 and older.

In the case of blocked working time agreements applicable as of 2011, the employer is compensated for only 50 % of the additional expenditure (instead of previously 55 %).

New regulation of pre-retirement part-time work (according to the continual model and the blocked working time model)

(Federal Law Gazette I no. 35/2012, Second Stability Act (2. Stabilitätsgesetz), entry into force as of 1 January 2013, applicable to pre-retirement part-time arrangements approved for periods beginning after 31 December 2012)

In implementation of the Bad Ischl Agreement reached by the social partners to assist in raising the actual retirement age, a new option was established, entitling individuals to pre-retirement part-time work even up to the legal retirement age (60 for women and 65 for men) and for a maximum of five years, on condition that individuals continually work part-time (and not in the form of blocked working hours). This approach, i.e. transitioning out of working life, allows older workers to ultimately remain in employment longer.

Arrangements involving blocked working times will be possible in the future only where a previously unemployed worker is hired as a replacement or where an additional apprentice is trained. Unlike the model entailing continual part-time work, individuals are entitled to the option involving blocked working hours only until they qualify for an old-age pension, even if earlier than at the legal retirement age. Existing entitlements will remain unaltered. An extension of existing pre-retirement part-time agreements is possible, however, in cases where a later date for determining pension benefits results from amendments to pension legislation.

Expansion to include industry-specific labour foundations (*Branchenstiftungen*) and modification of rules for establishing labour foundations in cases of insolvency (*Insolvenzstiftungen*)

(Federal Law Gazette I no. 12/2009, entered into force as of 1 February 2009)

The possibility of establishing an industry-specific labour foundation through an economic chamber was stipulated in the Employment Promotion Act (*Beschäftigungsförderungsgesetz, BeFG*) 2009.

It was additionally specified that not all of the facts constituting the condition of insolvency need exist before an insolvency labour foundation can be established.

Legal basis for youth labour foundation

(Federal Law Gazette I no. 90/2009, retroactively entered into force as of 1 June 2009)

Legislation was adopted to provide the basis for establishing labour foundations that are especially focused on jobless young people. In this way an additional option was

created in order to help individuals achieve better qualifications, in this case specifically in line with the special needs of unemployed youth, many of whom lost their jobs, for instance with a temporary employment agency, as a result of the prevailing crisis.

Adaptation of the minimum income elements of unemployment assistance (*Notstandshilfe*) in the course of the introduction of the means-tested minimum income scheme

(Federal Law Gazette I no. 63/2010, entered into force as of 1 September 2010)

The Unemployment Insurance Act (*Arbeitslosenversicherungsgesetz, AlVG*) was amended to reflect the provisions, previously specified in the Ordinance governing unemployment assistance, which pertain to the amount of unemployment assistance granted. Recipients of unemployment assistance are now additionally entitled to 95 % of the supplementary amount due based on the amount of unemployment benefit in the specific case.

Rules for taking partner's income into account for unemployment assistance

(Federal Law Gazette I no. 63/2010, entered into force as of 1 September 2010)

After taking into account a spouse's or partner's income when calculating the amount of unemployment assistance, an income amounting to at least the equalisation supplement reference rate for which married couples are eligible will still be available if the level resulting from calculation were lower. Children would be taken into account additionally through granting supplements.

Extended entitlement period for unemployment benefit following a rehabilitation programme offered through statutory social security

(Federal Law Gazette I no. 111/2010, Budget Accompanying Act 2011, entered into force as of 1 January 2011)

Persons who claim unemployment benefit following an occupational rehabilitation programme and who once again meet the conditions for renewed eligibility, when the period during the rehabilitation programme (which is subject to unemployment insurance) is taken into account, are now entitled to collect unemployment benefit for 78 weeks, regardless of age.

The exemption from the cap provision specified in Section 36 Para. 6 *AlVG* applies to all persons with an entitlement period of more than 30 weeks, i.e. includes individuals with an entitlement period of 78 weeks.

New definition of unemployment due to the inclusion of the self-employed in the unemployment insurance scheme

(Federal Law Gazette I no. 104/2007, entered into force as of 1 January 2009)

The inclusion of self-employed persons in the unemployment insurance scheme necessitates a new definition of the term unemployment. Due to the new regulations it is no longer possible to use the termination of an employment relationship as the sole reference, rather the termination of any work as a self-employed or dependently employed individual must be considered. Para. 1 was amended to this effect.

Health insurance coverage where unemployment assistance is not granted due to a spouse's or partner's income (and where free co-insurance does not exist)

(Federal Law Gazette I no. 90/2009, entered into force as of 1 August 2009)

Persons who were not eligible for unemployment assistance, because the income of the individual's spouse or cohabiting/registered partner was taken into account and no hardship existed, but otherwise met the conditions for drawing unemployment assistance, were previously insured under the pension insurance scheme but not under health insurance. The amendments concern the group of individuals to whom no non-contributory co-insurance applies. Health insurance is now provided to these individuals in addition to pension insurance coverage, and the health insurance institutions are reimbursed with the expenditure incurred in such cases. As is currently the case with those receiving benefits, contributions are paid for periods where no entitlement to monetary benefits is given.

Independent entitlement to health insurance for persons not entitled to unemployment assistance due to their spouse's/partner's income

(Federal Law Gazette I no. 63/2010)

Entered into force as of 1 August 2010

Persons are now included under health and pension insurance who were born after 31 December 1954 and who are not entitled to unemployment assistance because their spouse's/partner's income is taken into account but who continue to be available for job placement. The condition for such insurance coverage is no longer the availability of non-contributory co-insurance through a family member.

Entered into force as of 1 January 2011

Persons are now included under health insurance who were born prior to 1 January 1955 and who are not entitled to unemployment assistance because their spouse's/partner's income is taken into account but who continue to be available for job placement. The availability of non-contributory co-insurance is no prerequisite.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Information on the changes concerning entitlement to health insurance for family members that have resulted from the statutory amendments listed in the 26th Report

Changes concerning entitlement to health insurance for family members have resulted from the Service Cheque Act (*Dienstleistungsscheckgesetz, DLSG*), which was mentioned in the Report. Persons who receive payment in the form of a service cheque (*Dienstleistungsscheck*) and are not quasi-freelancers (*freie Dienstnehmer*) have been included in the compulsory insurance system. Due to their marginal part-time employment, these individuals have only compulsory accident insurance, yet they have the option of taking out self-insurance under the health insurance and accident insurance schemes as stipulated in Section 19a *ASVG* for a minimal contribution of EUR 53.10 monthly (as of 2012), thereby acquiring health insurance coverage and accumulating contribution months in the pension insurance scheme.

By availing themselves of this option, such individuals are eligible not only for benefits in kind (as is the case among those who are merely co-insured as family members) from their health insurance institution but are entitled to monetary benefits as well. The specific benefits are: a set rate of sick pay amounting to EUR 4.50 per day (as of 2012) on occurrence of the insured event of inability to work as a result of illness (Section 141 Para. 5 *ASVG*); a set rate of maternity benefit amounting to

EUR 8.22 per day (as of 2012) on occurrence of the insured event of maternity (Section 162 Para. 3a no. 1 *ASVG*).

Amendments affecting the co-insurance of family members:

New provisions governing the option for cohabiting partners to obtain co-insurance were stipulated in response to ruling G 87-88/05 of 10 October 2005 issued by the Austrian Constitutional Court; the option of co-insurance, previously existing only for cohabiting partners in heterosexual relationships and not for those in homosexual relationships, was lifted as unconstitutional. The corresponding amendment was adopted through *SRÄG* 2006, Federal Law Gazette I no. 131/2006.

Any and all individuals not related to the insured person can now obtain co-insurance who:

- have lived with the insured person in the same household for at least ten months;
- and during this period have run the household free of charge, provided that no spouse able to work lives in the same household.

It had been initially planned to make the co-insurance option contingent on meeting certain requirements (e.g. the co-insured individual would have had to care for or be responsible for the upbringing of children living the same household, or care for the insured person entitled to long-term care benefit); these requirements were repealed, however, through the Third *SRÄG* 2009, Federal Law Gazette I no. 84/2009, thus making it considerably easier for individuals not related to the insured person to take out co-insurance. It was nonetheless clearly stipulated that the co-insurance option would be available only to one individual responsible for running the household (Section 123 Para. 7a *ASVG*; Section 83 Para. 8 *GSVG;* Section 78 Para. 6a *BSVG*; and Section 56 Para. 6a *B-KUVG).*

Additional provisions were introduced to ensure that persons not related to the insured person who had come to be considered family members would not lose this status if due to circumstances such as illness, a disability or the need for long-term care themselves they were no longer able to run the insured person's household or raise that person's children or care for the insured person. These provisions were implemented in the *SRÄG*, Federal Law Gazette I no. 31/2007, and in an amendment to the *B-KUVG*, Federal Law Gazette I no. 32/2007.

The Third *SRÄG* 2009, Federal Law Gazette I no. 84/2009 (already mentioned above) also implemented improved social protection in the form of health insurance for individuals providing long-term care to family members, as had been specified in the Government Programme for the 24th legislative period. Persons who non-commercially care for a close relative under conditions requiring a very large part of the caregiver's working capacity, where the care recipient is eligible for attendance allowance at a minimum of level 3 as specified in the Federal Long-Term Care Benefit Act (*Bundespflegegeldgesetz, BPGG*) or in similar legislation at the *Laender* level, are now considered family members and enjoy co-insurance under the health insurance scheme.

Those considered family members in this regard are: spouses and individuals related in direct line or collaterally up to the fourth degree either by birth or by marriage (e.g. cousins); adopted children, stepchildren and foster children; adopted parents, step-parents and foster parents; and individuals not related to the insured person who have lived with the insured person in the same household for at least ten months and

during this period have run the household free of charge, provided that no spouse able to work lives in the same household.

As specified in the *BPGG* with reference to level 3 care, it can be assumed that care requires a substantial part of the caregiver's working capacity where the amount of time that the caregiver spends on this activity is at least 120 hours a month or about 30 hours per week. Such care must be provided in the home environment of the individual requiring care or of the caregiver. The caregiver's preferential status is not affected when the care recipient temporarily stays in a hospital or nursing home (for instance while the caregiver is absent on holidays). In the Registered Partnership Act (*Eingetragene Partnerschaft-Gesetz, EPG*), Federal Law Gazette I no. 135/2009, ultimately each and every social security provision applying to marital spouses and former spouses was declared applicable or accordingly applicable to same-sex couples. The above does not apply, however, to provisions relating to the children of the other registered partner.

This entailed adaptations to provisions governing statutory health insurance in the context of co-insurance (equal treatment of registered partners, i.e. granting to them the same rights to which spouses are entitled). (With regard to statutory accident insurance, it is now possible for a registered partner to draw a surviving dependants' pension.)

Health insurance protection for male federal public service employees who take parental leave immediately after their child's birth:

The Budget Accompanying Act 2011, Federal Law Gazette I no. 111/2010, introduced parental leave immediately after the child's birth for fathers who work in public service. At the same time corresponding health insurance coverage was stipulated for these fathers. In detail, compulsory insurance remains in general effect during this period, while the public service employer pays the contributions due for the period.

ARTICLE 12 § 4

Questions 1 to 3

The attached list (Abkommensliste.doc, in German) includes an up-to-date overview of Austria's intergovernmental relations in the field of social security.

Abkommensliste.doc

As regards the signing of social security agreements between Austria and Member States of the Council of Europe, the following developments have to be mentioned:

On 5 September 2011 an agreement on social security was entered into with the Republic of Moldova. The new agreement on social security with Montenegro entered into force on 1 June 2011 (replacing the previous agreement with the Federal Republic of Yugoslavia, which had been continued to be applied to Montenegro); with Serbia a new agreement was signed on 26 January 2012.

With Bulgaria and Romania having joined the European Union on 1 January 2007, EU law has been applicable to the relations with those two countries. The relations among all EU Member States have been amended with the entry into force of the

new Regulation (EC) No 883/2004 and Regulation (EC) No 987/2009 on 1 May 2010; the new Regulations have meanwhile been applied also to the relationship with EEA Member States (as of 1 June 2012) and Switzerland (as of 1 April 2012). Regulation (EU) No 1231/2010 extended the aforementioned Regulations to nationals of third countries.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Extension of the principle of equal treatment to third-country nationals in practice and right to retain entitlements to benefits accrued

As there are no restrictions in pension insurance related to the nationality of the individuals concerned, there is no need for separate implementation of any equal treatment requirements in this respect. Concerning the retention of entitlements to benefits accrued there are no open issues from Austria's point of view as our pensions are paid out in practice all over the world (with the exception of the equalisation supplement to ensure the statutory minimum subsistence level, which is consequently considered to be of a social assistance nature) even if no agreement to this end has been signed.

With a view to the policy of signing new social security agreements (necessary to add up insurance periods where no entitlements to benefits have accrued so far) it has to be mentioned that efforts have been hampered to some extent due to limited human resources available and, therefore, new agreements can only be implemented gradually, depending on the size of the groups affected by the respective agreements. In this context, the aforementioned agreement with Moldova is referred to once more; from the other European states no initiatives have been submitted by the potential groups of persons involved, i.e. there are no plans currently to commence talks with these countries. As far as we know, the majority of other states do not have bilateral agreements with these countries either, which means that Austria is not the only Member State pursuing such an agreement policy.

Family allowance

With Albania, Armenia, Georgia and Turkey there are no bilateral agreements that specify a claim to family allowance for children living in one of those countries. At present there are no plans for stipulating the granting of family allowance to children living in their home countries in any bilateral agreement with a third country.

In 1996 bilateral agreements laying down the entitlement to family allowance for children living outside the EEA were terminated, mainly due to financial reasons. It has to be mentioned, though, that the Family Burdens Equalisation Fund has been in the red since then - due to the excessive costs incurred back then.

Pursuant to the Family Allowance Act (*Familienlastenausgleichsgesetz, FLAG*) 1967, third-country nationals are generally eligible for family allowance if they have a valid residence title, their centre of vital interests is in Austria and their children’s permanent place of abode is in Austria. There are no minimum requirements as to the period of prior residence or employment.

ARTICLE 13
THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

ARTICLE 13 § 1

Questions 1 to 3

Previous reporting is updated as follows:

Art. 15a of the Federal Constitutional Law (*Bundes-Verfassungsgesetz, B-VG*) on the introduction of means-tested minimum income (*Bedarfsorientierte Mindestsicherung*) as agreed between the Federal and *Laender* governments entered into force on 1 December 2010. The central provisions of the acts governing social assistance at *Laender* level had been inconsistent up to that time, and Art. 15a *B-VG* harmonised those acts, implementing minimum standards with regard to the benefits themselves and the underlying eligibility requirements.

The respective acts at *Laender* level entered into force between 1 September 2010 and 1 October 2011.

Yet with the introduction of the means-tested minimum income, the concept of "social assistance " has not been abolished completely. Social assistance comprises two major types of benefits at *Laender* level: Firstly, "open social assistance", i.e. benefits provided to private households and, secondly, "residential social assistance", i.e. benefits primarily supporting individuals in need of nursing care in residential homes, if they cannot afford to pay the full costs from their own budgets.

In **Lower Austria, Upper Austria, Salzburg, Styria, Vienna and Burgenland** social assistance laws continue to apply that govern accommodation in nursing homes and/or access to social services, while other provisions concerning open social assistance have been eliminated from the pre-existing laws and included in the new laws governing minimum income. In **Carinthia, Tyrol and Vorarlberg** the two social assistance types are laid down in the respective minimum income acts.

Means-tested minimum income

The former social assistance laws at *Laender* level have been reformed and cast into minimum income laws. They stipulate a legal entitlement to benefits as defined in Article 13 (1) of the European Social Charter for those in need or in emergency situations. The aim is to provide support to all those who are no longer able to pay for their living or their relatives' living (subsistence) with their own means. The monthly need for food, clothing, articles for personal hygiene, heating and electrical power, household goods, accommodation and other personal needs, such as reasonable participation in social and cultural life, is expressed in an amount of money, which is determined each year. However, eligibility to means-tested minimum income can only arise if there is insufficient financial coverage from other means (e.g. income, social security benefits, maintenance payments, etc.) or assets. Assistance is only to be granted where the income and realisable assets of the applicant do not suffice to cover subsistence. In addition, those seeking assistance have to use their power and skills for earning a living for themselves and any dependent relatives living together with them as a family. In this respect, the physical condition, age and family environment are to be taken into account.

The means-tested minimum income ensures that the same minimum standards apply to all eligible persons. For any special and/or additional needs the *Laender* may provide additional benefits, but in general there is no legal claim to such benefits.

Prior to granting any benefits, the potential beneficiary's income and assets have to be realised. However, the following things are exempt from being realised: Objects required for working or satisfying reasonable intellectual or cultural needs; motor vehicles needed for working or due to special circumstances (particularly in case of disabilities or inadequate transport infrastructure); reasonable household goods; savings up to an exempt amount of five times the benefit amount for singles (2012: EUR 3,866.25) and other assets except for real property, unless their value exceeds the exempt amount and the benefit is received for a period longer than six consecutive months. Houses or condominiums the potential recipient uses for his/her own accommodation need not be realised. However, as real properties constitute assets, a note may be added in the land register after a six-month grace period for securing a substitute claim by the District Administration Authority.

People without health insurance who receive means-tested minimum income are registered for statutory health insurance by the *Laender*. The health fund vouchers, which have often been felt to be stigmatising, have been replaced by the e-card. Recipients of means-tested minimum income are, as they are included into the statutory health insurance scheme, entitled to the same benefits as recipients of the equalisation supplement (e.g. no prescription charges).

In addition, the reclaim (*Regress*) provisions – which had been different in each of the *Laender* - were harmonised. Up to that time, impending reclaims had often prevented people from claiming social assistance. Due to repayment requirements, the way out of downward spiralling poverty was impeded for former recipients of social assistance - even if gainful employment was (re-)commenced.

The exempt amount in case of re-entering the job market is considered another improvement brought about by the means-tested minimum income scheme . This amount can also be granted in the case when entering gainful employment for the first time. The exempt amount ensures that additional income is not fully included in the calculation of means-tested income benefits.

Those applying for such benefits have to have a geographical relationship with the *Land* where they file the application, i.e. they must have their place of residence or place of abode there.

Where not explicitly referred to as a group of services, the social services are granted in the framework of assistance for special life situations. This assistance for special life situations may be extended to persons who are exposed to a social risk due to their special personal, family or economic circumstances or due to extraordinary events and who are in need of public assistance with the aim to be reintegrated into society and the labour market. This help in special life situations comprises support for establishing and securing an economic subsistence basis and/or temporary financial assistance to overcome exceptional emergency situations. It can be granted in the form of monetary benefits, benefits in kind or personal support, independently from any claim to assistance for securing subsistence.

Social services are social assistance benefits beyond those needed to secure the necessities of life (subsistence), i.e. for satisfying similar, recurring personal, family-related or social needs.

These social services include the following: home care for the ill, family assistance, household help, general and special counselling, services to promote social contacts and to foster participation in cultural life; recreation for the elderly and persons with disabilities. Their awarding may be made contingent on reasonable financial contributions by the recipients and their relatives liable for maintenance. Help in special life situations and provision for social services are the responsibility of social assistance institutions as entities under private law.

Minimum standard amounts covering all regular needs are applied as review criteria for deciding whether a person has adequate resources to cover the regular necessities of life. Applicants whose income is below this minimum standard amount, will be granted benefits in the framework of the means-tested minimum income scheme to cover subsistence (75% of the minimum standard amount) and the need for accommodation (25% of the minimum standard amount).

The minimum standard amounts are adjusted annually by the same percentage as the equalisation supplement reference rate of pension insurance and are due 12 times a year.

The **minimum standard amounts for 2012 have been set at approx. EUR 773 for singles and single parents, approx. EUR 1,160 for couples** and **approx. EUR 139 for children**.

Any benefits beyond those that are required to cover special and additional needs (e.g. accommodation) can be granted by the *Laender* as before.

Compliance with the eligibility requirements is reviewed in the course of an administrative procedure.

The *Laender* are usually responsible for funding minimum-income benefits. Only some of the *Laender* have established specific social assistance associations. Applications can be filed with the municipality of permanent residence or District Administration Authority or, in Vienna, with the social centres.

The local municipal authorities are obliged to accept applications for minimum income benefits and, after having established the facts, forward them for decision to the District Administration Authority without delay. In some *Laender*, applications for means-tested minimum income benefits can also be filed with the Public Employment Service, from where they are forwarded to the District Administration Authority without undergoing any previous review.

Special assistance for the blind and persons in need of nursing care has been provided in the form of graded long-term care benefits since 1 July 1993. In parallel to the Federal Long-Term Care Benefit Act (*Bundespflegegeldgesetz, BPGG*), an agreement under Art. 15a *B-VG* was concluded between the Federal Government and the *Laender*, in which the *Laender* commit themselves to paying long-term care benefits to individuals in their sphere of competence in the same amount and under the same conditions as the Federal Government and provide a minimum standard of mobile and partly and fully institutional services that meet uniform quality criteria.

This principle of homogenous services also provides for a commitment as to the respective amount of the care benefits at *Laender* level. Therefore, indicating the amounts applicable in the individual *Laender* is not necessary.

On the basis of Art. 2 of the above mentioned agreement on joint action of the Federal Government and the *Laender,* for those in need of long-term care, the stages and benefit amounts of long-term care are regulated in all *Laender*-specific acts as well as in the federal long-term care benefit act. Uniform provisions on the local responsibility and procedures when beneficiaries move from one *Land* to another help avoid delays and interruptions in the provision of long-term care benefits to those groups of persons eligible on the basis of the *Laender*-specific laws.

The agreement was signed by the Federal Minister of Labour and Social Affairs and the heads of the *Laender* governments on 6 May 1993 and entered into force on 1 July 1993. According to this agreement, a working group comprising representatives of the Federal and *Laender* governments, the Main Association of Austrian Social Security Institutions and the most important interest groups has to be set up. This working group is responsible for supervising the development of long-term care and suggest improvements, as appropriate.

When the long-term care benefit acts at *Laender* level entered into force on 1 July 1993, the former attendance allowance and allowance for blind persons were abolished.

The **Long-Term Care Benefit Reform Act 2012 (*Pflegegeldreformgesetz*),** which was adopted by the National Council on 8 July 2011 and entered into force on 1 January 2012, transferred the legislative and executive powers from the *Laender* to the Federal Government and thus transferred all long-term care benefit responsibilities to the federal level. As a result of streamlining the competences, some 70,000 recipients of long-term care benefits from their *Land* were transferred to the sphere of responsibility of the Pension Insurance Institution (*Pensionsversicherungsanstalt*) and the Insurance Institution for Public Service Wage and Salary Earners (*Versicherungsanstalt öffentlicher Bediensteter, BVA*).

For transferring these responsibilities for eligible persons according to the *Laender*-specific long-term care benefit acts from the *Laender* to the Federal level, an amendment at constitutional level was required in addition to the legislative measures in the respective federal and *Laender* acts. The Federal Constitutional Law (*Bundes-Verfassungsgesetz, BVG*) has been amended to include the new subject-matter competence of “long-term care benefits”.

Furthermore, the Long-Term Care Benefit Reform Act 2012 brought about a further decrease of the number of decision-making bodies within the scope of the Federal Long-Term Care Benefit Act: the total number of decision-making bodies was reduced from more than 280 carriers at *Laender* and federal level to only 7.

Statistical data concerning Article 13 Para. 1 are available on the following websites

http://www.statistik.at/web_en/statistics/social_statistics/index.html

http://www.statistik.at/web_de/statistiken/soziales/index.html

Burgenland

Legal framework:

- Agreement between the Federal and *Laender* Governments according to Art. 15a *B-VG* on means-tested minimum income in Austria (State Law Gazette no. 75/2010).
- act on means-tested minimum income in Burgenland (*Burgenländisches Mindestsicherungsgesetz – Bgld. MSG*, State Law Gazette no. 76/2010)
- Burgenland Minimum Standard Ordinance (*Bgld. MSV*, State Law Gazette no. 80/2010 as amended)

On the basis of the agreement settled between the federal and *Laender* authorities in February 2007 according to Art. 15a *B-VG,* the means-tested minimum income scheme was established instead of the previous concept of open social assistance to increase efforts to combat and avoid poverty and social exclusion, and to foster sustainable integration or reintegration of underprivileged individuals into the labour market.

Thus uniform eligibility criteria and minimum standards for such benefits have been introduced all over Austria for the first time.

This agreement was retrospectively implemented at *Laender*-level on 1 September 2010 when the Burgenland Minimum Income Act entered into force.

Benefits:

Means-tested minimum income is granted by way of lump-sum financial benefits; there is a legal claim to these benefits.

Means-tested minimum income comprises:

- help to secure the necessities of life (subsistence);
- help to secure accommodation needs;
- protection in cases of illness, pregnancy and childbirth.

The necessities of life comprise the recurring expenses for food, clothing, articles for personal hygiene, household goods, heating and electrical power, and other personal needs, such as reasonable participation in social and cultural life.

Accommodation needs comprise the recurring expenses required for an appropriate living environment, i.e. rent, general housing maintenance charges and other charges arising in connection with accommodation.

Protection in cases of illness, pregnancy and childbirth comprises all benefits in kind and other benefits as granted to recipients of the equalisation supplement from pension insurance under the statutory pension insurance scheme.

One of the novelties of the means-tested minimum income scheme is that all its recipients are included in health insurance and receive e-cards.

Subsistence is covered by the following monthly minimum standard amounts (2011):

1. for singles and single parents, i.e. persons living in the same household only with dependent minor children or children with disabilities: EUR 753,
2. for persons of full age who share a household or flat with other persons of full age: 75 % of the amount indicated under no. 1. above: EUR 565;

3. for the third person and any additional person that is eligible for the benefit and of full age, if he/she is dependent on one of the other persons in the same household: 50 % of the amount indicated under no. 1. above: EUR 377;
4. for persons of full age who are eligible for family allowance and who live in the same household with at least one person of full age or one person they are dependent on: EUR 226;
5. for minors who are eligible for family allowance and who live in the same household with at least one person of full age they are dependent on: EUR 145.

In the minimum standard amounts specified under nos. 1-4 above, a base amount for covering accommodation needs amounting to 25 % is included (EUR 188.25). If the costs of accommodation cannot be covered by this amount, additional monetary benefits or benefits in kind may be granted upon evaluation of the specific case. If the accommodation needs are covered in some other way, the subsistence benefit is to be accordingly reduced by this base amount for accommodation.

What is new about the regulation is that single parents are treated equally to singles and are consequently granted a higher amount.

The income and the realisable assets of the applicant have to be taken into account in the computation of the means-tested minimum income.

The following benefits are not considered as income in this respect:

- family allowance pursuant to the Family Allowance Act;
- tax credits for children;
- long-term care benefit.

The law explicitly specifies that these three types of benefit are not to be considered as income, which is new.

Realising immovable property has to be avoided if this is required to cover the immediate accommodation needs of the person and any statutorily dependent persons or persons living in cohabitation. If such benefits are granted for a period longer than six months, the substitute claim may be secured by adding a corresponding note in the land register.

It is a new provision, too, that the substitute claim is secured in the land register only after receiving the benefit for more than six months.

Another new provision is that recipients of means-tested minimum income who succeed in living on their own income/are earning their own money again do not have to pay back the benefits received (abolishment of reclaim provisions).

Those applying for means-tested minimum income benefit have to use their working capacity as far as possible and try to find adequate gainful employment (job offers or qualification/training programmes offered by the Public Employment Service (*AMS*) must be accepted).

Yet using their working capacity must not be required from persons who have reached their regular retirement age pursuant to the *ASVG* or are unable to work, and/or take part in job training or school education programmes already commenced before reaching the age of 18 years and pursue this training/education in a determined way.

It is also new that using one's working capacity cannot be required either if the applicant has care duties towards children under the age of three years and no adequate care facilities are available, if relatives requiring long-term care are attended, in case of end-of-life care or care for seriously ill children.

For persons who do not, despite a written reminder, reasonably use their working capacity, the minimum standard amount can be progressively cut by up to 50 %. Cutting support beyond this percentage is only possible in case of persistent avoidance of using one's working capacity.

Applications for means-tested minimum income benefits can be filed with the District Administration Authority, the municipality or regional *AMS* offices in whose sphere of responsibility the applicant resides. The District Administration Authority decides on these applications by issuing an administrative decision within a statutory first-instance period of three months at the most, starting from submission of the application.

By mid-May 2011 a total of 1,280 applications were received; at that time 724 persons with 198 children received support, a large number of applications was pending, however.

According to the latest statistical data available, the following expenditure was made in 2010:

Subsistence help	EUR 3,376,040
Assistance for illness	966.325
Help in special life situations	119.290
Heating allowance	1.030.260

At the end of 2010, a total of 870 persons received open social assistance benefits.

Carinthia

The Carinthia Minimum Income Act (State Law Gazette no. 15/2007) has been in force since 2007. With State Law Gazette no. 97/2010 the provisions of 15a *B-VG* were transposed into Carinthian state law.

Lower Austria

The Lower Austria Minimum Income Act (State Law Gazette no. 9205-1), transposing the provisions of 15a *B-VG* into Lower Austrian state law, entered into force on 1 September 2010.

Upper Austria

Up to 30 September 2011, public care and social assistance in Upper Austria were based mainly on the Upper Austria Social Assistance Act 1998 (*Oö. SHG 1998*), State Law Gazette no. 82/1998 as amended by State Law Gazette no. 41/2008.

As of the entering into force of State Law Gazette no. 74/2011, the sphere of "**open** social assistance" was replaced by the Upper Austria Minimum Income Act (*Oö. BMSG*).

Measures for implementation of the legal framework:

The Upper Austria Minimum Income Act lays down a legal entitlement to the following types of social assistance.

- help to secure subsistence and accommodation;
- help by inclusion in the health insurance system;
- help by providing support in the field of education and employment qualification.

Apart from these types, the Upper Austrian Minimum Income Act stipulates the following private-law benefits in the framework of the means-tested minimum income scheme:

- - personal assistance
  - by counselling, support and care;
  - by assistance for work;
- allowances for interment costs;
- one-time support in special social life situations; and
- help to obtain appropriate old-age support.

Apart from the means-tested minimum income benefits, the Upper Austria Social Assistance Act 1998 *(Oö. SHG*) and the Upper Austria Equal Opportunities Act (*Oö. Chancengleichheitsgesetz*) provide for help in special social life situations and help in residential care facilities.

Personal assistance is to be provided by personal care, support and counselling of those in need including their relatives, if necessary (social services). These services include

- activating care and support;
  - mobile care and support;
  - social home care for the ill;
  - short-term nursing care;
  - services provided by partially institutional facilities (e.g. by daytime or night-time care);
  - lease of medical equipment;
  - physiotherapy and other therapeutic services;
  - food delivery services;
  - measures for supporting those providing care;
  - measures for daytime care and day-structuring;
- specific accommodation types with adequate and professional caregivers, especially for
  - women and children exposed to violence;
  - homeless persons;
  - persons with psychological/mental disabilities; and
  - chronically ill persons in need of care;
- family assistance, family care and family counselling;
- work assistance and training; and
- end-of-life care.

There is no general legal claim to these services. Adequate availability of these services is ensured by regular social planning activities.

Help in residential facilities:

Help in residential facilities includes accommodation, food and care as well as support in residential facilities suitable to provide for the individual needs of the persons requiring assistance.

The groups covered include persons with psychological disabilities or persons in need of psychosocial care (Upper Austria Equal Opportunities Act) as well as persons needing help and assistance primarily due to their old age (Upper Austria Social Assistance Act 1998). There is a legal claim to these services.

Facts and figures:

The following numbers are available for the reference period from 1 Jan. 2008 to 31 Dec. 2011 (number of persons/beneficiaries):	**2008**	**2009**	**2010**	**2011**
Subsistence help (Upper Austria Social Assistance Act 1998 and/or means-tested minimum income)				
Singles and single parents	2,066	2,474	2,285	2,417
Persons living in the same household	858	944	1 ,044	1,623
Children	2,097	2,572	2,408	2,172
	5,021	**5990**	**5,737**	**6,212**
Help in special life situations (applications)				
	13,030	12,329	10,315	9,315
Inhabitants of residential facilities				
Old-age and nursing homes (places)	11,841	11,873	11,979	11,956
Short-term care (permanent places)	250	276	284	296
Homes for persons with psych. disabilities	1,243	1,328	1,408	1,427
Homes for persons with disabilities	2,088	2,214	2,280	2,340
Partially institutional facilities				
Day-care centres for persons with disabilities (help by employment; persons)	2,856	2,952	3,052	3,092
Daily structure - measures for persons with psychological disabilities	1,777 pers. 707 places	1,594 pers. 717 places	1,486 pers. 723 places	1,495 pers. 726 places
Daytime care for persons needing care at an advanced age (places)	382	399	454	
Social services				
Mobile care and support	17,116	18,254	19,446	
Home care	9,997	9,772	9,932	
Debt counselling	9,018	9,963	9,510	9,868

Women's shelters (numbers excl. children)	221	212	241	230
Guidance for work	289	356	356	184
Heating allowance (beneficiary/amount in EUR	25,821 (261)	26,282 (350)	28,029 (220)	29,711 (140)
Recreation reimbursement for senior citizens	1,099	1,259	1,020	1,079

Salzburg

Means-tested minimum income

The means-tested minimum income scheme was introduced on 1 September 2010 to replace the previous scheme of "open" social assistance. The means-tested minimum income scheme is based on an agreement between the Federal Government and the Laender (pursuant to Art. 15a B-VG), which was signed in March 2010 after several years of negotiations.

The objective was to align the various social assistance schemes of the *Laender* without fully harmonising them. Based on this agreement, the Salzburg Minimum Income Act (*MSG*) entered into force on 1 September 2010.

It aims at avoiding and combating poverty and social exclusion. In this context, subsistence and accommodation need to be secured, along with services to be granted by the *Land* of Salzburg in the event of illness, pregnancy and childbirth.

Help to meet subsistence and accommodation needs

Subsistence and accommodation help is provided by way of lump-sum financial benefits, which are adjusted annually by the same percentage as the equalisation supplement reference rate for singles pursuant to Section 293 Para. 1 *ASVG*.

For 2011, these monthly minimum standard amounts are as follows:

» for singles or single parents EUR 752.94

» for spouses, registered partners, persons living in cohabitation or persons of full age who live in the same household with other persons, per person EUR 564.71

» for minors who live in the same household with at least one person they are dependent on or a person of full age, and who are eligible for family allowance EUR 158.12

Special payments in March, June, September and December, amounting to 50 % of the minimum standard rate, have to be granted to minors.

25 % of the minimum standard amount is earmarked for covering accommodation needs (base amount). If the amount required for accommodation is lower or non-existent or accommodation needs are covered otherwise, the respective minimum standard amounts are to be reduced by this share, but by no more than 25 %.

The specific amount provided within the scope of the means-tested minimum income scheme is calculated from the difference between the available income and the

indicated minimum standard amount, with, however, a number of special regulations (e.g. exempt amounts – *Berufsfreibeträge* - for employed persons) being applicable.

In addition to help to secure subsistence and accommodation, the following benefit is granted in any case:

» assistance in the event of illness, pregnancy and childbirth:
With the introduction of the means-tested minimum income scheme all recipients of means-tested minimum income have been included into the statutory health insurance system. This ensures help to cover the needs in case of illness, pregnancy and childbirth, as the contributions to the statutory health insurance system are paid for.

Moreover, in emergency situations additional benefits can be provided on a case-by-case basis:

» Additional benefits are granted in the amount absolutely necessary, in particular for special needs related to "providing and furnishing accommodation", "covering subsistence costs increased for health-related reasons" and "covering increased needs of families with children".

» If people are exposed to a social risk due to personal, family or economic circumstances or as a result of extraordinary events, they may receive help for special life situations within the scope of the categories "help in providing and furnishing accommodation", "help in retaining accommodation" and "help in securing an economic subsistence basis in the long run".

Social assistance – accommodating people in nursing homes or institutions

Given the approval of the person seeking assistance, subsistence can be secured pursuant to Section 17 *SSHG* by providing care in nursing homes and institutions (referred to as "closed" social assistance), if the person seeking assistance is unable to live an independent life or requires special care due to his/her physical or emotional condition or the family or domestic situation.

Medical assistance

People with disabilities are granted special financial benefits under the Salzburg Disability Act (*Salzburger Behindertengesetz, SBG*). Pursuant to Section 2 Para. 2 *SBG*, in order to receive disability assistance a disabled person must be an Austrian national, have his/her place of residence or - in the case of minors – his/her habitual place of abode in the *Land* of Salzburg and is not, on the basis of other legal provisions except for social assistance regulations, eligible for equivalent or similar benefits (principle of subsidiarity). Pursuant to Section 2 Para. 3 *SBG*, the Austrian nationality requirement applies only to the extent that it is not opposed by any state-treaty obligations. In special cases of hardship, the *Land* Government may forego this requirement if the disabled person has had his/her place of primary residence in the *Land* of Salzburg for at least three years.

Mandatory services within the scope of integration help comprise medical treatment, provision of artificial limbs, orthopaedic aids and other aids, help with child-rearing and schooling, help with integration into working life, help to get social care and manage integration and help to obtain a sheltered workplace. In addition, various social services may be granted.

Styria

The benefits under the means-tested minimum income scheme pursuant to the Styria Minimum Income Act (*Steiermärkisches Mindestsicherungsgesetz, StMSG*), which entered into force on 1 March 2011, are no unconditional basic income but rather depend on the people using their working capacity, as it used to be the case under the social assistance scheme. By the intended co-operation with the Public Employment Service recipients of benefits under the means-tested minimum income scheme are to be (re-)integrated into the labour market faster and for the long term. The underlying aim is to not only open short-term perspectives for the recipients of these benefits but also achieve medium- and long-term socio-economic effects. Medium-term effects can be achieved by notably shortening the period of time people are part of the means-tested minimum income scheme, while long-term effects can primarily be brought about by accumulating contributory years for old-age pension insurance based on employment, thus allowing people to ensure their own old-age provision. When assessing people's willingness to use their working capacity, the willingness to contribute to assessing their working capacity as well as to participate in measures designed to enhance their working capacity and/or employability are to be taken into account as well.

The law specifies exceptions where - without even examining the reasonableness any further - no obligation for people to use their working capacity applies. Some of these exceptions are more generously defined than the criteria of the unemployment insurance system because family obligations under the means-tested minimum income scheme must – as it was the case under the social assistance scheme – be of considerably higher importance than in the Unemployment Insurance Act (*Arbeitslosenversicherungsgesetz; AlVG*), which focuses on the availability and employability of unemployed persons.

The assumption with respect to assets is that they have to be used before any benefits under the minimum income scheme can be claimed. This assumption, however, presupposes that the assets can be realised, which would not be the case if realising them does not make any sense because this would, for example, cause big losses in the individual case. Non-realisable assets include objects required for working, objects needed in the household and motor vehicles if required for working or in case of disability. Realising immovable property has to be avoided if this is required to cover the immediate accommodation needs of the person seeking help and any statutorily dependent persons living in the same household or persons living in cohabitation.

The means-tested minimum income scheme focuses on harmonising and concentrating the benefits to cover subsistence and accommodation needs, while at the same time putting more emphasis on lump-sum payment. The social assistance reference rates, which could in some cases be undercut or (very rarely, though) exceeded, have been replaced by set minimum standard rates. These rates should basically be available in any case, except in the event of unwillingness to work, applying the apportioning rules specified in Sections 6 and 7 *StMSG*.

The base value for assessing the minimum standard amount is the net amount resulting from the equalisation supplement reference rate for singles (Section 293 Para. 1 lit. a sublit. bb *ASVG*) less the health insurance contributions to be paid, resulting in EUR 773.26 at present.

The base value for the minimum standard amount does not only apply to singles, i.e. persons living alone in their households, but also to single parents, i.e. persons living in the same household only with dependent minor children. This differentiation is made to reflect the special poverty risk this group of people is exposed to by granting a higher minimum standard amount to single parents than under their previous status of “main beneficiaries“ (*Hauptunterstützte*). The minimum standard amounts for all other persons are defined as percentages of this base value. The assumption is that the average needs of a household consisting of two persons of full age comes to 150% of the needs of a single.

The minimum standard amount is paid out 12 times per year to adults and 14 times per year to children (14 times a year for adults did not get a political majority). 25% of the minimum standard amount is earmarked for covering accommodation needs. Moreover, recipients are eligible for additional accommodation expenses (regulated by ordinance).

Unlike social assistance practices, the *StMSG* clearly expresses the fact that the minimum income scheme and the related measures pursue the objective of (re-)integration into the labour market of the beneficiaries to the highest extent possible. („objective of increased efforts to combat and avoid poverty and social exclusion“). An administrative co-operation agreement with the Public Employment Service was established to achieve this goal:

- co-operation regarding joint labour market measures and projects;
- information provided by the Public Employment Service (applications cannot be filed);
- assessment of working capacity (clearing)
  - regional health insurance fund (*Gebietskrankenkasse*, GKK) according to standards of the health management scheme of the Pension Insurance Institution (*PVA-Gesundheitsstrasse*);
  - mutual recognition of expert opinions;
- steering committee.

The objectives of the means-tested minimum income scheme in Styria can be summarised as follows:

- further development of the social assistance scheme of all *Laender* through joint minimum standards, uniform asset realisation and increased legal certainty based on improved administrative law provisions;
- higher social security, as all beneficiaries without health insurance receive an e-card; enhanced benefits and services for single parents;
- more incentives to re-enter the labour market, as the reclaim provisions will no longer be applied to former beneficiaries and an exempt amount for those re-entering the labour market was introduced;
- increased support when returning to employment by means of special programmes for integration into the labour market;
- protection against abuse due to sanctions and data matching with the Public Employment Service.

The Styria Minimum Income Act was amended as at 1 March 2012 (State Law Gazette 9/2012). It re-defined income, introduced the shared household as a facilitating circumstance for application and expanded accommodation needs by heating and electricity costs.

With State Law Gazette 19/2012, the Styrian *Land* Government issued an implementing ordinance on the Styria Minimum Income Act. The purpose of the implementing ordinance is to lay down the maximum accommodation expenses admissible as well as the amount of the reimbursement obligation of parents and/or children of minimum income beneficiaries. Depending on the degree of relationship, the reimbursement obligation will be graduated by income.

The amendment to the implementing ordinance of the Styria Minimum Income Act (State Law Gazette no. 19/2011) set forth a more precise definition of "income including instructions on how to calculate income, and an increase of the maximum accommodation expenses admissible. This amendment entered into force on 1 March 2012.

Tyrol

The Tyrol Minimum Income Act (*Tiroler Mindestsicherungsgesetz*), State Law Gazette no. 99/2010, transposing the provisions of the agreement pursuant to 15a *B-VG* into Tyrolean law, entered into force on 1 January 2011.

Vorarlberg

On 8 December 2012, the Minimum Income Act entered into force to replace the Social Assistance Act, which had been in force until then. The framework, however, essentially remained the same. In addition, on 1 September 2006, the Vorarlberg Opportunities Act (*Chancengesetz*) entered into force to replace the Vorarlberg Disability Act (*Behindertengesetz*), which had been in force until then. On 1 May 2007, the Ordinance on integration assistance entered into force, with the Ordinance on rehabilitation expiring at the same time.

One of the underlying principles for granting minimum income (Section 2 *MSG*) is that minimum income is to be granted before a person actually needs help if such situation can hence be averted; furthermore, that minimum income is to be granted even if the person no longer needs help, in case this is necessary to ensure the effectiveness of previously granted minimum income benefits; and especially – if minimum income is granted - that it has to be made sure in the individual situation that the person in need is encouraged and enabled to help himself/herself with the ultimate goal of effectively and permanently removing the need for help while exerting as little influence as possible on the person's living conditions and his/her family; the efforts and expenses invested in this connection should be as targeted, economic and efficient as possible.

Similarly, the Opportunities Act lays down that integration assistance has to be designed in a way to strengthen help for self-help, self-determination and personal responsibility, to ensure the integration of persons with disabilities into a family and social environment, and to ensure the long-term effect of integration assistance in terms of reaching these goals (Section 3 of the Opportunities Act). A key element of Section 2 of the Vorarlberg Youth Welfare Act (*L-JWG*) is the subsidiarity of public youth welfare (e.g. rights and obligations of legal guardians prevail over interventions of public youth welfare; empowering families; etc.) Section 3 of the *L-JWG* also governs the principles on how to implement the measures.

Becoming dependent on social assistance is prevented (where possible) by means of a very differentiated range of benefits and services (monetary benefits, benefits in kind, personal support) as well as a diversified network of private facilities, organisations and institutions, which strictly follows the principle of subsidiarity. Responsibility for sufficiently funding these facilities and institutions rests with politics and has been guaranteed in the past and will be in future.

Vorarlberg minimum income legislation stipulates help in the form of monetary benefits or benefits in kind. Integration law provides for assistance in the form of financial compensation of third-party services. The type and extent of minimum income is determined on a case-by-case basis.

Support for sufficient subsistence and covering accommodation needs is typically provided in the form of monetary benefits. Minimum income rates determined by the *Land* Government are used for determining sufficient subsistence. These rates cover the expenses for food, clothing, articles for personal hygiene, household goods, heating and electrical power, and other personal needs, such as reasonable participation in social and cultural life. The minimum income rate plus the amount required to cover accommodation needs must not be lower than the equalisation supplement reference rate laid down in the *ASVG*. Accommodation needs comprise the recurring expenses required for an appropriate living environment, i.e. rent, general housing maintenance charges and taxes are granted in their actual amount.

The lump-sum benefits granted are adjusted on an annual basis. Structured as a modular system, the minimum income scheme can be compared to other minimum benefits only to a limited extent. The minimum income scheme correlates with the minimum salary, in particular with the equalisation supplement, with the accommodation costs being granted in their actual amount. Covering special emergency situations is only necessary if schemes with a higher priority (in particular grants, substitute income, family allowances, tax credits for children, maintenance, sick pay and unemployment benefits) do not adequately cover the needs.

Where claims to minimum income are to be decided by administrative bodies (Section 4 Para. 3 MSG), the locally competent District Administration Authority will decide as the first instance, and the Land Government as the second instance. The procedural rules are governed by the General Administrative Procedure Act (*Allgemeines Verwaltungsverfahrensgesetz, AVG*).

In addition to help with subsistence and accommodation needs and to covering the costs in cases of illness, pregnancy and childbirth, special benefits referred to as "*Sonderleistungen*" (help in special life situations) may be provided. These special benefits generally comprise measures to help people cope with extraordinary difficulties in their personal, family or social environment. Specifically, the following special benefits are available:

- help in establishing an economic subsistence basis;
- family assistance;
- help for persons in need of long-term care and elderly persons.

These special benefits can be granted in parallel.

Help for families includes support measures if a child is born as well as help to continue with household duties, to keep up a structured family life and to enable social integration of families into society. Help for persons in need of long-term care comprises services and measures to meet the specific care requirements of these

persons. Help for elderly people includes measures to tackle everyday situations that have become challenging due to old age.

Integration law specifies the following types of help: health-related rehabilitation; participation in schooling and vocational training; participation in working life; participation in social life (housing and leisure time); relief of families.

According to the latest statistical data available, the following expenditure was made for general social assistance in 2010:

Reference rate benefits	EUR 8,624,700
Rental assistance	EUR 6,596,878
Cash grants to secure the necessities of life	EUR 1,161,360
Assistance for illness	EUR 3,780,029
Other benefits	EUR 2,678,373
Total	EUR 22,841,340

Vienna

The reform of the social administration system in Vienna was continued in the period from 2007 to 2011.

A social network based on public monetary benefits and benefits in kind is available across the entire *Land* of Vienna. These benefits are awarded in line with actual need after evaluation of each individual case. They are granted in accordance with the legal claims enshrined in the law and as funds based on the public funding guidelines within the scope of the private sector management of the *Land* and the municipality of Vienna. A flexible system of monetary benefits, benefits in kind and concomitant support measures (social work, integration assistance, empowerment, etc.) ensures immediate assistance and, ideally, promotes and (re-)establishes the capability of people to live on their own means and to care for themselves in the medium and short term.

The following laws constitute the relevant legal framework:

- Vienna Minimum Income Act (*Wiener Mindestsicherungsgesetz*);
- Vienna Social Assistance Act (*Wiener Sozialhilfegesetz*);
- Vienna Equal Opportunities Act (*Chancengleichheitsgesetz für Wien*)

These laws are implemented by the following social assistance institutions as benefits and cost providers in close co-operation with private yet publicly subsidised institutions:

- *Land* of Vienna as provider of means-tested minimum income;
- *Fonds Soziales Wien* as provider of long-term care, help for the homeless and help for people with disabilities.

Means-tested minimum income

Legal framework

In the period under review from 2008 to 2011 the legal framework was changed. As a result of the agreement between the Federal and *Laender* Governments according to Art. 15a *B-VG* on means-tested minimum income in Austria, the Vienna Minimum Income Act (*WMG*) was adopted and entered into force on 1 September

2010. **The provisions of the Vienna Social Assistance Act (*WSHG*) are no longer to be applied where the new Vienna Minimum Income Act sets forth new regulations.**

This *WMG* governs the award of monetary benefits to cover subsistence, accommodation needs and the needs in case of illness, pregnancy and childbirth in emergency situations if those needs cannot be covered by using the people's own capacity to work or by their own means. Poverty and social exclusion are thus avoided. Advice and counselling are offered to promote (re-)integration into the labour market as well as the capability of people to sustain themselves with a view to achieving long-term social stability; persons who receive support, however, are also required to actively participate (e.g. in employment measures and in the procedure). There is a legal entitlement to benefits to secure subsistence and accommodation as well as to cover the needs in case of illness, pregnancy and childbirth; the decision on their granting is issued by administrative decision (*Bescheid*). An appeal can be lodged against the administrative decision.

Monetary benefits are **assessed** on the basis of minimum standards, which are modelled on the equalisation supplement reference rate for minimum pensions and take the financial and social situation of all people into account who live in the same household and are dependent on one another (*Bedarfsgemeinschaft*). Beyond the minimum standards, rental assistance may be granted in individual cases to cover reasonable accommodation needs in urgent cases, using the minimum standard rates as a reference.

The social assistance reference rates and/or minimum standard amounts (since 1 September 2010) are adjusted on an annual basis.

Social assistance reference rates for 2008 until August 2010 (in EUR per month):

	Sole beneficiaries/ single parents	Spouses or cohabiting/registered partners living in the same household	Dependent relatives entitled to family allowance
2008	439.00	340.00	131.00
2009	454.00	352.00	135.00
2010	461.00	357.00	137.00

The rent is covered by rental assistance. There are upper limits that apply when calculating rental assistance.

Upper limits for rental assistance from 2008 to August 2010 (in EUR per month):

	For 1 to 2 persons	For 3 to 4 persons	For 5 to 6 persons	For 7 and more persons
2008	263.00	279.00	295.00	311.00
2009	272.00	288.00	305.00	322.00
2010	279.00	292.00	310.00	327.00

Minimum standard amounts from September 2010 to December 2010 and 2011:

	Sole beneficiaries/ single parents	Spouses or cohabiting/registered partners living in the same household	Child of full age living in the same household eligible for family allowance, or child until 21st birthday without any income or income not exceeding the marginal earnings threshold	Dependent minor child living in the same household
2010	744.01	558.01	372.01	133.92
2011	752.94	564.71	376.47	135.53 / 203.29

In order to improve the financial situation of low-income families with children, in particular of single parents and families with several children, the minimum income amount for minors in Vienna was raised from 18 % to 27 % of the equalisation supplement reference rate as of 1 March 2011.

The minimum standard amounts for persons of full age include a base amount earmarked for accommodation needs. If accommodation costs can be proven to be higher, people are entitled to receive additional rental assistance. The base amount for covering accommodation needs is taken into account for the assessment, the upper limits for rental assistance ensuring a cap.

Upper limits for rental assistance from September 2010 to December 2010 and 2011:

	For 1 to 2 persons	For 3 to 4 persons	For 5 to 6 persons	For 7 and more persons
2010	279.00	292.00	310.00	327.00
2011	282.00	295.00	313.00	330.00

Implementation (administrative measures, programmes, projects, etc.)

With a view to ensuring smooth enforcement and implementation of the Vienna Minimum Income Act, the following organisational measures were implemented in 2010 subsequent to an initial project phase (2008):

- application in writing;
- sharing of work by setting up service, counselling and processing zones in all social centres to improve the quality of service (unbureaucratic access, filing applications without having to wait for an appointment, rapid and immediate help in cases of emergency) and to use the resources as efficiently as possible;
- adaptation of the computer program to manage personal data and data on benefits;
- adaptation of budgetary management;
- providing additional human resources and space temporarily (establishment of a first-time application centre and recruitment of 42 persons who completed their upper secondary education via the "*Aktion 4000*" programme);

- opening two new social centres.

Benefits within the scope of the means-tested minimum income scheme are supplemented by heating allowances, which are annually paid to low-income households. In the winters of 2008/2009 and 2009/2010, the amount of heating allowance for one household was EUR 200.00; in 2010/2011 and 2011/2012 it was EUR 100.

People who do not achieve a certain minimum income threshold are provided with a Mobility Pass (*Mobilpass*) issued by the city of Vienna. This Mobility Pass entails various discounts, in particular for tickets for the Vienna public transport system, thus promoting the mobility of their holders and enhancing the opportunity to participate in the social life.

Statistical information:

Vienna has seen a constant rise in the number of persons in need over the past few years.

Year	Number of recipients of monetary benefits	Number of Mobility Pass holders
2008	93,547	61,232
2009	100,031	67,687
2010	106,675	80,170
2011	129,020	94,343

Long-term care

Legal framework

The Vienna Social Assistance Act lays down a legal claim of people in need of care to the respective care services. If the income or assets of these persons are not sufficient to cover the costs, care is funded from social assistance funds.

Residential care is provided predominantly in nursing homes. Irrespective of whether they are operated by the City of Vienna or private institutions, they are subject to supervision by Municipal Department 40. This ensures adherence to the relevant statutory provisions (in particular the Vienna Retirement and Nursing Home Act (*Wiener Wohn- und Pflegeheimgesetz*)).

The nursing home institutions are funded by the *Fonds Soziales Wien (FSW)* in accordance with its recognition and funding guidelines.

Implementation (administrative measures, programmes, projects, etc.)

The *Fonds Soziales Wien* plays a central role as a “nursing care hub” for implementing and ensuring the statutory claims. The *FSW* system usually provides people in need of nursing care directly with the desired and required nursing care services. The costs (reimbursement and contributions) are settled directly with the *FSW*. Since the claims are incorporated in the law, the competent authority (Municipal Department 40) can be called upon any time to issue an administrative decision.

Assistance for people with disabilities

Legal framework

The Vienna Equal Opportunities Act governs the award of funds to people with disabilities. Based on statutory claims or funding guidelines of the *Fonds Soziales Wien* funds are granted on a case-by-case basis and aligned with the specific needs. People with disabilities are to be given equal and self-determined access to all spheres of life.

The law stipulates funding of the following services:

- early instruction for children with developmental delays and disabilities, including providing support to their families;
- special care services within the scope of schooling;
- daily structure;
- vocational training and integration;
- employment integration;
- fully and partially assisted living;
- mobility;
- personal assistance;
- aides;
- sign language interpreter;
- counselling.

Implementation (administrative measures, programmes, projects, etc.)

The *Fonds Soziales Wien* is the entity in charge of assistance for people with disabilities. Due to steering measures and a comprehensive funding system it ensures that the corresponding measures are offered on the market. Alongside it supports individuals with disabilities who require such services.

ARTICLE 13 § 2

No substantial changes.

ARTICLE 13 § 3

See reporting on Article 14.

ARTICLE 13 § 4

Previous reports are updates as follows:

Regulations concerning aliens unlawfully staying in the federal territory of Austria

Section 18 of the Federal Hospitals and Sanatoriums Act (*Bundesgesetz über Kranken- und Kuranstalten*, *KAKuG*) obliges each *Land* to provide adequate hospital nursing for impecunious individuals in need of inpatient hospital treatment. Under Section 23 of the aforementioned Act, nobody may be refused any necessary first medical aid in public hospitals.

In this connection, no differentiation is made by nationality or alien status, so that medical care in an emergency is ensured for all non-nationals while they stay in Austria.

Persons in detention pending deportation are to be granted the necessary medical care to the same extent as described above, irrespective of whether or not the person concerned had to be released from detention on grounds of his/her physical condition.

At European level, Council Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers by the Member States (Reception Directive) was adopted, which had to be transposed into national law by 6 February 2005.

In Austria, this transposition was effected by an agreement between the Federal Government and the *Laender* pursuant to Art. 15a *B-VG* on joint measures ensuring provisional basic welfare support for non-nationals in Austria in need of help and protection (Basic Welfare Support Agreement (*Grundversorgungsvereinbarung)*, Federal Law Gazette no. I 80/2004), the Basic Welfare Support Act – Federal Government 2005 (*Grundversorgungsgesetz – Bund*, *GVG-Bund*, Federal Law Gazette no. I 100/2005)) as well as separate basic welfare support acts at *Laender* level.

The Basic Welfare Support Agreement governs the responsibilities of the Federal Government and the *Laender* regarding asylum seekers.

Based on this Agreement, the Federal Government is primarily responsible for asylum seekers

- in the admission process (within the first 20 days after the application for asylum was filed);
- whose application was rejected in the admission process; as well as
- whose application was rejected, with the suspensive effect of the appeal having been denied.

The *Laender* are responsible for taking care of any other non-nationals not falling into the above categories who are in need of protection and support.

Asylum seekers in need of support and protection are entitled to receive basic welfare support (*Grundversorgung*) which, however, ends upon leaving Austrian federal territory (i.e. deportation or voluntary return).

<u>Basic welfare support comprises:</u>

- accommodation in suitable facilities with due regard to human dignity and consideration of family unity;
- adequate food;
- monthly pocket money;
- **medical services;**
- securing of health care;
- measures for persons in need of nursing care;
- information, counselling and social care for non-nationals;
- payment of transport costs (including travelling costs to school);
- measures to organise a daily structure;
- benefits in kind or monetary benefits to obtain the requisite clothing;

- payment of a burial as is customary locally or an equal amount for repatriation of the deceased person; and
- counselling on returning to the home country, paying for travelling costs and, in special cases, a one-off bridging allowance if the person returns home voluntarily.

From the very beginning, particular emphasis is placed on identifying groups of people who require special protection already when they are first interviewed by security officers or questioned by the Austrian Federal Asylum Office (*Bundesasylamt*). Moreover, in each stage of the procedure, interests which require special protection – even if they turn up later on – are taken into account.

For minor asylum seekers there are numerous special procedural provisions as well as separate types of care and support.

Pursuant to Section 28 of the Asylum Act 2005 (*Asylgesetz, AsylG*), each asylum seeker must be given the opportunity of a voluntary medical examination at the First Reception Centre (*Erstaufnahmestelle*). In addition, newly arriving asylum seekers are generally x-rayed immediately (children and pregnant women also have to undergo a tuberculin skin test). In addition to these comprehensive medical services, psychological support is also provided.

Even if basic welfare support services may be restricted or suspended, medical emergency services are always available.

ARTICLE 14
THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

ARTICLE 14 § 1

Questions 1 to 3

Previous reporting is updated as follows:

In Austria, regulations regarding the social services and the establishment, maintenance and operation of old-age residential homes and nursing homes are the responsibility of the *Laender*.

The Federal and *Laender* governments have entered into the following agreements:

- **Agreement under Article 15a *B-VG*** between the Federal and *Laender* Governments on joint measures for persons in need of nursing care (Federal Law Gazette no. 866/1993). This Agreement obliges the *Laender* to continuously extend and improve the social services based on need and development schedules. Under this Agreement, a working panel on provisional nursing services was established which documents progress in an annual report.
- **Agreement under Article 15a *B-VG*** between the Federal and *Laender* governments on **social support workers** (Federal Law Gazette I no. 55/2005), which aims to give a better standing to social support workers caring for the elderly and disabled and to link them to health care workers.

Statistical data concerning Article 14 Para. 1 are available on the following websites:

http://www.statistik.at/web_de/statistiken/soziales/index.html

http://www.statistik.at/web_en/statistics/social_statistics/index.html

Expenditure of the *Laender* on social assistance in 2010 was EUR 3.39 billion (+ 109 % compared with 2000). Against this, the figure for **receipts** was EUR 1.08 billion, and essentially comprised cost contributions and reimbursements of the allowance recipients and their family members liable for support. This results in a net expenditure of some EUR 2.31 billion, to which the municipalities made financial contributions of differing amounts in the individual *Laender*.

Social assistance means are used in various **areas**. The majority of social assistance expenditures are traditionally spent on the (co-)financing of accommodation of persons in need in homes for the elderly and care homes. Expenditure in this area in 2010 amounted to EUR 1.98 billion, corresponding to 58 % of overall social assistance expenditure (gross). A total of EUR 532 million (16 %) was spent on mobile social welfare services, EUR 446 million (13 %) on standard-rate benefits, financial assistance and rent assistance, and EUR 139 million (4 %) on illness assistance. The remainder comprised expenditure on refugee assistance and other payments.

http://www.statistik.at/web_en/statistics/social_statistics/social_benefits_at_laender_level/social_assistance/033128.html

http://www.statistik.at/web_de/statistiken/soziales/sozialleistungen_auf_landesebene/sozialhilfe/020144.html (available only in German)

http://www.statistik.at/web_en/statistics/social_statistics/social_protection_according_to_eu_concept/index.html

Burgenland

The Burgenland Social Assistance Act 2000, State Law Gazette no. 5 as amended, stipulates mobile and partly and fully institutional services as "social services":

- help to continue with household duties and personal assistance;
- care-related and therapeutic services;
- general counselling services;
- psychosocial services;
- care and support for the elderly and those in need of care in the framework of day-care facilities;
- care and support of persons with disabilities in the framework of day-care facilities;
- old-age and nursing homes;
- accommodation for persons with disabilities;
- women's shelters and shelters for persons and families in need (*Sozialhäuser*).

Pursuant to Sections 12 and 13 of the Burgenland Youth Welfare Act (*Bgld. Jugendwohlfahrtsgesetz*, State Law Gazette no. 32/1992 as amended by State Law Gazette no. 75/2009), the following social services are to be offered in particular:

- education and training for parents-to-be, parents and legal guardians geared towards promoting skills in the field of nursing care and child-rearing, preventing developmental disorders and problems in bringing up children as well as physical, psychological and sexual violence;
- general and individual counselling services for parents-to-be, parents, legal guardians and minors, in particular to promote non-violent child-rearing and to protect minors, such as counselling for (single) parents, child-rearing advice and family counselling, child protection centres;
- preventive and therapeutic services for minors and their families;
- support for parents, legal guardians and minors, especially in facilities for early detection and treatment of behavioural disorders of minors;
- assistance in the care of minors, for example, by providing apartments for mothers and children in emergency situations and daytime care;
- care and support of minors by means of low-threshold services such as streetwork, emergency accommodation, leisure education;
- care places in families, institutions or other residential facilities, especially children's villages and socio-educational flat-sharing communities.

The *Land* of Burgenland, as an entity under private law, is responsible for providing social services; in general, there is no legal claim to these services, unless guaranteed under other statutory claims.

For the most part, social services are carried out by private institutions and welfare organisations, with the funding being provided by public sources. The *Land* and the municipalities, however, also offer social services.

Quality assurance

The Social Assistance Act requires approval for mobile care services as well as all partly and fully institutional services. Quality criteria were defined by ordinances or as guidelines. The recognised facilities providing social assistance are subject to the *Land* Government's supervision. Experts are constantly monitoring compliance with the defined requirements and operating instructions with a view to ensuring uniform quality in the structure, process and results of nursing and care across the *Land*.

In case of shortcomings in the performance or provision of services, the persons affected can turn to the *Land* as the competent supervisory authority or file a complaint with the Ombudsman Board (*Volksanwaltschaft)* (regarding home care for the ill, old-age and nursing homes and matters involving disability, the Burgenland Patient and Disabled Person Advocacy (*Gesundheits-, PatientenInnen- und Behindertenanwaltschaft*) may also be addressed).

Mobile nursing and care services (home care for the ill and homecare workers) are intended to allow ill persons or persons with disabilities or in need of nursing care to stay in their familiar surroundings. They are carried out by qualified nurses, homecare aides and homecare workers employed by non-profit private entities and several municipalities. Such services are basically available to all persons needing help and care, and they are free to select the institution.

In early 2011, 14 institutions employed 382 persons (245 full-time equivalents):

87 qualified nurses (58 full-time equivalents)

101 homecare workers (66 full-time equivalents)

194 homecare aides (121 equivalents)

In 2010, some 4,000 people used care services, totalling 282,000 working hours recorded (130,000 by specialised staff, 152,000 by homecare aides). In addition, approximately 3,000 home visits were made for information and counselling purposes, which were funded by the *Land* Government. For each working hour, the institutions receive a subsidy from the *Land* Government of EUR 29.60 (skilled care personnel) and EUR 8.40 (homecare aides employed by local providers).

The persons receiving care have to make contributions depending on their individual financial situation; costs going beyond that are covered by the social assistance scheme and/or the Burgenland Health Fund (*Burgenländischer Gesundheitsfonds*); for the small sub-section of home care for the ill, the health insurance institutions pay a lump-sum amount to the *Land* Government.

In 2009, the *Land* Government, the Burgenland Health Fund and the health insurance institutions spent EUR 5.44 million in net terms on mobile nursing and care services; the total costs for nursing and care services came to EUR 10.94 million.

Mobile nursing care for children

In 2004, an agreement was signed with an association providing mobile nursing care for children – "*MOKI Burgenland – Mobile Kinderkrankenpflege*": skilled paediatric nurses are available to care for ill children and young people or children or young persons with disabilities up to the age of 18 and to provide expert advice to parents; the *Land* Government bears more than half of the total costs.

In 2010, a total of 183 children were cared for in 1,295 working hours.

Emergency phones *("Rufhilfe", "Hilfe auf Knopfdruck")* are offered by some private non-profit organisations and their acceptance has been increasing, with 802 persons using such a device in April 2011. The emergency phone supplementing the regular phone is designed to give elderly or ill persons or persons in need of care the opportunity to call for help in an emergency by simply pressing the button of a radio transmitter on a wristband.

Meals-on-wheels services for elderly and ill persons and persons in need of care have already been in place in many municipalities; in some cases, these services are offered by nursing care providers.

Relatives involved in long-term care receive counselling by way of home visits of skilled staff employed by mobile nursing care services, which are paid for by the *Land* Government.

In late 2011, 99 places in 9 institutions were available for daytime care of elderly persons. With 10,000 visiting days, the utilisation rate was 46 % in 2011.

As Burgenland has the highest percentage of people dying at home in Austria, the extension of mobile palliative care networks has been promoted. Since 2008, four palliative care support teams have been operating all over Burgenland. A mobile palliative care team consists of physicians and qualified nurses; if necessary, social workers, physiotherapists or pastors can be brought in as well. In 2010, the mobile palliative care teams supported 304 patients in need of palliative care. 138 volunteers providing end-of-life care were registered. Many of them supported patients and relatives, spending approximately 6,900 hours.

Psychosozialer Dienst (PSD), an institution providing psychosocial services largely financed by the Burgenland Health Fund, offers free mobile counselling and care for alcohol and drug addicts, persons at risk of becoming addict as well as for mentally ill persons. Regional counselling centres are operated in the seven district capitals (*Bezirksvororte*), with social workers and psychologists also making home visits. An important field of activity is preventing addiction; to this end, awareness-raising events and discussions are organised, especially at schools.

The *PSD* aims to counter the social stigmatising of mentally ill persons and to offer them equivalent services to those available to physically ill people. Self-help groups of patients and relatives are also funded, supported and/or moderated. In this context, close contacts are maintained with the following associations, which receive funding from the *Land* Government as well:

- "*HPE*" (*Hilfe für Angehörige psychisch Erkrankter*) – help for relatives of mentally ill persons;
- "Helping friends" – an association to promote self-help of persons who have been in psychiatric wards and of mentally ill people; an organisation founded and autonomously managed by persons affected, with the objective representing the interests of mentally ill people;
- "*pro mente Burgenland*" – an association aiming to support the interests and needs of mentally ill people and to create an unbiased and non-discriminating environment; *pro mente* also organises various projects (e.g. social mentoring schemes, *Kreativcafe*, lectures and information events, etc.) and operates two residential facilities with day-care structure.

As of 2004, the range of services offered by the *PSD* has been expanded by the "assisted yet independent living for persons with mental illnesses and disabilities in Burgenland" project, which is funded by social assistance resources. This enables this group of people to live independently while being supported by mobile care workers. At the end of 2010, 75 persons received such care.

PSD staff at the end of 2010:

9 specialised physicians, 23 psychologists, 10 social workers, 8 nurses, 2 psychotherapists

In 2010, the *Land* Government subsidised the PSD with a total of EUR 1.05 million.

In addition to dealing with youth welfare issues, the staff of the departments for youth welfare and social work at the District Administration Authorities is the first contact point, counselling and mediating institution for all social problems and emergencies arising in their districts which cannot be resolved or mitigated by the staff of other specialised institutions.

Staff at the end of 2010: 31 qualified social workers and psychologists

In early 2011, 412 care places for children and young people were available in 24 facilities - including socio-educational flat-sharing communities, children's villages, etc. – which were operated by independent youth welfare institutions.

Skilled staff of private associations provide intensive family support and mobile family assistance services to families with children to help them cope with difficult situations and crises. The goal is to preserve or re-establish the functioning of (partial) families or family-like structures. In 2010, 27 staff members spent 27,000 hours to support some 200 families. The *Land* Government provided EUR 1.4 million for these services.

The "*Rettet das Kind*" (Save the child) association has been operating a streetwork project in the town of Oberwart since 2004. Three skilled staff address young persons at risk in the street but also in a "streetworker house", a facility that serves as a centrally located contact point for the target group. In 2010, three streetworkers recorded some 4,300 contacts with approximately 250 young people, with the *Land* government making available EUR 97,000.

Putting children in the care of childminders (*Tagesmütter*) has been a well-established childcare model in Burgenland for children of working parents for many years; the big advantage of this type of daycare for children lies in the flexible care arrangement. Childminders are experienced mothers themselves with pertinent additional training, who care for the children entrusted to them in their own homes in a family environment. As at May 2010, 67 childminders offered their services in 46 municipalities. 46 of these childminders took care of 95 children within the framework of the association "*Projekt Tagesmütter Burgenland*", while the others are on file and can be contacted any time.

The child protection centre (*Kinderschutzzentrum*) Burgenland in Eisenstadt is operated by the "*Retted das Kind*" association. Its main task is to offer counselling, support, therapy and crisis intervention in cases of violence against children and young people and provide psychological support to their families. In 2010, 159 persons turned to this counselling centre.

The "*Landespsychologische Dienst*" (five psychologists employed by the *Land* Government) provides free psychological and psychotherapeutic support across Burgenland in how to deal with child-rearing problems, family and personal crises or in case of family members with disabilities. It also provides professional advice to people on the manifold support options and how to draw them.

The *Land* Government also established a debt advice service centre with consultation days in all district capitals, where over indebted private individuals get free advice.

Women's shelters provide temporary accommodation and support for women and children who have become victims of physical, psychological or sexual violence. There is a women's shelter in Eisenstadt, where 41 women and 43 children received support in 2010.

Shelters for persons and families in need (*Sozialhäuser*) provide temporary accommodation and care for women and families in distress; men in distress may also be accommodated temporarily in these facilities, but only if no other suitable type of accommodation is available. In 2010, 121 persons (69 of whom were children) found shelter in the "*Sozialhaus* Burgenland" at Oberwart.

The *Land* Government spent EUR 335,000 on women's shelters and shelters for persons and families in need in 2010.

In addition to the general family counselling offices, which provide free advice to families, partners and individuals with regard to social, legal, psychological and medical issues, specialised service centres for women located in all seven district capitals offer a wide range of free information, counselling and social assistance. The service centres for women are associations offering interdisciplinary psychosocial services tailored to women. Coping strategies are developed for various life situations and problems. In addition to psychological and social counselling, these counselling facilities also provide advice with respect to legal and labour market issues. Moreover, they offer communication and education and training opportunities for women and set up and supervise self-help groups. The staff is comprised of persons working in the fields of adult education, educational science, psychology and social work.

At two locations Caritas also operates counselling offices for men.

On the basis of "help for disabled persons" as provided under the Burgenland Social Assistance Act, social services including the following are offered:

- Sheltered workshops (*Förderwerkstätten*) offer a daily structure and activities within the scope of occupational therapy to persons with mental disabilities and persons with multiple disabilities (2010: 26 facilities, 671 workplaces).
- Assisted yet independent living for persons with mental illnesses and disabilities: In the course of the "*Wohnformen Burgenland*" (types of living in Burgenland) project a concept was developed in co-operation with the provider organisations, which has been put into practice since 2004. This project aims to avoid putting people in residential homes with in-patient care and/or to help residents of such institutions live independently again. Social assistance resources are used to finance their care by skilled staff (with the degree of care graded depending on the client's needs). This type of care was largely offered by *PSD*, but to a smaller extent some institutions operating residential homes for the mentally ill also

helped their clients to live autonomously again in the outside world. At the end of 2010, a total of 113 people were part of this programme.

- "Counselling and medical diagnosis for children and young people in Burgenland" was established as early as 1976 and is a service provided by the Federal Social Welfare Office. The counselling service centre offers counselling and care with respect to the physical, mental and emotional development of their disabled children for their families free of charge and without any bureaucratic obstacles. Two teams of paediatricians, psychologists and social workers ensure the Burgenland-wide availability of this service. In 2010, 1,152 children and young people used this service. The Federal Government bears staff costs, while the *Land* Government pays the expenses of the counselling centres.
- The early instruction programme is designed to help infants with developmental delays, disabilities or developmental risks, in conjunction with expert counselling provided to parents. This programme is offered all over Burgenland by the association "*Rettet das Kind Österreich*" and is funded by the *Land* Government.
- The team providing mobile special paedagogy services (comprised of 42 "*Rettet das Kind"* and 4 Caritas employees) consists of physiotherapists, music therapists, educators for taking care of children with special needs in nursery schools, early instruction staff and speech therapists; the staff of 46 offer free support and therapies for children (with disabilities) at nursery-school age all over Burgenland. In 2010, the team worked with 1,225 children on a regular basis and provided expert counselling to parents of a similar number of children.

The association providing help to persons with a criminal record (*Verein für Straffälligenhilfe*) deals with discharged prisoners. There is a separate Roma counselling centre for members of this ethnic group. Telephone counselling provided by the Catholic and Protestant Churches is available to the general public around the clock and offers the opportunity to talk and advice in any situation of crisis.

Private humanitarian associations such as Caritas and the Red Cross also offer various assistance and counselling services.

Services to promote social contacts and to foster participation in cultural life and recreation for the elderly and persons with disabilities are carried out by private associations focussing on senior citizens and people with disabilities and by humanitarian organisations, and are publicly subsidised.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Effective and equal access to social services

The 26th report states that any violation of the rights to advice and counselling provided by the public social assistance services can be reviewed in appeal proceedings pursuant to the Upper Austria Social Assistance Act of 1998.

Pursuant to Section 70 of the *Bgld SHG 2000*, decisions on benefits for which a legal claim exists have to be issued by means of an administrative decision (*Bescheid*). There is a legal claim to the following benefits: the right to long-term care, assistance for illness, help for pregnant women unless this benefit is provided otherwise, accommodation in care facilities and reimbursement for interment costs. Persons with disabilities who are of full legal age have a legal claim to subsistence help for the time they are granted medical treatment, education and schooling, integration into working life or accommodation in facilities for persons with disabilities.

The administrative decision can be challenged by filing an appeal with the Burgenland Government; this right to appeal cannot be legally forfeited in the course of the first-instance proceedings on the granting of benefits.

In connection with services to which there is no legal claim but which are granted by the Burgenland Government within the scope of its private sector management appeals are not possible. These benefits and services comprise: help in special life situations, subsistence help – unless for persons with disabilities who are of full age and receive specific benefits for people with disabilities – and benefits for persons with disabilities who are of full age who receive orthopaedic treatment and other aids, are in sheltered work, are granted occupational support and care, personal support and social rehabilitation for eligible persons with disabilities and interpreting costs for the deaf in private matters as a support in basic spheres of life.

Supervision of public and private service providers

The social services offered in Burgenland include mobile care services and partly and fully institutional care services as well as women's shelters and shelters for persons and families in need (*Sozialhäuser*).

Among the mobile services (help to continue with household duties, personal assistance, care-related services, therapeutic services, general counselling and psychosocial services) only care-related services require the approval of the Burgenland Government; partly institutional services (care and support in the framework of day-care facilities for the elderly and those in need of care as well as persons with disabilities) and institutional services (old-age and nursing homes, accommodation for persons with disabilities) require a foundation and operation permit from the Burgenland Government.

These facilities providing social assistance are subject to supervision by the Burgenland Government; in individual cases the Government authorities may transfer their supervisory responsibilities to the competent District Administration Authority.

Persons acting in their supervisory capacity have to be granted access to the facilities at any time, be provided any information required to fulfil the supervisory duties and be given access to any relevant documentation. The supervisory officers must provide proof of their identity upon request by the facility management.

If inspections reveal that any official requests for action issued by an administrative decision were not complied with, the *Land* Government has to require the respective facility to comply with the request for action within a reasonable grace period. In case of imminent danger the measures required for protecting the persons in care have to be taken by the *Land* Government at the expense of the institution's owner.

If, after granting the permit for operating a social-assistance facility, it turns out that a facility cannot operate in compliance with the statutory provisions despite meeting all the prerequisites, the *Land* Government has to impose other or additional requirements.

Protection of personal data

Within the scope of administrative assistance (*Amtshilfe*) and upon request of the authorities in charge of enforcing the Burgenland Social Assistance Act, the courts, the Federal Social Welfare Office and the Public Employment Service have to provide information from the files or give access to such files about any person

seeking or receiving assistance or any person subject to a reimbursement obligation, provided that knowledge thereof is a major prerequisite for enforcing this law.

Upon request of the competent authority, the administrative authorities - and in particular the tax authorities - have to additionally disclose any facts they become aware of within the scope of their statutory responsibilities relating to any person seeking or receiving assistance or any person subject to a reimbursement obligation, provided that knowledge thereof is a major prerequisite for enforcing this law.

Upon request of the competent authority, the municipal authorities and the federal police authorities have to provide information on the residence of individuals.

Within the scope of their competence, the social security institutions (and other decision-makers pursuant to Section 22 Para. 1 *BPGG*) have to disclose to the competent authority information on any facts relating to social security claims or the employment or insurance relationship of any person seeking or receiving assistance or any person subject to a reimbursement obligation, provided that knowledge thereof is a major prerequisite for enforcing this law.

These disclosure obligations include disclosure of electronically processed data, provided that knowledge thereof is a major prerequisite for enforcing this law. In the requests any facts requested in the inquiry have to be accurately specified.

With the aim of ascertaining whether the applicant needs help and whether and how support is actually provided, the Burgenland Government and the District Administration Authorities are authorised to process in EDP supported form the following data of persons seeking help and of persons with disabilities: master data, social insurance number, income, assets, type and amount of benefits under other laws and benefits received under this law.

With the aim of ascertaining whether there is an obligation to refund any costs or contribute to the costs and for the purpose of transferring the related payments under this law, the Burgenland Government and the District Administration Authorities are additionally authorised to process in EDP-supported form the following data: master data of persons liable to refund or contribute to costs and data concerning the determination of the type and amount of their payment obligation.

In the same way, data of natural or legal persons or groups of persons that provide services or benefits under this law, in particular their name/company, address, type and amount of benefits offered and services provided and data for the settlement of the benefits can be processed in EDP-supported form.

These data can be used in a joint information system as defined under Section 50 of the Data Protection Act 2000 (*Datenschutzgesetz, DSG*). The participants in this joint information system – and at the same time its initiators – are the Burgenland Government and the District Administration Authorities in their capacity as the authorities responsible for social assistance.

Pursuant to Section 7 Para. 2 *DSG* 2000, transmission of data stored in the joint information system is allowed only for handling benefit or service procedures and for providing any necessary information to other benefit or service providers in individual cases. Transmission of data from the joint information system has to be documented.

The Burgenland Government and the District Administration Authorities have to take organisational precautions to guarantee the protection of any confidentiality interests of the persons concerned as set out in Section 1 Para. 2 *DSG* 2000. The precautions

to be taken include among others the protection of data from unauthorised access and encoding the data when transmitting them via public networks.

Upon request by the competent authority, the employer of the person seeking or receiving assistance or the person subject to a reimbursement obligation has to provide information on any facts concerning the employment relationship of the person seeking or receiving assistance or the person subject to a reimbursement obligation within a reasonable period, which must be at least one week, provided that knowledge thereof is a major prerequisite for enforcing this law. In such requests any facts requested in the inquiry have to be accurately specified.

Note: Similar provisions exist in other *Laender* as well.

Lower Austria

Social services are benefits or services for meeting similar, recurring, personal, family-related and social needs. For persons in social emergency situations the benefits offered include the following:

- socio-medical and social support services;
- family assistance;
- therapeutic services;
- meals-on-wheels services;
- emergency phones ("*Hilfe auf Knopfdruck*");
- care for the homeless;
- care for drug addicts;
- care for refugees;
- psychosocial counselling centres;
- debt counselling;
- women's shelters.

The services are mostly rendered by private welfare organisations and funded by the *Land*.

A special focus is placed on quantitative and qualitative planning, coordination and design of these services (definition of target groups, substance and objectives of the services, definition of structures and quality criteria, staffing, planning and evaluation of the need, definition of funding guidelines, review of the use of funds and quality assurance).

Socio-medial and social support services

The private welfare organisations (Caritas, NÖ Volkshilfe, NÖ Hilfswerk, the Austrian Red Cross) currently operate 193 welfare centres (*Sozialstationen*). Each welfare centre covers an area of approximately 8,300 inhabitants.

Coordinated by the welfare centre, the teams of professional staff (qualified health workers and nurses, social service workers specialised in working with the elderly/homecare workers/homecare aides) provide services to the ill or persons requiring care in their homes. In 2008, on average 14,887 persons per month received care, in 2009 approximately 15,218 and in 2010 some 15,417 persons.

The number of staff employed on average by the private welfare organisations in the field of socio-medical and social care services in December of each year was:

2008	3.784
2009	3.846
2010	3.928

Lower Austria subsidises each documented working hour from social assistance funds and the Lower Austrian health and social fund; the hourly rates were as follows:

2008 from EUR 27.76 (health and nursing experts with diploma) to EUR 0.65 (for marginal part-timers);

2009 from EUR 29.68 (health and nursing experts with diploma) to EUR 3.37 (for marginal part-timers);

2010 from EUR 31.32 (health and nursing experts with diploma) to EUR 3.09 (for marginal part-timers).

In addition, the services of therapists and family assistants can be subsidised within the scope of the provision of social services. The private welfare organisations charge socially graded cost contributions from those using these care services. As several private organisations offer socio-medical and social care services, people have a choice of providers in most of the regions, similar to the healthcare system. This also promotes competition, which is a positive factor.

Socio-medical and social care services were subsidised by Lower Austria with EUR 56.9 million in 2008, EUR 62.0 million in 2009 and EUR 64.3 million in 2010.

The *Land* does not only supervise the services but also coordinates them with the aim of being able to offer region-wide services.

Meals-on-wheels services

In addition to socio-medical and social care services, help with regard to food catering is provided to elderly and ill people as well as people with disabilities if they are no longer able to prepare a hot meal for themselves. The *Land* subsidises the costs of meals-on-wheels services provided by the municipalities or non-profit organisations. The costs of production have to be paid by the beneficiaries themselves.

Women's shelters, care for the homeless, debt counselling

Counselling by qualified social workers of the social departments at the District Administration Authorities and the Office of the Lower Austrian Land Government is provided to homeless people, addicts with accommodation problems, women at risk of suffering from domestic violence, mothers with children in situations of hardship and over indebted persons.

Counselling offices for specific target groups and residential homes of private institutions are funded by the Lower Austrian Government to a large extent. Debt counselling by designated counselling centres was financed by Lower Austria in 2008 with EUR 1,074,692, with 1,165,837 in 2009 and with EUR 1,312,220 in 2010; the staff employed comprises legal experts and qualified social workers. Women's shelters were funded with EUR 1,426,739 in 2008, EUR 1,465,133 in 2009 and EUR 1,801,717 in 2010.

Women's counselling

Women’s counselling centres

In Lower Austria, 10 counselling centres including 7 branches provide services tailored to women, such as psychosocial counselling, education and training, counselling and seminars relating to the job market, counselling for women suffering from violence and counselling for female migrants.

Lower Austrian women’s hotline:

The women’s hotline project in Lower Austria is a unique offering providing confidential initial counselling free of charge to women in difficult situations. Women seeking help and support have access to anonymous initial low-threshold counselling. The team consists of experienced counsellors specialising in psychology, psychotherapy, social work, life coaching and social counselling, and law.

Violence against women

If women suffer from domestic violence, their children are also affected.

Over the past decades much has changed in the approach towards women suffering from violence, both from a socio-political point of view and in the work with these women. The Austrian Protection Against Violence Act (*Gewaltschutzgesetz*) is an outstanding example in Europe. The Federal Act on the Protection against Violence provides for barring orders (*Wegweisung*), prohibition to return orders (*Betretungsverbot*) to be imposed against violent partners as well as other protective measures.

Violence protection centre

As an accompanying measure to the Austrian Protection Against Violation Act, violence protections centres were established. These centres cooperate closely with the authorities and the police in particular. Six centres were set up in Lower Austria.

Project “Courses on how to deal with cases of violence against women and domestic violence” in Lower Austrian Hospitals (*NÖ Landeskliniken*)

The aim of the project is to raise awareness and provide information in order to enhance the respective competence of doctors/nurses and contribute to early identification of those exposed to violence. The issue of violence against women and domestic violence is to be included in the curriculum of nurses’ and doctors’ education and training in order to support early detection and raise awareness and foster the links between the healthcare system and social institutions. Approximately 3,000 physicians and nurses of the Lower Austrian Hospitals, community doctors and specialists received training and information.

Projects for women:

Job and education / management positions

Contacts, tips and information are helpful for planning one’s career and life, for developing one’s career and re-entering work after having a baby. The Department for Women of the Lower Austrian Government offers the following schemes:

Regional Mentoring Programme

The Regional Mentoring Programme for women in Lower Austria was launched as an EU project (4th Action Programme) on the initiative of the Department for Women of the Lower Austrian Government in 1999. The long-term goal of the Regional Mentoring Programme is to ensure equal participation of women in regional and municipal structures and increased contribution of women in societal decision-making. Due to the women's great interest and the achievements made, the programme was continued as an independent mentoring programme available to all women in Lower Austria. Under the scheme mentoring relationships, seminars and workshops are arranged and networking support by convening mentoring meetings is provided.

In Austria, and all over Europe too, there is an impending shortage of skilled labour in the field of technology. The European Union realised this shortage many years ago and defined as one of the goals of the Lisbon Strategy to increase the number of university graduates in mathematics, technology and science and, at the same time, reduce the gender imbalance in these domains.

The Department for Women of the Lower Austrian Government starts its activities already at primary-school level and promotes girls' engineering/technical and manual skills, introduces a broader spectrum of education and job opportunities and raises awareness in their environments, e.g. parents, schools and companies. Activities and campaigns in this field:

Girls' Day

The Girls' Day provides the opportunity to girls to learn more about their future jobs. Women employees present their workplaces and answer questions on, for example, the qualification and education required for their jobs.

On the 2012 Girls' Day (this was already the 10th anniversary of the Girls' Day in Lower Austria) some 1,850 female students visited some 90 companies.

HTL4girls

Girls opt much more easily for a technical education and career these days than a few years ago because secondary technical schools (*HTL*s) are no longer typical boys' schools. Yet there is ample room for further improvement. The following initiatives have been launched:

- "Girl scouts" initiative: Girls who attend a secondary technical school return to their former primary and lower secondary schools and speak about their life and education at an *HTL*, this way illustrating the path towards technical education.
- "Tech Datings": HTL girl students get to know companies and learn more about recruitment requirements, traineeships and career prospects:
- Participants: there are approximately 12 companies and 60-70 girls students involved in each Tech-Dating event.

Mut! Mädchen und Technik (Courage! – Girls and Technology)

As a result of this project, the "Bo+Bi" service centre for customised services in the field of occupational guidance and education within the Lower Austrian School Board (*NÖ Landesschulrat*) was established.

Networking support and making women visible

Networking creates new contacts and enables development. Everybody has contacts but they often use them only in private life. The Department for Women of the Lower Austrian Government supports several networks:

Women's network

This platform for women entrepreneurs offers a broad basis for contacts, exchange of and information on business ideas and the establishment of business contact, or on issues like the reconciliation of work and family life: Women's network – events, counselling for start-ups

Lower Austrian women expert database

The Lower Austrian women expert database contains women experts in approximately 30 different fields of business. They offer their expertise at national and international level. Moreover, individuals interested in receiving information on events and current issues dealt with in the Depart for Women can register with the database.

- Women expert pool;
- info pool;
- link pool.

Liese Prokop Women Award

This award was initiated with the aim of drawing attention to outstanding achievements of women in Lower Austria. Twelve women who stand out as examples in terms of their personality, performance and activities for Lower Austria are granted this award. One of them is given the first prize: EUR 10,000.

The prize was awarded in 2007, 2009 and 2012.

Women – health projects

Health club for women ("*Gesundheitstreff Frau Sein*")

In order to meet the specific health-related requirements of women, the Department for Women of the Lower Austrian Government supports municipalities in Lower Austria that want to offer targeted information events.

- Contribution to the speakers' fees;
- health experts pool.

The Department for Women of the Lower Austrian Government wants to provide all female residents of Lower Austria with the opportunity to receive information free of charge on the topics of healthcare and treatment for women with the aim of enhancing their own competence and quality of life.

Upper Austria

The social services offered are outlined in the Upper Austria Social Assistance Act 1998 (*Oö. SHG 1998;* Section 12 Personal assistance), in the Upper Austria Minimum Income Act (*Oö. BMSG*; Section 12: Means-tested minimum income benefits) and the Upper Austria Equal Opportunities Act (*Oö. Chancengleichheitsgesetz*).

The following aspects of social assistance are specifically mentioned:

activating care and support;

- mobile care and support;
- social home care for the ill;
- short-term nursing care;
- services provided by partially institutional facilities (e.g. by daytime or nighttime care);
- lease of medical equipment;
- physiotherapy and other therapeutic services;
- food delivery services;
- measures for supporting those providing care;
- measures for daytime care and day-structuring;
- other help to continue with household duties.

Specific accommodation types with adequate and professional care, especially for

- women and children exposed to violence;
- homeless persons;
- persons with psychological/mental disabilities; and
- chronically ill persons in need of care;

family assistance, family care and family counselling;

work assistance and training.

Pursuant to Sections 30 and 31 *Oö. SHG 1998* as well as Sections 43 and 44 *Oö. BMSG,* the institutions in charge of social assistance and/or means-tested minimum income are responsible for promoting and funding those services.

In order to be able to provide the required counselling, the regional social assistance institutions have to establish decentralised social counselling points pursuant to Section 31 *Oö. SHG 1998*. Such centres were set up all over Upper Austria taking into account the regional requirements, especially with regard to the age structure of the population and the relevant situation of the neighbourhoods, living conditions and transport infrastructure.

The social services offered are independent of the beneficiaries' nationality and can be used by anybody residing in Upper Austria. There is no legal claim to any of the services described. The services can be used only to the extent as sufficient resources are available.

Social services are usually rendered by private welfare organisations, with corresponding agreements being made according to Section 60 *Oö. SHG 1998* in the case of regular assignments.

These agreements lay down the following terms:

- object, type and scope of the services to be rendered;
- the applicable service standards to be met;
- the required qualification of the staff employed by the service provider as well as measures to ensure further training and supervision;
- the remuneration due for the services agreed;
- the duties of the service provider to contribute to the required coordination activities, in particular within the area of a social district (*Sozialsprengel*);
- appropriate measures to safeguard and develop quality standards;

- the required documentation and reporting system as well as appropriate evaluation and controlling measures;
- the obligation to provide appropriate information on the services offered and the applicable terms to those who seek help and want to make use of a service.

The *Oö. SHG 1998* contains provisions on the funding and promotion of some of these services. For other spheres, the authority to provide guidelines has been defined.

Measures to ensure sufficient availability and plans for extending such services are discussed and agreed within the scope of periodic social planning.

The services are provided by skilled staff working in care and nursing professions. The job models are set out in the Upper Austria Social Care Professions Act (*Oö. Sozialberufegesetz* – homecare aides (*Heimhilfe*), skilled social workers with 2 and 3 years of education and training (*Fach-Sozialbetreuer, Diplom-Sozialbetreuer*)) and in the Healthcare and Nursing Care Act (homecare workers (*Pflegehilfe*), qualified health workers (*Diplomiertes Gesundheits- und Krankenpflegepersonal*)).

A major factor is the establishment of social counselling points, with the aim to set up one centre in each social district for those seeking help. This goal has been achieved in almost all districts. The social counselling points provide information on regional and supra-regional support institutions.

On the topic of youth welfare see the information given on Article 16.

Upper Austria maintains a low-threshold contact and service point for drug users and drug addicts. This institution provides primarily services that reduce harm already caused. Six counselling points providing support in the field of addiction with qualified staff (social workers, psychotherapists, physicians) and three counselling points with part-time staff are open for persons involved in problems with illegal drugs, alcohol, eating disorders and pathological gambling. Patients undergoing substitution therapy are also given support. A therapy home for 25 drug addicts (two living groups for men and one for women) accommodates patients from other *Laender* as well.

For persons with alcohol problems there are service hours and self-help groups at each District Administration Authority.

The *Institut für Suchtprävention* provides services in the field of preventing addiction, with a staff of specialised employees (peers, family, etc.) and prevention coordinators working on site. The employees are normally responsible for two districts. The aim of the activities is to encourage and foster addicts' personalities and provide tools for conflict resolution. Another approach aims at ameliorating “predisposing structures”.

Access to the services:

Under the *Oberösterreichisches Sozialhilfegesetz* (Upper Austria Social Assistance Act; Oö. *SHG*) of 1998, social assistance is granted only to persons who have their factual and lawful abode in Upper Austria. It is not necessary to have a fixed abode in Upper Austria. In this instance, nationality is irrelevant. Nationals of other Contracting Parties to the Charter therefore have access to the social services at the same terms as Austrian nationals.

Under Section 2 Para. 4 of the Oö. SHG 1998, the wishes of the persons requiring assistance are to be considered in rendering such assistance to the extent such wishes are reasonable and do not incur disproportionately higher costs. The data obtained in the course of counselling and rendering social assistance are, of course,

governed by non-disclosure and data protection provisions and their collection and processing is carried out with due regard to maintaining personality rights. The establishment of social counselling points would furthermore facilitate access to the social services while observing personality rights.

Quality of services

In Upper Austria, mobile social services are rendered almost exclusively by private welfare organisations.

Institutional facilities (in particular old-age and nursing homes), however, are mostly run by institutions in the public sphere (municipalities or regional social assistance institutions). The quality of the services rendered there is monitored, regardless of the institution (public or private bodies), within the scope of home supervision under Section 64 Para. 3 *Oö. SHG* 1998 in accordance with the stipulations of the *Oö*. *SHG* of 1998 and the Upper Austria Ordinance governing old-age and nursing homes of 1996.

Salzburg

In the *Land* of Salzburg **social services are provided primarily by private welfare organisations and funded by the *Land of Salzburg* as a private-law entity** (pursuant to the Salzburg Social Assistance Act – *SSHG*).

The underlying private-law service agreements entered into with private welfare organisations contain detailed descriptions of the individual social services (objectives, principles, target group, scope of services, required specialised staff, professional minimum standards and quality assurance, funding).

The agreements with the individual private welfare organisations are concluded on these services specified in great detail and include more specific provisions on supervising the services rendered from a professional and economic point of view and are carried out by the Land of Salzburg. In some areas (residential homes for senior citizens, support for persons with disabilities, youth welfare) the supervisory duties are carried out directly under public law.

The qualification of the staff is set forth in the service specifications: apart from skilled social workers, who are of central importance in this field, qualified staff in the fields of psychology, law, social education as well as skilled nurses constitute the key professional groups.

In the field of home care, only specialised staff is employed (skilled nurses, healthcare assistants (*Sanitätshilfsdienst*)); in family assistance trained family assistants, and in household support primarily caregivers for elderly people, family assistants and homecare workers are employed.

Considering the local and regional needs and situations and the general conditions and the age structure of the population as well as the respective target group, the following support services, facilities and social services are available as far as economically reasonable:

» home care;

» family assistance;

» household support;

» care for persons needing support in their household;

» general and special counselling services:

» services to promote social contacts and participation in cultural life;

» recreation for the elderly and persons with disabilities;

» appropriate initial equipment of residential homes and nursing homes for senior citizens and adequate ongoing training of the staff working in these homes as caregivers;

» temporary care in institutions or residential homes.

Social services have been massively expanded since 1991, resulting in an area-wide network of institutions providing social services in the field of home care, household support and family assistance. These services are rendered by private welfare organisations. Their activities and services are laid down in more detail in the guidelines issued by the *Land* of Salzburg.

Home care and household support aim at enabling persons in need of care and support to live their lives independently in their private homes. The services are provided to persons who are in need of permanent or temporary care due to some illness, physical infirmity or any other impairment, or who are no longer able to live an independent life without help in the household and without organisational support.

Family assistance provides support to children, adoptive children or foster children as well as any other family members living in the same household if their primary care person is not available due to an unpreventable and unforeseeable event.

The Salzburg Government determines the reference rates for social services anew each year in an ordinance. To cover the costs, the persons to whom the services are provided pay socially graded contributions to the costs. The rest is contributed by the *Land* and the individual municipalities on a 50:50 basis.

The decision on granting the aforementioned social services and the amount to be contributed in the individual cases is not made by the service provider but by the administrative authority. To this end, the authority employs skilled nurses and home care workers for the elderly. As the administrative authority is bound by the provisions of the law also in the field of private sector management, it can be ensured that individuals can use the services they actually need. The private welfare organisations are bound by this decision and the legal requirements as well.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Effective and equal access to social services

In answer to the question of whether there is a right to appeal, similar to that provided under the Upper Austria Social Assistance Act 1998, it can be said that approval of the services in Salzburg is not subject to issuing an administrative decision (*Bescheid*) and, consequently, there is no right of appeal.

Quality of services

All social services in the *Land* of Salzburg are provided by private welfare organisations. The provision of services is supervised by the authorities by carrying out inspection visits.

The protection of personal data is stipulated both in the Salzburg Minimum Income Act (*SMSG*) and the Salzburg Social Assistance Act (*SSHG*). These provisions stipulate that personal data may be processed in EDP-supported form only for the purpose of fulfilling the duties under the respective act (Section 39 Para. 1 *SMSG* and Section 50a. Para. 1 *SSHG*).

Vorarlberg

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

Effective and equal access to social services

Analogous to Upper Austria there is a right of appeal in Vorarlberg for cases where eligibility to social services under Vorarlberg law exists (e.g. eligibility for key minimum-income benefits, such as subsistence, accommodation expenses and the costs of nursing and care in a nursing home, if applicable).

Quality of services

Supervision of the service providers is laid down in several laws and is carried out by the *Land* Government. Section 25 of the Vorarlberg Youth Welfare Act (*L-JWG*) stipulates that the institutions are subject to supervision by the *Land* Government. Section 21 Para. 4 L-JWG sets forth that the Land Government is obliged to carry out supervisory duties by verifying whether the flat-sharing communities and other facilities meet the required criteria.

Section 18 Para. 4 of the Minimum Income Act (*MSG*) also sets forth that the *Land* Government has to verify whether professional and appropriate services are rendered in the institutions.

Section 10 Para. 3 of the Opportunities Act authorises the Vorarlberg Government to inspect whether the staff employed and the equipment used by the institutions are appropriate and whether professional rendering of services is safeguarded.

Provisions on data protection are contained in the following laws: Vorarlberg Youth Welfare Act (in particular Section 29a), Opportunities Act (in particular Section 12), Minimum Income Act (in particular Section 42).

Vienna

Social services in the sphere of the Municipal Department 40 (Social Welfare, Social and Public Health Law)

Apart from providing for subsistence, the social assistance scheme focuses on integration, prevention and social security for all. Ten regional social centres in Vienna are open to all persons with social problems. Care services are based on a holistic approach. Social workers offer initial and orientation talks and develop a help and support plan jointly with the person seeking help.

The target group are recipients of minimum income benefits from the age of 18 to 49 for whom it is difficult to get into employment, in particular if they have a migratory background. Concurrently with the introduction of the means-tested income scheme the counselling and support facilities of Step2Job were established. These facilities provide direct access to the projects to those in need of support. From 1 November

2007 to 31 December 2011 more than 1,100 individuals were supported to (re-)enter the labour market in the framework of the *LEA* projects (*Lernen – Erfahren – Arbeiten* - learn, experience, work) and more than 50 % of them succeeded in (re-)commencing work.

German language courses

In collaboration with the Municipal Department 17 and third-party course providers, free German language courses (literacy up to the A2 level) have been offered to recipients of minimum-income benefits since October 2005 with the aim of teaching them German and fostering social integration. From 2008 to 2011 more than 700 individuals used this service offer, and in many cases they completed several courses up to the *ÖSD* (*Österreichisches Sprachdiplom*) diploma.

FAWOS

The Housing Protection Agency (*Fachstelle für Wohnungssicherung*; *FAWOS*) is the central contact point for all persons living in private or cooperative homes who are threatened with the loss of their home. Social workers provide information, counselling, crisis intervention and mediation between conflicting parties in tenancy matters and social issues. In three-quarters of the cases processed, the tenants can ultimately remain in their homes. *FAWOS* received international awards.

Jobchance:

As a support for (re-)entering the labour market, the City of Vienna has been (co-)funding employment integration projects since 1998. In the framework of the Jobchance project, more than 9,000 individuals were supported individually and comprehensively in finding jobs. Some 3,000 persons were successfully placed, mostly on the primary labour market.

ESF funded employment integration projects – *LEA* projects

Closely cooperating with the Public Employment Service, the City of Vienna has been contributing input in terms of strategy, operations and financials to ESF-funded employment integration projects since autumn of 2006. In the funding periods from 2007-2011 the following projects were rolled out, all of which are linked in the *LEA* platform: *JE_TZT* (run by Caritas/Volkshilfe, employment), *hke-Werkstatt* (Handwerk, Kunst, Entwicklung – crafts, art, development, run by Caritas), markt_platz (Caritas) and Job-TransFair TRAIN (run by bfi). In this framework, synergies concerning information, competences and internships can be better utilised. Permeability among the projects enables an easier transfer from one project to another.

Social services with the *Fonds Soziales Wien*

Legal framework

Social services are provided within the scope of private sector management of the *Land* of Vienna. The *Fonds Soziales Wien*, an organisation operating on behalf of the *Land* Government and the municipality, is a key player in this field.

The following social services are laid down in the Vienna Social Assistance Act:

- home care for the ill;
- family assistance;
- help to continue with household duties;
- general and specific counselling services;
- services to promote social contacts and to foster participation in cultural life;

- recreation for the elderly and persons with disabilities;
- residential homes.

In addition, a range of further social services are operated, promoted and newly developed by the City of Vienna on an ongoing basis.

Implementation

In the course of re-structuring measures, matters in the sphere of health and social services of the City of Vienna were transferred to the *Fonds Soziales Wien* in 2004. In its activities, the *Fonds Soziales Wien* pursues the following development goals:

- collaboration with private organisations in the healthcare and social services sector;
- transparency in the social services sector;
- cost-effective structures;
- continuous improvement of service offers and customer orientation.

On 1 January 2006 the General and Specific Funding Guidelines of the *Fonds Soziales Wien* entered into force, fundamentally changing the structure of social services.

Direct funding of the services of private welfare organisations, which had been common practice up to that time, was replaced by targeted and direct subsidies of subjects, projects and objects.

This new funding model places the persons needing help in the centre of attention (subject funding). Persons seeking help can select one of a number of recognised institutions that provides services tailored to their specific individual needs. Funding is provided to persons in need of nursing and care, who are Austrian citizens or equivalent to Austrian citizens according to the Vienna Social Assistance Act, and who have their principal residence or, in the absence of one, their actual abode in Vienna. The funding granted to the client consists of grants towards the cost for nursing and care, with due regard to the client's financial situation. Operators of facilities for nursing, care, rehabilitation, prevention and health promotion can apply for recognition ("quality seal") under the General and Specific Funding Guidelines of the *Fonds Soziales Wien*. The quality criteria set out in these Guidelines ensure that social dumping by any cheap, low-quality providers is prevented.

The year of 2008 was characterised primarily by the expansion and structuring of customer services. Counselling is provided in counselling centres for nursing and care, persons with disabilities and homeless people, and, very frequently, in the homes of the persons involved. The employees (case managers) evaluate which type of support is needed in the individual's situation of life and check whether and which type of subsidy or support by the *Fonds Soziales Wien* is appropriate and possible. The customers make a financial contribution, depending on their financial situation.

Since 1 July 2010 the employees of *Fonds Soziales Wien (FSW)* can be reached by phone daily from 8:00 a.m. to 8:00 p.m., including Sundays and holidays. The FSW customer hotline was established to ensure that support can be provided at all times, not only in cases of emergency.

The re-structuring was completed in 2009.

In 2010 the *Fonds Soziales Wien* and the *Kuratorium Wiener Pensionisten-Wohnhäuser (KWP)*, one of Austria's largest service providers in the field of nursing and care for senior citizens, jointly founded the *Wiener Schule für Sozialberufe*

(Vienna School for Social Professions). The aim of this new education and training institution is to provide high-quality education with a high level of hands-on training to young people who want to become skilled social service workers specialising in working with persons with disabilities, the elderly and families and in accompanying persons with disabilities.

Social services in the sphere of the Municipal Department 11 (Youth and Family Welfare Office) under the *WrJWG* (for more detailed information see reporting on Article 16).

The City of Vienna provides a broad range of interrelated services in the field of counselling and therapies for resolving family-related problems and crises. The Vienna Youth Welfare Act 1990 (*Wiener Jugendwohlfahrtsgesetz, WrJWG 1990*) stipulates provisions on social services for children, young people and families. The service offer is geared towards the needs of parents-to-be, children and their legal representatives in charge of child custody. They promote the children's development, family relationships and non-violent education and, due to their focus on prevention, help avoid more drastic interventions in families, such as the arrangement of educational support.

Depending on the personal and financial conditions of the respective families, adequate cost contributions may be charged for using social services.

Pursuant to Section 12 *WrJWG* 1990, the following types of social services for children and families are offered:

- counselling for parents-to-be and legal guardians with infants, children and young persons;
- counselling concerning questions in the field of family law and maintenance payments;
- education and training for parents-to-be, parents and persons having child custody geared towards promoting skills in the field of nursing care and child-rearing, preventing developmental disorders and problems in bringing up children as well as physical, psychological and sexual violence;
- preventive action and counselling with a view to covering healthcare, nursing care, social, legal and psychological aspects;
- preventive and therapeutic services;
- cooperation with and referral to medical institutions;
- support of children with special needs within families;
- financial advice for families;
- counselling for families in the process of separation;
- help and support in coping with household duties;
- recreational stays for children and low-income families;
- counselling for children and young persons;
- low-threshold services for minors, such as emergency accommodation, etc.

The Municipal Department 11 - Vienna Youth and Family Offices provides o broad range of services for parents-to-be and young parents at eight parent-and-child centres. The services offered include support in preparing for childbirth and daily routines with the infant, networking with other parents (schemes for parental training, parent-and-child meetings, play groups and creative workshops, etc.). In addition, counselling concerning healthcare and child development issues is provided by social workers, social education workers and psychologists along with very specific and practice-oriented help and support for coping with difficult situations (counselling in difficult development phases and in cases of child-rearing problems, for financial problems, in the case of divorce/separation, etc.). In a total of 24 parent counselling centres established in the City of Vienna, the focus is put on physical and health-related development as well as on providing support to children appropriate for their age group. If necessary, interpreting services for Serbian, Croatian, Bosnian, Turkish, Kurdish, Polish and English are provided.

All newborn babies in Vienna receive a welcome present. Through this popular offer it is possible for employees of the parent-and-child centres as well as social workers cooperating with the obstetrics departments of hospitals to reach virtually all parents in Vienna in order to inform them about the counselling services provided to parents by the City.

At 18 regional service points for social work with families counselling is offered to children, young persons and families in difficult situations. The social workers employed there provide a broad range of services to families, children and young persons, including comprehensive counselling and assistance, advice on how to get support in case of miscellaneous family issues, help with problems in bringing up children and in times of financial constraints. Furthermore, they provide information on the service portfolio offered by the City of Vienna and refer those seeking help or advice to the appropriate bodies. They provide advice, help and protection on the basis of the *WrJWG* with the ultimate goal of protecting families and children.

Nine regional service points specialising in legal representation ("*Rechtsvertretung*") provide legal assistance to children by representing them in case of identifying their parentage or claiming maintenance payments. These offices help to make out-of-court maintenance payment agreements and send out payment reminders. Moreover, children are represented at court in proceedings on parentage identification, determining maintenance payment amounts, in civil proceedings, enforcement and insolvency proceedings. At the end of 2011, the regional *Rechtsvertretung* offices acted as legal representatives for a total of 27,191 children, 16,272 of whom were dependent on advance maintenance payments provided by the Austrian state in order to be able to afford a living. In 2011 a total of 4,552 motions for enforcement proceedings were filed to cover maintenance claims. At the end of 2011, 1,347 children with statutory maintenance claims were affected by insolvency proceedings, or the outcome of such proceedings, involving one of their parents liable to pay maintenance for them.
In the framework of the Vienna family supplement (*Familienzuschuss*), low-income families are granted financial support for children aged one to two years if they meet certain requirements.
The amount of the individual supplement depends on the family income and the number of family members and ranges from EUR 50.87 to EUR 152.61 per month. In 2011 more than EUR 1.6 million were paid out for family supplements.
At the end of 2011, a total of 861 families received this allowance.

Childcare

Introduction of free and mandatory pre-school support for half a day in institutional childcare facilities

It was the aim of the agreement under Art. 15a *B-VG* on the introduction of free and mandatory half-day pre-school support in institutional childcare facilities, Federal Law Gazette I no. 99/2009, to provide the best possible education to all children, and hence provide them with a good start into their school life later on. The goal is to make children's attendance of suitable institutional childcare facilities compulsory, i.e. during their last year before starting mandatory school for at least 16 to 20 hours a week, distributed over at least four weekdays. This requirement was enshrined in the Vienna act on mandatory pre-school support in institutional childcare facilities (*Wiener Frühfördergesetz, WFfG*, State Law Gazette no. 21/2010). This half-day care for 20 hours a week is free of charge and aims at easing the burden on families.

Model of "non-contributory nursery school in Vienna"

Since September 2009 the City of Vienna has implemented the model of a "non-contributory nursery school" for children between the age of 0 and 6, thereby promoting support for children and families alike in Vienna. There are no access restrictions due to nationality; the only requirement is that the recipients are residing in Vienna.

In municipal childcare facilities

This model offers free full-time childcare in municipal childcare facilities (i.e. crèches and nursery schools) that goes far beyond the 20 hours of childcare per week provided in the aforementioned agreement. Parents only have to pay a contribution for meals.

In private childcare facilities

Private childcare facilities for 0-3 year olds are subsidised by the City of Vienna with a childcare amount of EUR 226 per child, irrespective of the time actually spent in the facility. Subsidies for childcare in private institutions for 3-6 year olds depend on the time of childcare services used (full-time, part-time, half-day). The maximum amount of subsidy granted is the same as the one for children in municipal nursery schools, i.e. EUR 226. The attendance fee to be paid to the childcare facility has to be reduced at least by the childcare subsidy granted by the City of Vienna. The amount of subsidies for private childcare institutions has been determined in an amount that makes childcare services free of charge for parents in almost all institutions.

Childminders

In the context of a "non-contributory nursery school" model, the City of Vienna also supports childcare through childminders in Vienna. Analogous to private childcare institutions, the childcare contribution granted for each child depends on the time of attendance and the age of the child to be taken care of.

Further cost reductions

In case the family income does not exceed EUR 1,100.00 net (excluding family allowance) an application for exemption from the meal contribution may be submitted to the Municipal Department 11 up to the amount of the municipal amount of the meal contribution.

Available childcare places

In 2011 (as of the first half year), the number of childcare places in institutional childcare facilities in Vienna for 0-3 year olds was raised to 15,662 and for 3-6 year olds to 49,534.

Reduced contributions for parents of school-age children attending day homes

For using the childcare services of municipal and private day homes in Vienna, access to affordable childcare institutions is provided by suitable reductions of attendance fees; in this context, benefits are granted in particular to persons with limited financial means, taking into account their income and personal needs. There are no restrictions due to nationality; the only immediate is that the recipients are residing in Vienna. This supplement is also granted for parental contributions for school-age children who attend a learning or spare-time club or a private children's group.

Mobile development support

The offer of a mobile development support for children continues to be available free of charge from the City of Vienna – Municipal Department 10. This service provides support to children in municipal crèches, nursery schools and day homes in the field of language, learning, physical activities and social behaviour.

The staff employed for mobile development support - i.e. psychologists, educators for taking care of children with special needs in nursery schools or day homes, speech therapists and physical therapists – involve parents and the staff in the specific institution and provide their expertise to them if needed.

In municipal nursery schools general and special examinations (including eyes and ears) are carried out by the appointed nursery school physician in periodic intervals. Additionally, specialised nursery-school speech therapists provide their services.

Introduction of mandatory pre-school language support in institutional childcare facilities

The agreement under Art. 15a *B-VG* concerning the expansion of institutional childcare facilities and the introduction of mandatory pre-school language support in childcare institutions as well the establishment of a national pre-school education plan, Federal Law Gazette II no. 478/2008, was entered into in 2008 with the aim of, amongst others, providing suitable support to 3-6 year olds with inadequate knowledge of German in childcare institutions so as to arrive at a uniform level of language knowledge in the language of instruction, i.e. German, when entering the first grade of elementary school. The scope of this agreement covered early language support in institutional childcare institutions from 2008-2010. Therefore, a new agreement for the following years had to be prepared in 2011 for funding measures to promote early language learning. Such agreement was adopted by the Austrian Council of Ministers on 24 January 2012, providing for funding of these measures from 2012-2014. Any and all measures and means for pre-school language support are provided to the children in need of this special support free of charge. In the nursery school year of 2010/2011, a total of 5,258 children aged four to six years (school entry) were in need of language support.

Social services in the sphere of the Municipal Department 57 (Promotion and Coordination of Women's Issues)

24-hour hotline for women

Since 1996 the call line has been open around the clock for women and girls affected by sexualised, physical or mental violence. It offers rapid and immediate help, crisis intervention, counselling and support in acute cases of violence. The offer is also open to affected family members, friends and acquaintances. The staff members are trained psychologists, social workers and legal experts.

Offers:

- immediate help around the clock, including weekends and holidays; anonymous and free of charge;
- counselling by telephone or from person to person;

  crisis intervention;

  psychological, social and legal counselling and support;

  advice to family members, friends and acquaintances;

  reference to social and health institutions;
- advice by e-mail;
- provision of a non-moderated forum where users can exchange experience and give advice;
- accompanying and support for:

  police reports,

  court hearings,

  medical examinations;
- further education events for institutions.

The hotline for women offers specialised information and further education to institutions which work on the subject of violence against women and girls.

Women's hotline

A team of female legal experts who are skilled in discussion and mediation and a social worker provide counselling to women in Vienna, by telephone, in writing or on site.

Offers:

- legal and social counselling, with a focus on matrimonial and family law, partnerships, maintenance;
- interface to counselling and support offers for women's issues.

Girls' hotline

Operated from late October 2004 to February 2011, the girls' hotline was an information and counselling point for girls seeking advice and help, as well as their personal environment. It was targeted at girls and young women aged 13-17, as well as their family members, friends and confidantes. The team of advisors consisted of an educator or psychologist, a social worker and a legal expert, all of them women. The team advised on issues regarding school, family, friends, education and training, job, sexuality, worries and anxieties. The girls' hotline provided comprehensive support and, where necessary, referred the caller to a specific facility. It also offered advice by e-mail. Advice was given in strict confidence and anonymity. In addition to

the various counselling facilities, the Municipal Department 57 also offered the following services:

Daughters' day

Girls aged 11 to 16 are given an opportunity to visit enterprises in Vienna in order to get a glance at occupational practice. The focus is on jobs involving engineering, crafts and natural sciences.

The purpose of the daughters' day is to expand the horizon of girls with regard to their choice of occupation and to motivate them to embark on non-traditional careers.

From 2008 to 2011 more than 3,000 girls and some 170 companies participated in the initiative each year.

Since its launch in 2002 more than 23,000 girls and approximately 400 companies have participated in the daughters' day.

Promotion of women's facilities and gender mainstream projects

Girls and women are discriminated against on grounds of their sex in many spheres and many different forms. This discrimination is to be combated by targeted promotion of women and girls.

Women's initiatives and gender-specific activities with an impact on Vienna are supported. Projects up to a maximum amount of EUR 5,100 are funded within the scope of what is referred to as "small project promotion scheme" (*Kleinprojekteförderung*). In addition, one-year grants and three-year grants are awarded to associations which have received grants for many years.

The applications for funding are evaluated on the basis of formal, content-related and financial criteria. Applications for funding may be filed only by associations. There is no claim to being granted any funding.

Funding is provided to associations that

- aim at enabling girls and women to live an independent life;
- address gender roles in a critical way and embark on broadening the way of thinking and acting;
- help young women to get information on their body, on contraception, love, sex and relationships;
- make the way of living of lesbian girls and women visible;
- serve the purpose of integrating girls and women with migration experience;
- help girls and women in distress and in particularly difficult situations in life; or
- support girls and women to lead a financially independent life.

Support for the Association of Women's Shelters in Vienna (*Verein Wiener Frauenhäuser*)

Based on an agreement with and financed by the City of Vienna, the Association of Women's Shelters in Vienna operates four shelters open to abused or threatened women and their children. Altogether, it can accommodate some 166 women and children. Additionally, 52 flats accommodating a total of 108 women and their children are available currently for the time after leaving the women's shelter when the acute threat has started to abate. Furthermore, a mobile counselling centre is available for (initial) counselling and advice. Advice is given anonymously and free of charge.

These offers are granted irrespective of nationality. Funding is only provided to associations; a connection to Vienna is a mandatory prerequisite. The target group of these offers are women and girls.

Reply to the additional questions by the Committee of Social Rights in the Conclusions XIX-2 (2009)

In their capacity as private law organisations, the Vienna *Land* Government and the municipality of Vienna are responsible for the provision of social services.

Information on the measures for implementation is given in the Report Form.

Effective access is granted by the following measures:

- enshrinement in the law, in particular defining the group of eligible persons, personal and factual prerequisites;
- publishing funding guidelines;
- public information campaigns;
- individual counselling for customers;
- staff training;
- setting up case management systems with the goal of planning measures in line with the needs, and putting them into practice;
- continuous evaluation and review of the effectiveness and efficiency of the offers and their implementation in practice;
- establishing supervision by the authorities if tasks are outsourced to private-sector providers.

ARTICLE 14 § 2

Questions 1 to 3

No substantial changes.

In reply to the additional question by the Committee of Social Rights in the Conclusions XIX-2 (2009) concerning national subsidies for public services the *Land* of **Salzburg** stated that the funding for social services is provided primarily by the *Land* Government and the municipalities. **Vorarlberg** stated that its local social model works principally on the basis of the maxim of “as much as possible by private organisations, as much as necessary by public organisations”. In Vorarlberg the public sector supports and promotes private organisations and initiatives rather than operating as a service provider itself. Vorarlberg does not grant any subsidies to social services in the field of youth welfare but pays exclusively performance-related contributions to private youth welfare institutions commissioned by the youth welfare authorities.

The **Federal Long-Term Care Fund Act (*Pflegefondsgesetz, PFG*)** entered into force on 30 July 2011. This federal act provides the legal foundation for setting up a long-term care fund and an earmarked supplement to the *Laender* for safeguarding the establishment and expansion of support and care-giving service offers from 2011-2014 in the long-term care system.

The long-term care fund is to pay earmarked supplements in a total amount of EUR 685 million to the *Laender* and in this way provide partial funding for

safeguarding, establishing and expanding, as appropriate, the support and long-term care service offers for the years from 2011 to 2014.

Extending the long-term care fund - which has been set up with the Federal Ministry of Labour, Social Affairs and Consumer Protection and managed in agreement with the Federal Ministry of Finance - beyond 2014 is currently discussed.