



16/04/2021

RAP/RCha/AUS/9 (2021)

EUROPEAN SOCIAL CHARTER

9th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF AUSTRIA

Articles 3, 11, 12, 13 and 14 of the European Social
Charter for the period 01/01/2016 – 31/12/2019

Report registered by the Secretariat
on 16 April 2021

CYCLE 2021

REVISED EUROPEAN SOCIAL CHARTER

9th 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 and 14

for the period from 1 January 2016 to 31 December 2019

submitted by

THE FEDERAL GOVERNMENT OF AUSTRIA

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

Austria has accepted the Articles of the thematic group “Health, social security and social protection” with the exception of Articles 23 and 30.

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 (*Österreichischer Gewerkschaftsbund*)

the Austrian Federal Chamber of Labour (*Bundesarbeitskammer*)

the Austrian Federal Economic Chamber (*Wirtschaftskammer Österreich*)

the Federation of Austrian Industry (*Vereinigung der Österreichischen Industrie*)

the Presidential Conference of Austrian Chambers of Agriculture (*Präsidentenkonferenz der Landwirtschaftskammern Österreichs*)

Council of Austrian Chambers of Agricultural Labour (*Österreichischer Landarbeiterkammertag*)

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As requested by the Committee, this report is limited to specific and targeted questions raised in the Appendix of the email of 3 June 2020. In addition, the report contains replies to conclusions of non-conformity. Where the situation was found to be in conformity in the previous cycle and where no major changes have occurred, this report does not provide additional information.

Replies to the specific questions were prepared between the first COVID-19 wave (spring 2020) and the second wave (autumn 2020). The measures described here were taken in response to the first COVID-19 wave and then appropriately expanded, extended or adapted as COVID-19 infections increased again (second wave).

Article 3 – The right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Parties undertake, in consultation with employers' and workers' organisations:

Paragraph 1 - to formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment. The primary aim of this policy shall be to improve occupational safety and health and to prevent accidents and injury to health arising out of, linked with or occurring in the course of work, particularly by minimising the causes of hazards inherent in the working environment;

a) Please provide information about policy formulation processes and practical arrangements made to identify new or emerging situations that represent a challenge to the right to safe and healthy working conditions; also provide information on the results of such processes and of intended future developments.

Reference is made to previous reporting which is updated as follows:

Occupational safety and health in Austria

Distribution of competence for passing and enforcing legislation and Labour monitoring bodies:

Monitoring within the federal sphere (private businesses, federal employees, federal, state (*Laender*) and local government operations, with the exception of farming and forestry operations) is performed by the Labour Inspectorate. The Central Labour Inspectorate (*Zentral-Arbeitsinspektorat, ZAI*) is part of the Federal Ministry of Labour. The Labour Inspectorates are administrative offices under the ministry. This body is governed by the Federal Labour Inspection Act (*Bundesgesetz über die Arbeitsinspektion 1993; ArbIG*), Federal Law Gazette no. 27/1993; as last amended.

The Transport Labour Inspectorates (*Verkehrs-Arbeitsinspektion, VAI*) are part of the Federal Ministry of Labour. The Transport Labour Inspectorates are competent to monitor transport companies (railway, postal services, ships and boats, airplanes, parts of telecommunications) and check observance of workers' health and safety regulations along the same lines as the Labour Inspectorate.

With regard to legislation in general governing safety and health of agricultural and forestry workers, reference is made to the Federal Constitutional Law (*Bundes-Verfassungsgesetz, B-VG*), which was amended by Federal Law Gazette I no. 14/2019. The scope of competence for agricultural labour law, including occupational safety and health, was shifted (the changes entered into force after the period covered in the 9th report):

Agricultural labour law was transferred from Art. 12 *B-VG* (the Federal Government passes fundamental laws and the *Laender* are competent for implementing acts and enforcement) to Art. 11 *B-VG* (Federal Government passes laws and the *Laender* enforce them) as of 1 January 2020.

The implementing acts previously passed by the *Laender* (agricultural labour regulations) continue to apply as federal law until the changes take effect; this means that as yet nothing has materially changed for workers.

As previously, the agricultural and forestry inspectorates continue to be responsible for monitoring agricultural and forestry businesses. Government employees at *Laender* and municipal level are covered by separate bodies responsible to monitor workers' health and safety regulations.

Plans do exist, however, to replace the current nine acts, one for each *Land*, with a uniform federal law.

General objective and the policy

Austria's Occupational Safety and Health Strategy 2013-2020 (ÖAS)

In Austria's 5th report on the Implementation of the Revised European Social Charter, details have been previously provided on the **Occupational Safety and Health Strategy for Austria 2013–2020** (*Österreichische ArbeitnehmerInnenschutzstrategie 2013–2020, ÖAS*), the participating institutions and related projects, as well as materials published as part of this strategy.

The Occupational Safety and Health Strategy for Austria 2013–2020 links together all groups at regional and national levels who are active in occupational safety and health. Within this umbrella strategy, defined in terms of processes and based on consensus, various bodies have been set up and empowered to engage in activities within a very broad framework.

The aim here is to transfer responsibility while encouraging motivation, innovation and flexibility.

The strategy is built on a joint resolution by policymakers and other parties engaged in occupational safety and health (including ministries with related portfolios, accident insurance funds, social partners and interest group representatives). The aim is to reduce the risk of occupational injury and disease as well as minimise work-related health risks, while at the same time setting out concrete, focused activities to achieve these objectives (such as improving occupational safety and health at small businesses, consultation and support for employers/employees from labour inspectors, and assistance in workplace evaluations).

In the following, details on **outcomes to date**:

- The strategy ensures a clear benefit – over isolated measures by the various actors involved – inasmuch as it provides a framework for potential joint initiatives toward occupational safety and health, thus strengthening actors' position.
- A central benefit of the ÖAS is identified in the opportunities for conversations, sharing and coordination. Actors active in occupational safety and health at national level are linked in one network.
- Not playing a legislative role has proven advantageous for the ÖAS, as this allows issues to be discussed freely.
- 'Operative coordination' was identified as a very useful element for liaising among participating bodies while serving as a form of multi-project management.
- Systematic application of user feedback has contributed to product development. Specifically, this has provided actors with access to end users and multipliers from other organisations besides their own.

- It has proven useful to focus on ‘implementation’ as a central concern. Participants can deepen their understanding of this issue and elucidate implementation processes in more detail.

An implementation project centred on ‘carcinogenic agents’, which was successfully completed as part of an effectiveness evaluation, was identified as a good practice: among participating organisations, for encouraging sharing – both of knowledge and of planned activities – as well as, at the level of businesses, for defining a common perspective and building a common awareness. Here, the two main actors involved in occupational safety and health in Austria (the Labour Inspectorate and the Austrian Workers’ Compensation Board, *Allgemeine Unfallversicherungsanstalt*, AUVA) selected a ‘common denominator’, with carcinogenic agents also being a focal topic at EU level. In related activities, the actors coordinated details and, where possible, schedules.

By way of example of the situation in the *Laender*, reference is made to the statement provided by Vorarlberg:

An initial, broad-based survey was carried out among Vorarlberg government employees in 2014 within the framework of a project centred on health management at work. The aim here was to better understand both the conditions under which public employees in Vorarlberg work as well as individual workers’ capacity to work, physical and psychological health, health-related behaviour patterns and skills development, in order to identify fields of action. Following the employee survey, participatory processes were initiated to detail and implement measures relating to physical and psychological health. Further measures were developed and introduced for workers in manual jobs, in this case relating to personal safety, physical working environment and prevention of specific health risks. Changes were also introduced that affected working hours schemes and job reintegration after injury or illness.

The topics spotlighted in the second employee survey, in 2019, included: responsibilities and activities at work, working hours model, workflows and task-structuring, social environment at work, working environment, stress, physical health, individual health risk prevention, health-related behaviours and job satisfaction. Gratifyingly, the scores on workers’ capacity to work and on psychological health had improved from the first survey in 2014. This would suggest that the programmes and measures relating to health management at work have indeed proven effective. Following the second survey, managers of the various administrative offices were consulted to explore what measures or programmes were still needed. The needs identified here included: a training programme in alarm and emergency intervention for district administration employees; ergonomics workshops and workplace analysis; and a (re-) structuring of the procurement of workwear and protective equipment for workers employed at manual jobs and in forestry.

To ensure improved worker safety and health as well as further progress in this area, the employee survey will be repeated every five years. Among the purposes served by the evaluation is prevention, that is, early recognition of unhealthy work-related psychological stress as a prerequisite for measures to promote and improve worker health.

b) With particular reference to COVID-19, provide specific information on the protection of frontline workers (health-care staff including ambulance crews and auxiliary staff; police

and other first responders; police and military personnel involved in assistance and enforcement; staff in social-care facilities, for example for older people or children; prison and other custodial staff; mortuary services; and others involved in essential services, including transport and retail; etc.). Such information should include details of instructions and training, and also the quantity and adequacy of personal protective equipment provided to workers in different contexts. Please provide analytical information about the effectiveness of those measures of protection and statistical data on health outcomes.

COVID-19

In connection with the spread of COVID-19, companies and employees are faced with a challenging situation. The health protection of employees has top priority.

The Labour Inspectorate supported employers from 25 May to 12 June 2020 with an advisory focus on the implementation of protective measures.

COVID-19 clusters can also form in companies and there is a need for preventive action with regard to operational protective measures. Particular caution is required where a great number of people work together.

The Labour Inspectorate offered its expertise in occupational prevention to companies in the implementation of general health protection measures.

The advisory focus was also agreed with the Ministry of Social Affairs, Health, Care and Consumer Protection.

As part of this focus, 1010 companies engaged in various economic activities (especially: food and beverage production, waste disposal, wholesale, retail, storage, postal services, publishing, call centres) were visited by the Labour Inspectorates.

The selection of the economic activities was based on the idea that the typical way of working in these companies is characterised by a higher density of employees and a greater degree of cooperation.

In addition to the well-known hygiene and distance rules, the content of the advisory offensive revolved primarily around the ventilation of work rooms, emergency planning, dealing with communal accommodation and personnel transport. The focus was also on instructing and informing the workforce as well as temporary agency workers.

Results

In 808 out of 1010 of the companies advised (80%), no immediate potential for improvement was recognised, i.e. the respective company has taken suitable measures in the individual subject areas.

Improvement potentials, which showed up in some companies, were the exception. In most cases, it was a matter of maintaining the minimum distance in zones outside the core work area (smoking areas, at the time clock, meeting areas with external people).

Overall, the COVID-19 advisory focus was very well received by the companies. In many companies, good solutions have been developed in order to be able to minimise the risk of infection for employees.

The spread of SARS-COV-2 poses extraordinary challenges also for agriculture and forestry businesses, and in particular fruit and vegetable farmers and the seasonal workers they employ. The Upper Austrian Agriculture and Forestry Inspectorate has taken up the concept

for advising the companies and has also carried out consultations in their area of responsibility.

Here, the advisory initiative is intended to help businesses implement protection measures. Agriculture and Forestry Inspectorate representatives visited 14 fruit and vegetable farms in Upper Austria, each with at least 10 employees (mostly seasonal or harvest workers), in the period of 4–18 June 2020.

As with the Labour Inspectorate visits, the focus here was on advising and supporting businesses in implementing the general health protection measures.

Most of the employees at fruit and vegetable farms in Upper Austria are third-country nationals and accordingly also housed at the businesses. Their accommodations thus also fell within the scope of the Agriculture and Forestry Inspectorate's advisory focus.

The reason for selecting these particular businesses was that they have at least 10 employees, whereas at businesses with fewer workers it is easier to maintain the necessary safe distance.

The advisory visits were made on short advance notice, and consultations were based on the Labour Inspectorate's questionnaire (standardised Austria-wide), while omitting the topic of hired-out employees.

Report - Advisory Offensive COVID-19: You will find a list of all good practical examples as well as statistics and further information in the final report "Advisory Offensive COVID-19" (see attached, only in German).



Beratungsoffensive
(1).pdf

The Labour Inspectorate continued the COVID-19 advisory focus in the autumn of 2020. As a result, advice relating to COVID-19 protection measures was provided in more than 6,000 cases, both on site at places of work and construction sites as well as over the phone.



Beratungsoffensive
COVID-19 Herbst 20

The Ministry of Labour, – Central Labour Inspectorate, issued a handbook: COVID-19 – Recommendations for a safe and healthy coexistence in the world of work. It is attached here (only in German).



Handbuch
COVID-19.pdf

Protection of frontline workers

The Central Labour Inspectorate released several guidelines regarding health protection measures to prevent SARS-CoV-2 infections among frontline workers:

- Retail workers

- ✓ Plexiglass windows have to be installed at every check-out point,

- ✓ gloves and hand sanitizer have to be provided for every employee,
 - ✓ regular disinfection of check-out points, break rooms and toilets,
 - ✓ floor marks at the check-out area, to support minimum distance of customers,
 - ✓ contactless scanning of customers' store cards,
 - ✓ employers have to take measures to control the total number of people inside the shop at any time point,
 - ✓ comprehensive information for customers to promote payment by debit card, keeping personal distance, reducing shopping time, mandatory wearing of face masks, use of elbow when coughing or sneezing.
 - ✓ vulnerable groups of workers (pregnant workers, workers with pre-existing conditions) should be put on paid leave as soon as possible.
- Schools and nursery schools
 - ✓ Increased personal hygiene measures (washing hands regularly, use of hand sanitizer),
 - ✓ access of school buildings is restricted to pupils and employees,
 - ✓ mandatory face masks in public areas of the school building (6 years or older),
 - ✓ organised use of cloakrooms in small groups only,
 - ✓ singing without mask only outdoors,
 - ✓ promotion of outdoor exercising,
 - ✓ keeping personal distance,
 - ✓ no exchange of food or drinks,
 - ✓ use of elbow when coughing or sneezing,
 - ✓ regular and intensified ventilation of classrooms.
 - Non-medical healthcare professionals
 - ✓ Increased personal hygiene measures (washing hands regularly, use of hand sanitizer),
 - ✓ keeping a minimum distance of 1m to customers whenever possible,
 - ✓ if minimum distance cannot be maintained during treatment, wearing of face masks is mandatory for customer and employee,
 - ✓ providing increased information on hygiene and distance measures for customers,
 - ✓ treatments should be provided over the phone and meetings held online whenever possible,
 - ✓ organisational measures to keep the number of people in the facility to a minimum at all times,
 - ✓ strict separation of possibly infected and healthy/ vulnerable groups of customers,
 - ✓ regular and intensified ventilation of all rooms,
 - ✓ increased wipe disinfection of all surfaces,
 - ✓ immediate disposing (without temporary storage) of all possibly infectious materials,

- ✓ regular training of cleaning workers,
- ✓ PPE during contact with possibly infected customers: FFP2 mask with valve, gloves, protective goggles,
- ✓ minimum distance 2m.
- ✓ If FFP2 masks are not available, use of FFP1 masks or medical face mask is mandatory.
- Health-care staff
 - ✓ In contact with infected or possibly infected patients, employees have to wear FFP2 or FFP3 masks, protective clothing and hood, gloves and protective goggles.
 - ✓ If FFP2 and FFP3 masks are not available, FFP1 or medical face masks (type II or IIR) have to be used by staff and patient.
 - ✓ Simultaneous use of protective face shield is recommended to prevent contact with droplets.
 - ✓ Chemical treatment and reuse of face masks is not permitted.
- Cleaning workers
 - ✓ Protective measures for cleaning of SARS-CoV-2 contaminated or possibly contaminated areas: prepare specific cleaning equipment and put on PPE (medical face mask type IIR, protective goggles, gloves);
 - ✓ specific training on use of PPE beforehand is mandatory before entering the area, increase air ventilation by opening of windows (or set air-condition to exhaust mode),
 - ✓ wipe disinfection of all patient-accessible surfaces with antiviral agents, immediate disposal of used PPE and waste after leaving the area, personal hygiene measures (washing hands, using hand sanitizer) after taking off PPE.
- Laboratory workers
 - ✓ Non propagative work with SARS-CoV-2 is permitted in laboratories implementing safety precautions for handling risk group 2 biological agents.
 - ✓ All other tasks involving active SARS-CoV-2 viral particles have to be conducted under implementation of precautionary measures for risk group 3 according to the biological agents directive (transposed to national Ordinance *Verordnung biologische Arbeitsstoffe*).

The guidelines are reviewed and updated on a regular basis and publicly provided on the Labour Inspectorate's website:

<https://www.arbeitsinspektion.gv.at/corona>

Statistical data on the effectiveness of the recommended measures is not available.

Public service

Measures to protect the health in particular of federal employees from the threat of COVID-19 are being consistently evaluated and detailed based on the corresponding acts and ordinances issued by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection.

In addition to the actual provisions of applicable legislation, measures can be mentioned here that were adopted by the Council of Ministers (as “instruments” toward identifying policies):

- *Resolution of the Council of Ministers concerning measures for health protection and for ensuring civil service operations (circular resolution of 12 March 2020):*

Based on the resolution, all federal employees not considered indispensable key personnel were instructed to provide services from home.

- *Resolution of the Council of Ministers of 8 April 2020 concerning additional COVID-19 measures for federal service personnel:*

The resolution specified that indispensable key personnel was to continue their tasks in administrative offices or in the field while all other employees were to continue working from their private offices at home. Measures were specified relating to how service operations are organised, as well as hygiene measures for the central offices within federal administration.

- *Resolution of the Council of Ministers of 6 May 2020 concerning initial steps toward reinstating regular service operations at federal administrative offices:*

It was resolved to begin offering “regulated public office hours” as of 18 May 2020, as an initial step toward reinstating regular service within the federal administration, while maintaining the rule to work at home for federal employees in general. Special precautions were issued for public office hours involving face-to-face contact.

- *Resolution of the Council of Ministers of 3 June 2020 reinstating service operations at federal administrative offices:*

The main change was to introduce a plan for incrementally reinstating service operations and for arrangements relating to organisation, communication and hygiene at administrative offices, while detailing IT requirements and specifying involvement of staff representatives.

Also, as a committee consisting of representatives of federal ministries, *Laender* governments and emergency response organisations, the State Crisis and Disaster Protection Management body (*Staatliches Krisen- und Katastrophenschutzmanagement, SKKM*) is to be mentioned; it coordinates activities including specific measures to manage the coronavirus pandemic.

Any legislative measures relating to the safety of federal service employees are generally enacted in close consultation with the Federal Ministry of Labour, and in tandem with private-sector employee safety regulations.

In relation to general conditions subject to legal regulations, in view of the current situation, reference is made to the fact that SARS-CoV-2 has been included in the list of biological agents known to cause infectious diseases among humans. Consequently, for the scope of federal employee safety, special (more stringent) safety regulations apply that are comparable to those applicable within the scope of private-sector worker safety.

These include hygiene, disinfection and cleaning rules as well as regulations that call for federal service employees to be provided with appropriate workplaces and personal protective equipment when handling biological agents.

Also, specific aspects have been standardised that are to be considered when examining and assessing risks, i.e. as part of preventive “risk assessment”.

In the beginning of the COVID-19 crises, public service has been reduced in a way that many civil servants are working from home (to the extent possible) to prevent the epidemic from spreading. Only key workers were required to come to the office buildings or, as for example police had to do their work taking special precautions. Labour inspectors and other personnel were working from home wherever feasible. Nevertheless, to maintain operations at the inspectorates, the following persons had to be present in the office:

- One person for administrative work
- One or two labour inspectors for questions of occupational safety and health
- The head of the regional inspectorate or the deputy

The main protective measure for labour inspectors was not to visit companies or have physical contact with the people there or other authorities. Exceptions to these rules were cases of emergencies (imminent danger for workers) or serious occupational accidents that required immediate action.

When the labour inspectorates were faced with complaints or questions of companies, labour inspectors had to:

- Inquire via telephone or email.
- Provide counselling on preventive measures, stressing the importance of adhering to them, and trying to assess whether the measures were implemented. To this end, they can request employers to send documents, contact the works council or similar.
- If telephone calls or e-mails were not successful, labour inspectors are to inspect the company to find out whether protective measures regarding COVID-19 are implemented. This also applies for construction sites where the employer could not be established. Before an improvement notice is sent, labour inspectors have to confer with the Central Labour Inspectorate.
- As part of the cooperation with the regional administrative authorities, it may become necessary to inform them on the fact that the company does not adhere to the required protective measures. (This would indicate an infringement of the regulations on the ban of entering public space.)
- Labour inspectors that belong to a risk group were not to be sent to companies.

Starting with May 2020, the Austrian Labour Inspectorate was getting back to normal but took protection measures. When out in the field, labour inspectors are required to maintain a minimum distance of one metre, wash their hands regularly and use disinfectants. For special cases, PPE, such as disposable gloves and FFP masks should be used, if labour inspectors have to enter high-risk areas. If necessary, labour inspectors have to confer with a responsible person in the company.

Safety of police, prison and other security staff as well as military personnel:

The Federal Ministry for Arts, Culture, Civil Service and Sport is competent for the legal framework relating to the safety of federal service employees. The various top-level federal entities, and here in particular the individual Ministers, being at the summit of the personnel hierarchy, are competent for how staff-related legislation is applied. Specifically, the implementation of protection measures as set out in the Federal Employees Protection Act

(*Bundes-Bedienstetenschutzgesetz, B-BSG*) falls within the scope of powers and responsibilities of the head of the respective administrative office (cf. Section 2 Para. 2 *B-BSG*).

Reference is made to a question raised in parliament, no. 2991/J of 31 July 2020. Excerpts from the response by the Federal Minister of the Interior on 28 September 2020 are cited in the following:

“How are police officers on duty protected from potential infection?”

The Federal Ministry of the Interior puts a very high priority on protecting its staff members. General conduct instructions as well as a special information management system have been introduced for all employees. In addition, appropriate protective equipment has been and is being procured on an ongoing basis, so that in particular sufficient quantities of face masks, FFP masks, protective overalls, gloves and protective glasses are now available to police officers for every type of operation. Specially equipped and trained competence teams have been set up within the regional police directorates for deployment in operations involving a high infection risk. Furthermore, a coronavirus information platform has been set up in the intranet to provide police officers with information relating to protection measures, prevention and current legal developments.”

By way of example of the situation in the *Laender*, reference is made to the statement provided by the *Land Vorarlberg*:

Although regional hospitals are staffed by public employees of Vorarlberg, the employees are assigned to a private limited company, the Krankenhausbetriebsgesellschaft m.b.H. As such they fall under federal worker protection regulations (cf. Section 1 Para. 2 lit. a *Land* and Municipal Public Employees Protection Act, *Landes- und Gemeindebediensteten-Schutzgesetz*, and the corresponding provision in Section 1 Para. 2 no. 1 Health and Safety at Work Act, *ArbeitnehmerInnenschutzgesetz, ASchG*).

Vorarlberg public employees have been deployed in areas including border control as part of implementing measures to manage the COVID-19 pandemic. To assess the measures needed to protect the staff involved, every border crossing was inspected and assessed. The deployed personnel was equipped with FFP2 masks as well as protective gloves.

Plexiglass barriers were installed in the office space used by staff. They received training in how COVID-19 is spread and in protection measures, including how to handle equipment (using masks, rules of conduct and similar items). Similar precautions (except for plexiglass barriers) were taken for workers responsible for checking quarantine compliance. The effectiveness of protection measures is seen in the fact that no case of infection has become known among staff members deployed at border crossings or involved in quarantine compliance.

Regarding public employees at the Vorarlberg administrative offices, it should be mentioned that public administration buildings were normally closed to the public during the lockdown, with personal appointments limited to the necessary minimum or to unpostponable official duties. The public was encouraged to use online services to deal with authorities. The government of Vorarlberg as employer allowed employees to work from home. A number of decrees were issued to instruct Vorarlberg public employees concerning current valid safety precautions and hygiene measures and the need for compliance. Every public employee was issued with two reusable face masks. Awareness was raised of an existing programme in which

a first, individual and anonymous counselling session is offered by a team of selected occupational psychologists to deal with job-related or personal issues.

Once restrictions were eased, official administrative duties gradually commenced while observing social distancing and hygiene precautions. Visitors to public administrative offices who are suspected of carrying COVID-19 are not allowed to enter the building. Compulsory hand disinfection is also in force at the entrances to buildings. Access to public offices is limited to visitors with an appointment. A general rule was also in effect until 15 June 2020, requiring a face mask to be worn inside public administration buildings, with the rule reintroduced as of 14 September 2020.

Paragraph 2 – to issue safety and health regulations;

a) Please provide detailed information on the regulatory responses adopted to improve occupational safety and health in connection with known and also evolving or new situations (including as regards stress and harassment at work; work-related substance use and employer responsibility; strictly limiting and regulating electronic monitoring of workers; mandatory digital disconnection from the work environment during rest periods – also referred to as “digital detox”; health and safety in the digital and platform economy; etc.) and about regulatory responses to newly recognised forms of professional injury or illness (such as work-related self-harm or suicide; burn-out; alcohol or other substance use disorders; post-traumatic stress disorders (PTSD); injury and disability in the sports entertainment industry, including in cases when such injury and disability can take years or even decades to become apparent, for example in cases of difficult to detect damage to the brain; etc.).

Reference is made to previous reporting which is updated as follows:

Legislation adopted during the period under review within the competence of the Labour Inspectorate:

1. Act to Deregulate Health and Safety at Work, amendment to the Health and Safety at Work Act and the Labour Inspection Act 1993

The Act to Deregulate Occupational Health and Safety (*ArbeitnehmerInnenschutz-Deregulierungsgesetz*) was promulgated in Federal Law Gazette I no. 126/2017, amending the Health and Safety at Work Act (*ArbeitnehmerInnenschutzgesetz, ASchG*) and the Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*) 1993. The changes became effective as of 1 August 2017 (except for improved protection of non-smokers at work as set out in Section 30 ASchG, which entered into force on 1 May 2018).

Amendments to the Health and Safety at Work Act (*ArbeitnehmerInnenschutzgesetz, ASchG*)

- Abolition of record-keeping obligations
 - ✓ Lifting of the record-keeping obligation for near accidents; Section 16 Para. 1 no. 3 ASchG has been eliminated. Near accidents nonetheless must still be addressed in workplace evaluations. Section 4 Para. 5 no. 3 ASchG requires an examination and, where required, an adaption of these evaluations where other circumstances or events occur that indicate a risk to worker safety or health. Near accidents fall under such events.

- ✓ Lifting of the obligation to keep a list of all employees carrying out tasks requiring documentation of workers' skills (Section 62 Para. 7 *ASchG*).
- Changes relating to prevention experts
 - ✓ Basic evaluation to be counted toward prevention time (Section 77 no. 4a and Section 82 no. 4a *ASchG*). Prior to the amendment, only examining and adapting an evaluation was allowed to be counted as prevention time, whereas now the initial evaluation also counts.
 - ✓ Extension of the compulsory inspection interval from two to three years in the case of places of work with 1 to 10 employees, where only office workplaces have been set up or workplaces having a level of risk or stress comparable with office workplaces (Section 77a Para. 2 no. 1 *ASchG*).
 - ✓ Lifting of the obligation for accident insurance bodies to give priority to prevention experts or occupational safety/medical centres from the outside when setting up prevention centres (Section 78 *ASchG*).
- Changes relating to health monitoring
 - ✓ Facilitated authorisation of physicians to carry out suitability and follow-up exams (Section 56 *ASchG*). The previous procedure for authorising physicians to carry out initial suitability examinations as well as follow-up exams – namely through an official decision by the Federal Ministry of Labour, Social Affairs and Consumer Protection – was replaced by registration and entry on a list. As a legal safeguard for cases where applicants do not meet the requirements for admission to the list, an official decision to determine eligibility can be issued. An appeal can be lodged against such a decision, as a legal remedy.
 - ✓ Medical report database Adoption of a legal basis from data privacy regulations authorising the electronic transmission and processing of medical assessments and reports arising from suitability and follow-up examinations (Section 52a *ASchG*).
- Improved non-smoker protection at work as set out in Section 30 *ASchG*
 - ✓ Comprehensive ban on smoking at places of work, with the option of installing a smokers' room in buildings under certain conditions.

This rule became effective on 1 May 2018.

Amendments to the Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*)

- Fewer compulsory regional consultations (Section 3 Para. 5 *ArbIG*)
 - ✓ The obligation to hold a regional consultation was reduced from at least two to one each year, while a compulsory consultation has been alternatively specified to take place every two years.
- Fewer recipients of requests to rectify deficiencies (Section 9 Para. 1 *ArbIG*)
 - ✓ The group of recipients receiving the Labour Inspectorate's requests to employers has been further limited to: employee bodies or, where none exist, safety representatives whose scopes of responsibility are concerned. Distribution to safety officers and occupational physicians who advise employers will also continue to be permitted on

request. The latter are to be consulted by employers in issues of worker safety and protection.

- Lifting of the obligation to appoint female inspectors for women's labour at each Labour Inspectorate (Section 17 Para. 4 *ArbIG*)
- ✓ Reason: No special rules applying to women's labour (an act prohibiting women from working at night or an ordinance prohibiting or limiting the employment of female labour) exist any more.
- ✓ Provisions applying to (expecting/nursing) mothers are still included in the Maternity Protection Act (*Mutterschutzgesetz, MSchG*), so that at least one female inspector, responsible for maternity protection, must be appointed for each general Labour Inspectorate.

2. Amendment of the Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*) in implementation of EU Directive 2014/67/EU (Directive enforcing the Posting Directive) in relation to labour supervision

The Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*) was amended as part of implementing EU Directive 2014/67/EU (Directive enforcing the Posting Directive). The Directive has been implemented primarily through the new Anti-Wage and Social Dumping Act (*Lohn- und Sozialdumping-Bekämpfungsgesetz, LSDB-G*), with the provisions relating to labour supervision implemented in the amended *ArbIG*.

When workers are posted to Austria from a signatory State of the European Economic Area (EEA) or from the Swiss Confederation, the contact person as referred to in Section 2 of the *LSD-BG*, Federal Law Gazette I no. 44/2016, must keep readily available and submit on request the documents required by worker protection regulations and by the *LSD-BG*, as well as accept documents and provide information.

When authorities that are responsible in other EEA States for verifying compliance with worker protection regulations or are able to provide information on such matters submit a request as to whether specific employers comply with such regulations, the Labour Inspectorate is obligated within the scope of its responsibilities to cooperate with these authorities, responding to such requests without delay, and in cases specifically designated as urgent within two working days, in all other cases within no more than 25 working days.

The Labour Inspectorate is allowed to use data which become known in the course of mutual administrative assistance and cooperation only in connection with the matter for which the data were requested.

When serving documents issued by the Labour Inspectorate on employers not established in Austria, a place of employment or premises or the place/site where the employee works in Austria is also deemed a place of delivery (*Abgabestelle*) as defined in Section 2 no. 4 of the Service of Documents Act (*Zustellgesetz, ZustG*), Federal Law Gazette no. 200/1982.

The contact person as referred to in Section 23 of the *LSD-BG* can be designated as recipient as defined in Section 2 no. 1 of the *ZustG*. A document is deemed to have been served when delivered to the contact person as referred to in Section 23 of the *LSD-BG*. The foregoing applies to deliveries of documents both at a place of delivery as referred to in Para. 1 and at other places of delivery as defined in Section 2 no. 4 of the *ZustG*.

Where a document issued by the Labour Inspectorate is to be served to a company's place of establishment in another EEA State, a request for service of a document is to be made to the authority responsible in that particular State for matters relating to worker protection. Unless otherwise stipulated in agreements between States, the Internal Market Information System (IMI) is to be used to file such requests.

The amended *ArbIG* was promulgated in Federal Law Gazette I no. 44/2016 (Art. 5) and became effective on 1 January 2017.

3. Ordinance amending the Ordinance on specialist training of safety officers and on special aspects of advising on underground mining activities (SFK-VO), the Ordinance governing documentation of skills in preparing and organising activities involving stage and lighting equipment (Bühnen-FK-V), and the Ordinance governing documentation of skills (FK-V)

This ordinance was issued to implement Directive 2013/55/EU of the European Parliament and the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No. 1024/2012 on administrative cooperation through the Internal Market Information System ("the IMI Regulation"), OJ L 354/132 of 28 December 2013.

The conditions governing recognition of skills acquired in other countries, as referred to in Section 3a Para. 2 No. 2 of the *SFK-VO*, Section 12 Para. 2 No. 2 of the *FK-V* and Section 6 Para. 2 No. 2 of the *Bühnen-FK-V*, were adapted in accordance with Art. 3 (f) in conjunction with Art. 13 Para. 2 of Directive 2005/36/EC as amended by Directive 2013/55/EU. The provisions were adapted to reflect the requirement for professional experience as defined in Art. 3 (f) of Directive 2005/36/EC on the recognition of professional qualifications, i.e. to have pursued the profession on a full-time basis for one year or on a part-time basis for a corresponding total period during the previous ten years.

Upon promulgation in Federal Law Gazette II no. 226/2017 on 28 August 2017, the amended legislation entered into force on 29 August 2017.

4. Ordinance by the former Federal Minister of Labour, Social Affairs and Consumer Protection amending the Ordinance governing workplaces, Federal Law Gazette II no. 309/2017

The Ordinance governing workplaces (*Arbeitsstättenverordnung, AStV*) was amended as published in Federal Law Gazette II no. 309/2017. The changes relate to the length of escape routes, the width of emergency exits and illumination of outdoor traffic and transport routes. The changes entered into effect as of 1 December 2017.

Details of the changes are described below.

- Section 2 Para. 7 *AStV* – Illumination of outdoor traffic and transport routes
 - ✓ Employers must ensure that traffic and transport routes can be illuminated, with an intensity of at least 30 lux indoors and a sufficient level of illumination outdoors to ensure safe use of traffic and transport routes. Lighting equipment is to be arranged and designed so as to avoid any glare or confusion of illumination with signals.
 - ✓ The rules now in effect are shaped to allow employers to directly assess the level of illumination necessary to ensure safe use of traffic or transport routes depending on specific on-site conditions (e.g. type of route, potential risks or type of work), documenting the requirements either in the form of official approval (of a project

brief) or in a safety and health document based on the assessment while considering current technical standards.

- ✓ A supplement to the ordinance requires lighting equipment to be arranged and designed so as to avoid any glare or driver-blinding and to rule out any risk of confusion with signals. This regulation is especially relevant for safe management of on-site traffic, for instance at airports.
 - Section 17 Paras. 1a to 1c AStV – Extension of escape routes beyond 40 m
 - ✓ Pursuant to Section 17 Para. 1a of the AStv, the specified escape route lengths are generally applicable where the specifications (room height and/or fire protection systems) are observed. Special requirements for places of work with large gatherings of people (such as event venues) are set out in Section 17 Para. 1c, which applies if mostly persons unfamiliar with the surroundings gather (e.g. customers). Here Para. 1a applies with the additional requirement for appropriate technical or organisational measures to ensure timely detection of a hazard occurrence and the ability to allow those present to exit the place of work quickly and safely in the event of danger; such measures include safety monitoring systems and ushers or security personnel.
 - Section 17 Para. 3 AStV – “Safe place outdoors”
 - ✓ This addition clarifies that exits to other safe places outdoors on the adjacent property are equivalent to exits leading to safe publicly accessible areas outdoors.
 - Section 18 Paras. 2 and 4 AStv – Minimum width of emergency exits
 - ✓ The minimum widths of emergency exits were aligned with the building laws of the Austrian *Laender*.
5. Ordinance by the former Federal Minister of Labour, Social Affairs and Consumer Protection amending the Ordinance on health surveillance at work (*Verordnung über die Gesundheitsüberwachung am Arbeitsplatz, VGÜ 2014*), Federal Law Gazette II no. 253/2017

The planned electronic transmission of medical reports was legally enabled through the amendment published in Federal Law Gazette II no. 253/2017 on 19 September 2017. At the same time, the title of the ordinance was changed to *VGÜ 2017*. The changes entered into effect as of 1 October 2017.

Section 52a of the Health and Safety at Work Act (*ArbeitnehmerInnenschutzgesetz, ASchG*) allows medical reports and assessments to be transmitted via encrypted electronic connections, either using the Labour Inspectorate’s web application specifically designed for suitability and follow-up examinations or by transmitting the data in a format complying with the Labour Inspectorate’s specifications.

6. Ordinance by the former Federal Minister for Labour, Social Affairs and Consumer Protection amending the Ordinance governing limit values 2011 (*Grenzwerteverordnung, GKV*), Federal Law Gazette II no. 40/2017

As a result of the amendment, formaldehyde was added to the list of substances known to be carcinogenic, and a new limit has been set. The amendment became effective as of 25 October 2017. Formaldehyde was simultaneously omitted from the list of “B substances” (suspected carcinogens) in Annex III/2011.

Where known carcinogens are used as working substances (in the form of gases, fumes or suspended particles), exhaust air from air conditioning or ventilation systems or extraction devices (exhaust systems or equipment) must not be recirculated indoors, even after purification; i.e. air recirculation is prohibited. The above does not apply in the case of formaldehyde if used in concentrations that do not permanently exceed the limit values listed in Annex I of the ordinance.

In Annex I/2011 (List of Substances), the line referring to “Formaldehyde” was modified as follows: under “Carcinogenic”, “III B” was replaced by “III A2”; under “TMW [ppm]”, the value “0.5” was replaced by “0.3”, and under “TMW [mg/m3]”, the value “0.6” was replaced by “0.37”; under “KZW [ppm]”, the value “0.5” was replaced by “0.6”; under “KZW [mg/m3]”, the value “0.6” was replaced by “0.74”; and “H” was omitted from the “H,S” column.

In Annex III/2011 (List of Carcinogenic Substances), “Formaldehyde” was inserted under “A2 substances” between “Ethylene oxide” and “Furan”, and was omitted from among the “B substances”.

7. Ordinance of the former Federal Minister for Labour, Social Affairs, Health and Consumer Protection governing limit values for working substances and governing carcinogenic agents and substances toxic to reproduction (*Grenzwertverordnung 2018, GKV 2018*)

Entered into force on 1 October 2018 as published in Federal Law Gazette II no. 254/2018.

The Ordinance governing limit values 2011 (GKV 2011), Federal Law Gazette II no. 253/2001, most recently amended by the ordinance published in Federal Law Gazette II no. 288/2017, is amended as follows:

Ordinance of the former Federal Minister for Labour, Social Affairs, Health and Consumer Protection governing limit values for working substances and governing carcinogenic agents and substances toxic to reproduction (*Grenzwertverordnung 2018, GKV 2018*).

With the amendment to the *GKV 2018* promulgated in Federal Law Gazette II no. 254/2018, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection fully implemented Directive (EU) 2017/164 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC. The main changes introduced through the *GKV 2018* are as follows:

- Annex I updated as required to implement the EU’s fourth indicative limit value Directive (2017/164/EU) and in compliance with the requests by the expert committee on *MAK values* (occupational exposure limits for substances designated with an “H”) of the Austrian Workers’ Compensation Board (*Allgemeine Unfallversicherungsanstalt, AUVA*).
- Annexes III and VI (known carcinogens and human reproductive toxicants) were updated and harmonised with the CLP Regulation (EC) No 1272/2008.
- Various edits and additions to the annexes and the main ordinance text (corrected spellings, additions, including CAS numbers, and omission of unnecessary references).

8. Ordinance of the former Federal Minister for Labour, Social Affairs and Consumer Protection on the protection of workers from exposure to electromagnetic fields (*Verordnung elektromagnetische Felder, VEMF*)

The Ordinance on electromagnetic fields (*VEMF*), transposing Directive 2013/35/EU into Austrian law, became effective on 1 August 2016 (Federal Law Gazette II no. 179/2016). The

VEMF implements Directive 2013/35/EU on electromagnetic fields. The VEMF applies to tasks involving actual or potential exposure of workers to an electromagnetic field (EMF) in the 0 Hz to 300 GHz frequency range, while long-term effects do not fall under the ordinance.

Main content of the VEMF:

- Specification of exposure limit values and action values
- Rules applying to assessments, calculations and measurements
- Measures to help avoid or minimise EMF exposure (workplace evaluation and programmes)
- Information to, instruction and involvement of, and consultation with workers
- Personal protective equipment and labelling of EMF zones

Exceptions are in place for magnetic resonance imaging techniques used in healthcare as well as for specified types of welding and tasks at plants for the production, transmission or distribution of electrical energy. The limit values set for the safety of the general population also apply to expectant mothers while working (Section 5 VEMF; work is prohibited where limits are exceeded, cf. Section 4 Maternity Protection Act, *MSchG*).

9. Ordinance of the former Federal Minister for Labour, Social Affairs and Consumer Protection amending the Ordinance governing the protection of construction workers and the Ordinance governing prohibitions and restrictions of employment for young people, Federal Law Gazette II no. 241/2017

The requirement to make the actual ordinance available has been dropped.

- Amendment of the Ordinance of the former Federal Minister for Labour, Social Affairs and Consumer Protection governing safety and health protection at construction sites and external work sites (*Bauarbeiterschutzverordnung, BauV*), Federal Law Gazette II no. 241/2017
 - ✓ The phrase “a printed copy of this Ordinance as well as” was dropped from Section 159 Para. 1.
 - ✓ Section 159 now reads: Where employers employ workers at a construction site for more than five days, at a place that is easily accessible for employees, such as the worker lounge, employers shall make available a copy of the conditions and regulations applying as per administrative decision.
 - ✓ Section 159 Para. 1 as amended by the version of the ordinance published in Federal Law Gazette II no. 241/2017 became effective on 1 July 2017.
- Amendment of the Ordinance governing prohibitions and restrictions of employment for young people (*Verordnung über Beschäftigungsverbote und –beschränkungen für Jugendliche, KJBG-VO*), Federal Law Gazette II no. 241/2017
 - ✓ The phrase “a printed copy of this Ordinance and” was dropped from Section 9.
 - ✓ The requirement to make the ordinance available was dropped; employers employing young people must now make copies of administrative decisions available at a suitable place that is easily accessible for employees.

- ✓ The amendment in the version of the ordinance published in Federal Law Gazette II no. 241/2017 became effective on 1 July 2017.

10. Amendment of the Ordinance of the former Federal Minister for Labour, Social Affairs, Health and Consumer Protection amending the *KJBG-VO*, Federal Law Gazette I no. 37/2018

This amendment affected the exposure to tobacco smoke permitted for young people and apprentices employed in catering and at restaurants.

Young people are permitted to work for a maximum of one hour daily if immediately exposed to tobacco smoke while employed at facilities of catering and restaurant businesses where smoking is permitted pursuant to Section 13a of the Tobacco and Non-Smoker Protection Act (*Tabak- und Nichtraucherinnen- bzw. Nichtraucherschutzgesetz, TNRS*), Federal Law Gazette no. 431/1995 as amended in Federal Law Gazette I no. 37/2018. The above does not apply to young people who began their training at a catering or restaurant business prior to 1 September 2018, if compelling grounds relating to space or organisation oppose implementation of the provision in Para. 1. When carrying out a risk assessment pursuant to Section 23 of the *KJBG*, appropriate measures are to be identified to ensure compliance with the period of time specified in Para. 1.

The Apprenticeship Office of the Economic Chamber has the duty of advising and supporting apprentices who are currently employed at a catering or a restaurant business where smoking is permitted and who wish to transfer to a training position where smoking is prohibited.

The version of the ordinance published in Federal Law Gazette II no. 221/2018 became effective on 1 September 2018.

11. Ordinance of the Federal Minister for Digital and Economic Affairs and the former Federal Minister for Labour, Social Affairs, Health and Consumer Protection on the storage of aerosol dispensers at commercial businesses (*Aerosolpackungslagerungsverordnung, APLV*), Federal Law Gazette II no. 347/2018

This ordinance applies to the storage of aerosol dispensers as defined in the *APLV 2017*, Federal Law Gazette II no. 200/2017 and as amended thereafter, and limited to a maximum net storage weight of 5000 kilos per fire compartment at commercial businesses.

The *APLV* applies to the storage of aerosol dispensers at places of work, limited to a maximum net storage weight of 5000 kilos per fire compartment. Larger storage quantities require individual assessment by authorities. Aerosol dispensers must be stored in a dry place. They must not be heated to more than 50 °C or exposed to direct sunlight or any other hazardous source of heat.

Aerosol dispensers are individually tested for leak-tightness during production. The ordinance accordingly specifies a maximum net storage weight of 5000 kilos per fire compartment (a smaller quantity than at large storage facilities) while assuming a high fluctuation rate (i.e. sales space or commercial business). As it is to be assumed that no or only isolated leaks occur, no special rules pertaining to explosion protection need to be set out in the ordinance.

The ordinance entered into force on 1 January 2019.

Risk assessment, work related stress, aggression, violence, psychological risks

Amendment of the Austrian Health and Safety at Work Act (1 January 2013); please also refer to previous reporting

- Law focuses on prevention of work-related psychosocial risks
- Risk assessment as a major tool, occupational psychologists as ‚other‘/ ‚further‘ experts – beside physicians and safety technicians
- Risk assessment focuses on job requirements, social and organisational climate, working environment, workflow and organisation of work

More and more issues of violence and sexual harassment are coming into the focus of risk assessment. In general, gender and diversity issues are considered more differently (e.g. affected work environment, work activity, groups of people). Currently, working from home / telework are important topics.

Changes introduced outside the period under review in this report

Amendments of the Ordinance on health surveillance at work (VGÜ 2020) on fine quartz dust and the Ordinance on limit values 2020 (GKV) regarding new limits values have been in force since 3 September 2020

Please find the amendments of both ordinances attached in the Austrian Federal Law Gazette BGBLA_2020_II_382.



BGBLA_2020_II_382
(1).rtf

New OSH legislation in relation to COVID-19

COVID-19 was classified as a biological agent of risk group 3 (RG 3) and accordingly included in Annex III of the Directive 2000/54/EC of the European Parliament and of the Council of 18 September 2000 on the protection of workers from risks related to exposure to biological agents at work. In order not to overload the national capacities of the diagnostic laboratories, diagnostic activities with the virus that do not require virus isolation (multiplication of the virus) may also be carried out in laboratories of security level 2. This additional rule was included in a footnote to the virus entry in Annex III of the Directive. In addition, a significantly shortened period of 5 months from the entry into force of the Directive for implementation in national law was set.

In Austria the Ordinance on Biological Agents (VbA) has already been amended as follows (3 September 2020):

In Appendix 2 under B: Viruses, the entry for "Coronaviridae" in all three columns of the table are replaced by the following entry:

- "Coronaviridae
- Severe-Acute-Respiratory-Syndrome-Related-Coronavirus-2 (SARS-CoV-2)⁽¹⁾ 3
- Other Coronaviridae 2"

⁽¹⁾ Non-proliferative diagnostic laboratory work on SARS-CoV-2 must be carried out in a facility using procedures in which at least the protective measures according to Annex 1.RG2 are taken. Proliferative work on SARS-CoV-2 must be carried out in a high-security laboratory, in

which at least the protective measures according to Appendix 1.RG3 are taken, with negative pressure to the atmosphere.

Please find the Amendment of the regulation attached in the Austrian Federal Law Gazette BGBLA_2020_II_382:



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The full Ordinance on Biological Agents is available in German: <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10009126>

With regard to asbestos, the following update is provided

In the course of preparing the Occupational Safety and Health Strategy for Austria 2013–2020, a specific working group closely examined asbestos, a carcinogenic substance. The production, sale and use of asbestos has been prohibited since 1990. Yet workers nonetheless still have to deal with the substance in various contexts, including maintenance, repairs, revamping or, finally, disposal.

- Legal framework

- ✓ Austrian regulations on working with asbestos include: firstly, the general rules set out in the Health and Safety at Work Act (*ArbeitnehmerInnenschutzgesetz, ASchG*); the Ordinance governing personal protective equipment (*Verordnung Persönliche Schutzausrüstung, PSA-V*); and the Ordinance governing limit values for working substances and governing carcinogenic agents and substances toxic to reproduction (*Grenzwerteverordnung 2018, GKV 2018*), with specific rules applying to asbestos. The Ordinance on health surveillance at work (*Verordnung über die Gesundheitsüberwachung am Arbeitsplatz, VGÜ 2017*), requires suitability and follow-up examinations for workers exposed to asbestos. The Ordinance governing labelling (*Kennzeichnungsverordnung, KennV*) sets out labelling rules for asbestos at places of work.
- ✓ In addition to the general safety and health regulations for workers in Austria, other, even more specific rules apply to working with asbestos.
- ✓ Asbestos fibres fall into the category of working substances known to be carcinogenic. Appropriate working and protective clothing must be made available when using such substances, as required in Section 14 of the *GKV 2018*. Specific relevant provisions are set out in the *PSA-V*.
- ✓ As part of workplace evaluation, it needs to be determined whether workers are exposed to asbestos only occasionally and to a limited extent or also to higher levels that might even exceed limit values, as is the case during renovations.
- ✓ Section 24 of the *GKV* specifies details for measuring asbestos concentrations. Chapter 5 of the *GKV* sets out general rules for measurements. The applicable technical reference concentration (*TRK*) for asbestos (chrysotile, amphibole asbestos: actinolite, amosite, anthophyllite, crocidolite and tremolite) is 100,000 fibres per cubic metre.

- Information and instructions
 - ✓ Section 25 of the *GKV* requires employers to provide their employees with general information on the risks of asbestos and on appropriate protection measures. They are also required to instruct their employees regarding risks and protection with reference to their specific tasks.
- Minimising exposure
 - ✓ Section 26 of the *GKV* requires employers to ensure that all necessary measures are taken when working with asbestos to avoid as far as possible any exposure.
- Special types of work (demolition, renovation, repair or maintenance work)
 - ✓ Section 27 of the *GKV* requires employers to obtain information about any potential asbestos risk before beginning the work, if necessary from building owners. Where despite all precautions it is impossible to avoid exceeding limit values, additional protection measures are to be taken and working zones are to be labelled. The fact that protection measures are related according to a hierarchy (i.e. technical, organisational and personal measures; cf. STOP principle) must always be considered when planning measures.
 - ✓ Exposure to asbestos at work can cause occupational diseases. Occupational diseases are health impairments resulting from work activities. Such illnesses are listed in Annex 1 of the General Social Insurance Act (*Allgemeines Sozialversicherungsgesetz, ASVG*).
 - ✓ Asbestos-related occupational diseases are listed here under no. 27, specifically: asbestos-related lung disease or asbestosis (27a), malignant mesothelioma of the pleura, peritoneum or pericardium (27b), asbestos-related lung cancer (27c), and asbestos-related cancer of the larynx (27d).

Austrian legal regulations pertaining to asbestos at work are basically identical with those set out in Annex XVII of the REACH Regulation. Chemical inspection authorities are also responsible for monitoring compliance with these regulations in Austria.

“Digital detox”:

Austrian law governing working hours currently contains no provision explicitly requiring a “digital detox” for any employment relationship. In the following, please find regulations aimed at helping employees to avoid having to be constantly available to employers.

- Employees are generally not permitted to perform work during daily and weekly rest periods, even using a PC or smartphone, unless on standby as expressly agreed between employer and employee. The time required for any work performed by employees while on standby is considered working time and must be counted as such.
- Also, the scheduling of working hours must be expressly agreed between employers and employees, as required by Section 19c of the Working Hours Act (*Arbeitszeitgesetz, AZG*). Departures from this rule are allowed only under narrowly defined exceptions. The rule requiring agreement of working schedules was set out foremost in order to prevent employees from having to work on call.

Public service

The Federal Ministry for Arts, Culture, Civil Service and Sport is competent for the legal framework relating to the safety of federal service employees. The various top-level federal entities, and here in particular the individual Ministers, being at the summit of the personnel hierarchy, are competent for how staff-related legislation is applied. Specifically, the implementation of protection measures as set out in the Federal Employees Protection Act (*Bundes-Bedienstetenschutzgesetz, B-BSG*) falls within the scope of powers and responsibilities of the head of the respective administrative office (cf. Section 2 Para. 2 *B-BSG*).

Regulatory measures as described below were enacted in the period under review, i.e. 1 January 2016 to 31 December 2019, to protect federal employees.

Adaptations to the system set out in EU Regulation No 1272/2008 on classification, labelling and packaging of substances and mixtures (CLP Regulation) and other changes relating to labelling of working substances

The ordinances listed in the following were amended through Federal Law Gazette II no. 94/2016 (each becoming effective as of 27 April 2016):

- Ordinance on safety and health labelling (*Verordnung über die Sicherheits- und Gesundheitsschutzkennzeichnung, B-KennV*)
- Ordinance on the protection of federal public employees against danger from biological agents (*Verordnung über den Schutz der Bundesbediensteten gegen Gefährdung durch biologische Arbeitsstoffe, B-VbA*)
- Ordinance on public employees' protection from explosive atmospheres (*Verordnung über den Schutz der Bediensteten vor explosionsfähigen Atmosphären, B-VEXAT*)

The aforementioned ordinances were adapted to the system set out in EU Regulation No 1272/2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006 (CLP Regulation); this followed corresponding changes to private-sector employee protection legislation as follows:

- Health and Safety at Work Act (*ArbeitnehmerInnenschutzgesetz, ASchG*), Federal Law Gazette I no. 60/2015
- Ordinance governing labelling (*Kennzeichnungsverordnung, KennV*), Federal Law Gazette II no. 184/2015
- Ordinance governing biological agents (*Verordnung biologische Arbeitsstoffe, VbA*), Federal Law Gazette II no. 186/2015
- Ordinance governing explosive atmospheres (*Verordnung explosionsfähige Atmosphären, VEXAT*), Federal Law Gazette II no. 186/2015

In legal terms, the ordinances issued for the scope of federal employees (see above) declare the aforementioned ordinances of the private sector to be applicable with certain specific provisions.

Implementing provisions relating to the labelling of hazardous agents were also declared applicable, whereby differentiations are made in the labelling of agents in containers (cf. Section 1a of the labelling ordinance for the private sector) as well as in the labelling of agents in indoor spaces or zones (cf. Section 1b of the labelling ordinance for the private sector).

Changes relating to personal protective equipment

The Ordinance of the Federal Government on protection of federal employees using personal protective equipment (*Verordnung Persönliche Schutzausrüstung Bund, B-PSA-V*) was promulgated in Federal Law Gazette II no. 120/2017, entering into force on 10 May 2017.

This ordinance declares the relevant ordinance for the private sector (PSA-V, Federal Law Gazette II no. 77/2014) to be applicable to employees at federal administrative offices (with the exception of state-owned businesses), with provisions defining the scope applying; thus, federal employees are ensured a similar level of protection.

The Ordinance on personal protective equipment – being referenced by the federal ordinance and thus applicable for protection of federal employees – contains specific provisions governing items including the following:

- General employer obligations
- Workplace evaluation
- Assessment and selection of personal protective equipment (PPE)
- Information and instructions
- Special provisions covering specified categories of PPE

The previously valid rules governing PPE had not been up to date with current technical standards or with research findings from the field of work design, and had not fully reflected the system of rules otherwise used in the *B-BSG*; the new ordinance thus also provided an opportunity to align the legal framework.

Changes relating to electrical protection

With amendment of the Ordinance of the Federal Government on the health and safety protection of federal employees from electricity hazards (*Bundes-Elektroschutzverordnung, B-ESV*) published in Federal Law Gazette II no. 121/2017 and becoming law on 10 May 2017, the comparable ordinance applying to the private sector (*ESV 2012*, Federal Law Gazette II no. 33/2012) was declared applicable to federal employees, with several provisions defining the scope applying. Regulations governing the safety of employees from electrical hazards were brought together in the *ESV 2012* and redefined in accordance with state-of-the-art technology. Specifically, basic requirements were defined for electrical systems and equipment, with inspection intervals set for electrical equipment in the interests of enhancing safety.

The main contribution to the protection of federal employees introduced through the Act Amending Public-Sector Employment 2018 (*Dienstrechts-Novelle 2018*, Federal Law Gazette I no. 60/2018) was to allow the electronic transmission of medical reports and assessments resulting from suitability and follow-up examinations, which ultimately aids in documenting and assessing employee health over time. An obligation to retain such documents was set in law based on considerations relating to occupational medicine, for instance in view of illnesses having an extended latency period (i.e. period between exposure and occurrence of the actual illness, e.g. when working with carcinogens).

Changes introduced outside the period under review in this report

Outside of the period under review, protection standards applying to federal employees were recently adapted in implementation of two EU Directives and also toward harmonisation with the regulations applying in the private sector. The changes, affecting the *B-GKV* and the *B-VbA*, were published in Federal Law Gazette II no. 424/2020.

In view of the current situation, it is relevant to note that, also within the scope of protection of federal employees, SARS-CoV-2 is considered a biological agent known to cause infectious diseases among humans. As described above, this classification results in special regulations pertaining to hygiene, disinfection and cleaning as well as rules relating to working equipment and personal protective equipment.

By way of example of the activities toward implementing EU Directives that are taking place in Austria's nine *Laender*, reference is made to the statement provided by the *Land Styria*:

The Ordinance by the *Land* Government of Styria on implementing protection of employees working at Styria's public administrative offices has in particular been amended since the last report (reflecting the situation as of 31 December 2015). The amendments were introduced based on the Styrian Public Employees Protection Act 2000 (*Steiermärkisches Bedienstetenschutzgesetz 2000, St. BSG*), State Law Gazette no. 24/2000, most recently amended in State Law Gazette I no. 72/2018.

Ordinance by the *Land* Government of Styria on implementing protection of employees working at Styria's public administrative offices

Effective as of: 1 August 2004, State Law Gazette no. 35/2004

Amended by:

- State Law Gazette no. 42/2016 (effective as of 18 March 2016)

The amendment implemented Directive 2014/27/EU of the European Parliament and of the Council amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them with Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures.

The Ordinance on labelling contains provisions governing safety and health labelling. The most recent amendment adds rules as well as details relating to the labelling of containers and warehouse areas for the storage of hazardous agents.

- State Law Gazette no. 140/2016 (effective as of 1 December 2016)

The amendment implements Directive 2013/35/EU on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields).

As a result, rules are in place protecting public employees from the effects of exposure to electromagnetic fields in working environments, covering the low-frequency range under 30 kHz as well as high frequencies between 30 kHz and 300 kHz. The amount of effort required to attend to the safety and occupational health needs of employees depends on the risk category of the administrative office or department where they work.

Main content of the VEMF:

- Specification of exposure limit values and action values

- Rules applying to assessments, calculations and measurements
- Measures to help avoid or minimise EMF exposure (workplace evaluation and programmes)
- Information to, instruction and involvement of, and consultation with public employees
- Personal protective equipment and labelling of EMF zones

The amendments to the Federal Ordinance on health surveillance at work 2014 (*Verordnung über die Gesundheitsüberwachung am Arbeitsplatz, VGÜ*), Federal Law Gazette II no. 179/2016) were adopted by analogy through the inclusion of a reference. This results in the obligation on the part of the public employer to comply with requests by public employees for medical examinations where these employees are exposed to electromagnetic field levels above the limit values or where health effects typical for EMF overexposure are observed. Examinations must be repeated at five-year intervals.

- State Law Gazette no. 82/2018 (effective as of 20 November 2018)

The amendments were introduced to implement Commission Directive (EU) 2017/164 of 31 January 2017 establishing a fourth list of indicative occupational exposure limit values pursuant to Council Directive 98/24/EC, and amending Commission Directives 91/322/EEC, 2000/39/EC and 2009/161/EU, OJ L 27 of 1 February 2017, p. 115.

The air concentration of hazardous substances in working environments is assessed based on limit values. For the private sector in Austria, values for the maximum permissible concentration (*MAK*) and the technical reference concentration (*TRK*) of such substances are defined with legal effect in the Ordinance governing limit values 2011 (*Grenzwerteverordnung, GKV*), Federal Law Gazette II no. 429/2011; these limit values have been adopted by analogy through the Ordinance on implementing protection of employees working at Styria's public administrative offices.

The indicative occupational exposure limit values are a key component of general rules aimed at protecting public employees from risks emanating from dangerous chemicals at work. The amended ordinance seeks to improve the standard of health protection ensured to public employees.

The *GKV 2018*, a federal act, was amended to reflect Directive 2017/164, which sets new, more stringent indicative occupational exposure limit values for 31 chemical agents.

A reference to the *GKV 2018* at federal level was included in order to both improve health protection of public employees in Styria and to implement the standards set forth in EU law.

Paragraph 3 – to provide for the enforcement of such regulations by measures of supervision;

a) Please provide statistical data on prevalence of work-related death, injury and disability including as regards suicide or other forms of self-harm, PTSD, burn-out and alcohol or other substance use disorders, as well as on epidemiological studies conducted to assess the long(er)-term health impact of new high-risk jobs (e.g. cycle delivery services, including those employed or whose work is managed through digital platform; performers in the sports entertainment industry, including in particular contact sports; jobs involving particular forms of interaction with clients and expected to use potentially harmful substances such as alcohol or other psychoactive products; new forms of high-yield high-

stress trading; military and law enforcement; etc.) and also as regards the victims of harassment at work and poor management.

Occupational accidents and diseases

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

Recognised accidents at work (except accidents on the way to or from work and occupational diseases 2015 - 2019

		2015	2016	2017	2018	2019
Accidents at work (except accidents on the way to or from work)		84,118	85,031	85,604	87,610	86,791
Accidents at work (except accidents on the way to or from work)	Of which fatal	67	59	64	81	70
Accidents at work (except accidents on the way to or from work)	Incidence rate per 1000 insured persons (UE AUVA)	28.61	28.47	28.10	28.06	27.38
Occupational diseases		1,034	1,128	1.134	1,076	1,130

Source: AUVA.

The accidents reported to the Transport Labour Inspectorate have been included since 2014 in the statistical summaries published by labour inspection authorities.

Absences Report

The Absences Report provides an overview of trends and patterns in absences due to health issues in Austria. Dependently employed persons were on sick leave an average of 13.1 days in 2018. The rate, which was up from the previous year, equates to a 3.6% loss of annual working time. The current Absences Report has a section highlighting the risks and opportunities emerging for employee health through changed working hours. New models for more flexible working hours are on the rise while traditional forms such as shift work and nightly employment are still highly prevalent. Seen from this perspective, reshaping working hours is potentially a key factor in promoting employee health and wellbeing. Nonetheless, how a given working time arrangement will affect an individual's health will ultimately depend on the intricate relationship between work schedule and other job conditions as well as individual factors.

The Austrian report on absence from work is available in German: <https://www.sozialversicherung.at/cdscontent/?contentid=10007.846173>

Public service

Accidents at work

Federal employees have the duty to immediately report any accident at work to their superiors or to another party otherwise responsible [Section 15 Para. 5 Federal Employees Protection Act (*Bundes-Bedienstetenschutzes, B-BSG*); the employer is subject in such cases to specific obligations applying to records and reports as defined in Section 16 of the *B-BSG*. No statistics or other specific information are available on accidents at work involving federal employees.

It could be potentially helpful to refer here to statistics on insured events recorded under statutory accident insurance since 1975. While not broken down specifically according to federal employees, these data do contain the number of accidents at work (as an absolute total) in 2016–2019:

https://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/gesundheit/gesundheitsdeterminanten/gesundheit_am_arbeitsplatz/026374.html

b) Please provide updated information on the organisation of the labour inspectorate, and on the trends in resources allocated to labour inspection services, including human resources. Information should also be provided on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections as well as on the number of breaches to health and safety regulations and the nature and type of sanctions.

Activities of the Labour Inspectorate

The Labour Inspectorate continues to put increasing priority on service orientation and supporting companies by providing advice. In this way, the Labour Inspectorate seeks to strengthen its profile as a competent partner for businesses and their employees in all issues relating to safety and health at work. In addition to monitoring compliance with occupational safety and health regulations, advising and supporting employers and employees is defined as a core responsibility in Section 3 of the Labour Inspection Act (*Arbeitsinspektionsgesetz, ArbIG*) 1993.

The core task of “providing advice” was correspondingly prioritised in 2018. The number of on-site consultations was increased from the previous year, through directly addressing businesses with the offer of advice. More than 40% of consultations resulted from this proactive approach. Advice was provided on all matters relating to safety and health at work, while frequent issues could be identified: 15% of consultations related to setting up and providing prevention services; 12% to workplace design; 9% to ensuring escape and exits in the event of hazards, fire safety and first aid; 6% to working hours-related issues; and 5% to protection of expecting or nursing mothers.

Measures by inspectors from the Labour Inspectorate

In the interests of ensuring safety and health at work, labour inspectors are primarily active in the field, where they perform inspections, check drivers, participate in official hearings, provide advice and assessments, and contribute other vital services (including collaboration with other authorities, and attending advanced training, workshops and conferences).

Visits

All activities relating to employee safety and health on site at company premises, construction sites and off-premise work sites are considered visits.

Inspections

Depending on the background, inspections can be general or focused on specific issues (sometimes in conjunction with targeted campaigns), or involve hearings or providing advice on site.

Driver checks

Labour inspectors perform checks of drivers' compliance with working hours and rest periods and with record-keeping obligations.

Requests to employers

Based on inspections of places of work, off-premise work sites and construction sites, labour inspectors have the duty to address written requests to employers, advising of the need to restore conditions in compliance with legal regulations and rulings by authorities; this duty is specified in Section 9 Para. 1 of the *ArbIG*.

Offences reported

On identifying infringements of occupational safety and health regulations, labour inspectors file reports as defined in Section 9 of the *ArbIG*, subsequently requesting sanctions.

Reports based on Section 78 of the Code of Criminal Procedure (*Strafprozessordnung, StPO*)

In the course of investigating serious or fatal accidents at work, labour inspectors report any suspected offence to the criminal police or the public prosecutor, as required by Section 78 of the Code of Criminal Procedure (*Strafprozessordnung, StPO*) 1975, Federal Law Gazette no. 631/1975 as amended.

On identifying any imminent threat to the lives or health of employees, inspectors have the duty issuing rulings as referred to in Section 10 Para. 3 of the *ArbIG*.

Participation in official hearings

In official procedures, representatives of the Labour Inspectorate participate in oral hearings on issues relating to safety and health at work (e.g. approval or reorganisation of business facilities, or building consultations).

It is important for labour inspectors to be involved in approval procedures for business operations in order to ensure that the preventive measures needed for safety and health will be considered early on.

Consulting and assessment

In accordance with the Labour Inspectorate's statutory mandate, and in view of the need for professional assistance in implementing occupational safety and health in practice, in its prevention activities the Labour Inspectorate puts high priority on providing information and advice on all issues relating to safety and health at work, to employers, employees, prevention experts, as well as worker and safety representatives. Attending to this concern accordingly requires time during almost all activities. Businesses in turn are glad to take advantage of the numerous opportunities for consultation, offered free of charge.

Examples of such opportunities include preliminary meetings on projects planned by businesses. Here, interests in safety and health at work can be considered from a prevention perspective, identifying early on in the planning stage certain types of weaknesses potentially found in such projects (e.g. for setting up new businesses or major revamping of facilities). Another example is the on-site consultation offered by labour inspectors in the context of visiting businesses.

The Labour Inspectorate provides medical assessments and advice, comprising verification of medical reports, consultation in relation to health monitoring and cases involving occupational diseases, and issuing certificates of release from work, as required by the Maternity Protection Act (*Mutterschutzgesetz, MSchG*) 1979.

Consultation in the field

The Labour Inspectorate continues to put increasing priority on service orientation and supporting companies by providing advice. In this way, the Labour Inspectorate seeks to strengthen its profile as a competent partner for businesses and their employees in all issues relating to safety and health at work. In addition to monitoring compliance with occupational safety and health regulations, advising and supporting employers and employees is defined as a core responsibility in Section 3 of the *ArbStättG*. The core task of “providing advice” was correspondingly prioritised in 2018. The number of on-site consultations was increased from the previous year, through directly addressing businesses with the offer of advice. More than 40% of consultations resulted from this proactive approach.

Advice was provided on all matters relating to safety and health at work, while frequent issues could be identified: 15% of consultations related to setting up and providing prevention services; 12% to workplace design; 9% to ensuring escape and exits in the event of hazards, fire safety and first aid; 6% to working hours-related issues; and 5% to protection of expecting or nursing mothers.

Consultation at the Labour Inspectorate

In addition to providing advice in the field (e.g. at companies or building planning meetings), the Labour Inspectorate provides the opportunity to obtain detailed information and advice on safety and health at work, either over the phone, by email or personally during public office hours. Labour inspectors make themselves available for more than 30,000 hours each year to specifically meet this need. During such activities, the equivalent of over 35,000 additional items of information and advice on issues relating to occupational safety and health are provided in response to enquiries.

Other activities

The other activities of labour inspectors include all similarly important activities additionally required in the context of inspections, driver checks, participation in official hearings, and in providing advice and assessments. This includes foremost attending conferences and workshops, besides collaborative efforts with authorities, interest group representatives and other actors.

Not falling under the above are correspondence and reporting duties, meetings and similar activities.

The facts revealed by labour inspectors through their research activities subsequently need to be recorded in writing. To convey an impression of the scope and nature of these tasks, in the

following please find in greater detail specific examples, including requests, criminal reports, reports as referred to in Section 78 of the *StPO*, applications for payment orders by the authorities, appeals against decisions by administrative authorities, immediate injunctions in cases of imminent danger, and administrative decisions.

Standby duty

The Labour Inspectorates have set up a standby duty service to ensure availability of labour inspectors outside of normal office hours. An inspector is available on call 24/7 in the event of emergencies (including fatal or serious on-the-job accidents, or imminent hazards to the lives or health of workers) and can quickly be on site if need be to take any necessary action.

Number of Labour Inspectorate employees (excluding the Transport Labour Inspectorate):

Year	Total employees	Head officials	Field staff (not including heads)	Administration (not including apprentices and interns)
2016	411	17	285	109
2017	403	17	285	101
2018	401	17	286	98
2019	393	16	283	94

Number of Transport Labour Inspectorate employees

Year	Total employees	Heads	Field staff (not including heads)	Administration (not including apprentices and interns)
2016	26	2	20	4
2017	26	2	20	101
2018	24	2	17	3
2019	22	2	17	3

Number of labour inspectors (including heads and Transport Labour Inspectorate – TLI)

Year	Field staff / all labour inspectors / including heads and TLI
2016	322
2017	322
2018	322
2019	318

Transport Labour Inspectorate activities and related data have been included since 2014 in the statistical summaries published by labour inspection authorities.

The number of labour inspectors is based on the number of field employees plus head officials (the latter also being active as labour inspectors).

Inspection visits made in 2016-2019

Year	Workplaces visited	Enterprises visited at construction sites and external work sites	Total	Percentage of visited workplaces* [%]	Workplaces scheduled for inspections
2016	45,850	14,337	60,187	13.0%	249,347
2017	44,024	13,977	58,001	12.4%	251,045
2018	45,267	13,117	58,384	12.7%	251,562
2019	44,296	13,439	57,735	12.2%	252,181

Inspection visits carried out

Year	Inspection visits to workplaces	Inspection of construction sites and external work sites	Total*)
2016	49,924	16,715	66,639
2017	46,257	16,040	62,297
2018	46,443	14,980	61,423
2019	46,740	15,091	61,831

Percentage of employees covered

Employees at inspected workplaces, external work sites and construction sites				
Year	Workplaces	Construction sites and external work sites	Total	Percentage of employees at the inspected workplaces * [%]
2016	1,360,685	33,592	1,394,277	43.0%
2017	1,351,257	35,312	1,386,569	41.9%
2018	1,376,572	31,088	1,407,660	41.5%
2019	1,394,270	32,561	1,426,831	41.1%

Complaints

Year	Violations
2016	114,765
2017	112,072
2018	94,906
2019	89,214

Violations identified

The most frequent violations of regulations at workplaces, construction sites and external work sites encountered in 2016–2019 are listed below.

Category of violation identified	2016	2017	2018	2019
General provisions, evaluation, information or instruction	20,012	19,081	13,155	11,248
Workplaces – design, escape routes, first aid or fire protection	24,208	22,860	16,400	15,479
Construction works or coordination	17,215	17,791	13,328	14,926
Prevention services or safety representative	10,605	9,714	14,126	11,533

Measures taken, including recourse to courts

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

Follow-up action (2015 to 2019)	2015	2016	2017	2018	2019
Written requests	29,582	29,445	28,572	26,818	25,352
Offences reported to administrative authorities	1,996	1,606	1,282	934	1,036
<i>Total amount of requested penalties (EUR)</i>	3,761,408	4,943,574	2,673,757	1,992,153	2,048,220
Administrative penal proceedings completed	1,603	1,591	1,323	846	779
<i>Total amount of imposed penalties (EUR)</i>	2,606,574	2,361,401	2,738,923	1,496,764	1,375,404

By way of example of the situation in the *Laender*, reference is made to the statement provided by Upper Austria:

No changes were recorded during the period under review in relation to agricultural and forestry businesses. This applies to monitoring of businesses and measures taken in response to infringements, and to maintaining professional skills of inspectors in this area.

A regular item in the EU annual reports, the Farming and Forestry Inspectorates established at the offices of the *Land* Governments had an average of 15 inspectors on their rolls in 2016-2019. On average, approximately 13,700 operations with employees were scheduled for inspections. The inspections covered more than 60,000 employees each year.

Year	Inspectors	Full-time equivalents	Scheduled operations	Employees covered
2016	15	10.75	13,896	57,168
2017	15	9.85	13,757	57,061
2018	15	10.35	13,737	57,431
2019	16	10.50	13,445	71,346

On average, more than 1,700 inspections were carried out each year throughout the country during the same period. In an average of 1,150 cases each year, written remedial instructions were issued.

Year	Inspections	Requests	Complaints filed	Immediate measures
2016	1,732	1,137	14	0
2017	1,607	1,129	19	0
2018	1,833	1,184	8	0
2019	1,764	1.164	9	0

To the extent that the data on accidents and occupational diseases 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
2016	3,781	132	57	892	9	4
2017	4,055	105	38	927	18	1
2018	4,268	104	60	953	22	8
2019	3,560	121	40	1,025	17	10

c) Please indicate whether Inspectors are entitled to inspect all workplaces, including residential premises, in all economic sectors. If certain workplaces are excluded, please indicate what arrangements are in place to ensure the supervision of health and safety regulations in such premises.

The Labour Inspectorate is the largest authority for the monitoring of employment conditions in Austria. Its sphere of competence covers the majority of employees. The Labour Inspectorate is entitled to inspect all workplaces which belong to their sphere of competence.

Only the following groups are excepted:

- The employees of the *Laender* and municipalities (*Gemeinden*) who do not work for a company
- Employees in agriculture and forestry
- The institutions operated by legally recognised religious communities
- Private households

The employees of the *Laender* and municipalities and employees in agriculture and forestry each have their own regulations and supervision bodies.

Workplaces of employees of the religious authorities fall under the inspection of the Labour Inspectorate.

Labour inspectors are not entitled to inspect private households. If there is a person legally employed in a household, they are covered by the Domestic Help and Domestic Employees Act (*Hausgehilfen- und Hausangestelltengesetz, HGHA*).

Specialised inspectors are tasked with monitoring agricultural and forestry businesses, and as such are authorised to enter and examine at any time the dwellings and accommodations as well as welfare and hygiene facilities provided by business owners.

This rule applies in all the Austrian *Laender*, as set out in provisions as follows:

Section 111 Para. 3 of the Agricultural Labour Code of Burgenland (*Burgenländische Landarbeitsordnung*) 1977, State Law Gazette no. 27/1977

Section 140 Para. 3 of the Agricultural Labour Code of Carinthia (*Kärntner Landarbeitsordnung*) 1995, State Law Gazette no. 97/1995

Section 111 Para. 3 of the Agricultural Labour Code of Lower Austria (*Niederösterreichische Landarbeitsordnung*), State Law Gazette no. 9020-0

Section 115 Para. 3 of the Agricultural Labour Code of Upper Austria (*Oberösterreichische Landarbeitsordnung*) 1989, State Law Gazette no. 25/1989

Section 136 Para. 3 of the Agricultural Labour Code of Salzburg (*Salzburger Landarbeitsordnung*) 1995, State Law Gazette no. 7/1996

Section 166 Para. 3 of the Agricultural Labour Code of Styria (*Styrian Landarbeitsordnung*) 2001, State Law Gazette no. 39/2002

Section 153 of the Agricultural Labour Code of Tyrol (*Landarbeitsordnung*) 2000, State Law Gazette no. 27/2000

Section 132 Para. 3 of the Agricultural and Forestry Act of Vorarlberg (*Land- und Forstarbeitsgesetz*), State Law Gazette no. 28/1997

Section 110 Para. 3 of the Agricultural Labour Code of Vienna (*Wiener Landarbeitsordnung*) 1990, State Law Gazette no. 33/1990

No separate labour inspection authorities have been set up to monitor compliance with the *Land* and Municipal Public Employees Protection Act (*Landes- und Gemeindebediensteten-Schutzgesetz, LG-BSG*). Observance of these regulations is nonetheless ensured through an intricate system of accountability.

Specifically, public administration bodies in Vorarlberg are politically accountable to the legislative body for complying with provisions of the act and could potentially be called upon to answer before the Constitutional Court. To ensure they uphold the responsibilities conferred on them under the act, municipalities are monitored by a separate supervisory body. To ensure compliance with the act on the part of the competent bodies at administrative offices of Vorarlberg and its municipalities, these bodies are additionally liable – in cases of violation of an official duty – under public sector employment law as well as under the act governing liability for employees. Based on civil law, the *Land* and its municipalities can additionally be held liable toward public employees who have suffered harm. Finally, violations of provisions under the *LG-BSG* would also most likely be considered abuses within

Vorarlberg's public administration, so that the injured party in the particular case would be entitled to appeal to the Ombudsman Board (*Volksanwaltschaft*) at *Land* level.

All organisational units within the Vorarlberg administration that fall within the scope of application of the *LG-BSG* are informed on an annual basis of their responsibility to ensure the safety and health of public employees. At the same time, the units are requested to report any need for workplace evaluations or safety measures. Once these needs have been inventoried, external prevention experts are invited to submit estimates for the provision of these services, as the Vorarlberg administration does not have its own experts.

Section 24 of the *LG-BSG* requires the public employer to appoint a suitable number of safety representatives, after consulting the staff representation body or, where no such body exists, the employees directly. Safety representatives have the duty of representing public employees' interests in issues relating to safety and health. Every administrative office currently has one or more safety representatives, depending on staff size.

Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in cooperation with public or private organisations, to take appropriate measures designed inter alia:

Paragraph 1 – to remove as far as possible the causes of ill-health;

a) Please provide overall and disaggregated statistical data on life expectancy across the country and different population groups (urban; rural; distinct ethnic groups and minorities; longer term homeless or unemployed; etc.) identifying anomalous situation (e.g. particular areas in the community; specific professions or jobs; proximity to active or decommissioned industrial or highly contaminated sites or mines; etc.) and on prevalence of particular diseases among relevant groups (e.g. cancer) or blood borne infectious diseases (e.g. new cases HIV or Hepatitis C among people suffering from substance use disorders or who are held in prison; etc.).

Reference is made to previous reporting, which is updated as follows:

Causes of Death

The statistics of death causes is regularly updated by Statistics Austria and provides data on the death causes of all individuals who died on Austrian territory (about 80,000 cases a year).

In 2018, 83.975 people died in Austria, of which 51% were female and 49% male. Cardiovascular diseases were the most common cause of death (32,684 cases or 38.9%) followed by cancer (20,574 cases or 24.5%). 6.6% of deaths were caused by respiratory diseases, 3.3% by gastro-intestinal diseases and 21.3% by other diseases. 5.3% of death cases had unnatural causes (injuries and poisoning incidents).

The data can be accessed at the following link:

http://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/gesundheit/todesursachen/index.html

b) Please also provide information about sexual and reproductive health-care services for women and girls (including access to abortion services) and include statistical information about early (underage or minor) motherhood, as well as child and maternal mortality. Provide also information on policies designed to remove as far as possible the causes for the anomalies observed (premature death; preventable infection by blood borne diseases; etc.).

Health care in Austria is based on a social insurance model. All insured persons have a legal right to service including sexual and reproductive health-care services, which are financed based on solidarity. Social health insurance has nearly universal coverage, 99.9% of all people in Austria are covered. Provision of health services is characterised by an almost unrestricted access to all levels of health without a formal gatekeeping system. There is also a free choice of doctors. Abortions without a medical reason are legal only if they are performed during the first three months from the beginning of a pregnancy and after a previous medical consultation. Abortions are carried out in hospitals, outpatient clinics and by general practitioners. Statistical data are only available from hospitals. In 2018, a total of 1,404 abortions were performed in hospitals (Statistik Austria 2020).

After the first three months of pregnancy abortion is possible only

- if there is a serious risk to the mental or physical health or life of the pregnant woman,
- if the child would be born with a severe mental or physical disability
- if the woman was under 14 years when she became pregnant.

Before the 14th birthday, the consent of a parent or legal guardian is always necessary for an abortion. The cost of an abortion is covered by social health insurance if the abortion is necessary for medical reasons, otherwise the costs have to be borne by the pregnant woman.

The Austrian Action Plan for Women's Health presented in 2017 comprises 17 impact targets and 40 measures which cover the most relevant fields of women's health. The Action Plan includes targets and measures for equal opportunities in health for women, their health risks and disease patterns. They are aligned with the various phases of women's lives and the cross-ageing aspects. One important target for girls and young women refers to the information offensive on sexual health issues for girls and young women, designed to establish low-threshold counselling centres throughout the country and develop online portals.

In "First Love Ambulances", girls and boys get free and anonymous advice about sexual and reproductive health, e.g. contraception and pregnancy. Girls can also undergo a gynaecological examination free of charge and anonymously.

In Austria, a mother-child-health-pass programme (Mutter-Kind-Pass) has been established to assure medical care during pregnancy and in the first years of the life of a child. Every pregnant woman is given a mother-child-health pass as soon as pregnancy has been established by a doctor. Pregnant women have to undergo at least five gynaecological examinations and some special blood tests during pregnancy. Three basic ultrasound examinations are offered. Additionally, counselling by a midwife is provided between the 18th and the 22nd week of pregnancy.

In a similar way, children have to undergo nine paediatric examinations until the end of their fifth year of life. These examinations are carried out by general practitioners or by appropriate specialists, such as gynaecologists and paediatricians

Early motherhood is in Austria quite rare. In 2018, the number of births given by mothers under the age of 15 years was 11 and from 15 up to 19 years 1,160 (Statistik Austria 2020). The maternal mortality rate was 7.0 per 100,000 live births, infant mortality decreased to 2.7 per 1,000 live births in 2018 (Statistik Austria 2020).

Paragraph 2 – to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;

a) Please provide information about health education (including sexual and reproductive health education) and related prevention strategies (including through empowerment that can serve as a factor in addressing self-harm conducts, eating disorders, alcohol and drug use) in the community (life-long or ongoing) and in schools. Please also provide information about awareness and education in respect of sexual orientation and gender identity (SOGI) and gender violence.

Reference is made to previous reporting, which is updated as follows:

The Austrian Addiction Prevention Strategy (*Österreichische Suchtpräventionsstrategie*) as well as related regional strategies underline the fact that comprehensive measures are needed that pursue a holistic, all-encompassing (environmental, interdisciplinary) approach which integrates the underlying causes of addiction, addresses specific target groups and encompasses both legal and illicit substances, as well as non-substance-related forms of addiction. The majority of measures for prevention activities addressing specific target groups are oriented towards homeless young people, young people at risk of becoming addicted or young people with an immigration background, as well as users of stimulants or new psychoactive substances (NPS), and pregnant women. The priority areas include education and (further) training programmes for experts or multipliers from various fields (e.g. clubs or enterprises), as well as the advancement of existing, and the development of new, services based on risk profiles.

[GIVE](#) (*Servicestelle für Gesundheitsförderung an Österreichs Schulen*) is a service centre for schools and teachers. It provides information and counselling on health education and health promotion in schools. GIVE was established in 1998 by the Federal Ministries of Education and Health in cooperation with the Austrian Youth Red Cross. GIVE has developed and published several teaching aids and manuals on various health topics relevant for schools, e.g. nutrition, physical activity, mental health and health promotion for teachers. Recently GIVE has put emphasis on the mental health of pupils and appreciative relationships in schools; the promotion of health literacy has also become a key topic.

[The Austrian Health Targets](#) (*Gesundheitsziele Österreich*) were developed with the aim to prolong the healthy years of all people living in Austria for 20 years (until 2032), irrespective of their level of education, income or personal living conditions. Amongst others, they include specific targets on health literacy (Target 3: To enhance health literacy in the population) and on mental health (Target 9: To promote psychosocial health in all population groups). Since 2013, the individual health targets have been successively operationalised by setting up working groups to define three sub targets, define indicators to measure their development and describe actions to contribute to the implementation of the three sub targets.

In 2015 the [Austrian Health Literacy Alliance \(ÖPGK\)](#) was set up in order to further implement health target 3. A “core team” was established as strategic decision-making body and consists of members of the Federal Government, the *Laender*, social security institutions and further partners from various policy sectors. Currently, the alliance consist of 50 members, all of which are organisations with measures in place in pursuit of platform priorities. These include strong partners of the healthcare, education and welfare systems, as well as civil society organisations. The coordinating centre supports the core team and acts as a knowledge centre and operative body for implementation. The centre is located in the Austrian Health Promotion Fund (FGÖ) and its main tasks include member management, community building and networking, public relations and conference organization. The Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection acts as chair of the core team. The alliance was entrusted with three priorities and five main aims:

Priorities

1. Improve the health literacy-friendliness of healthcare services
2. Improve individual health literacy (especially in vulnerable groups)
3. Improve the health literacy-friendliness of the production and service sector

Main aims

1. Support sustained engagement with health literacy in Austria
2. Further networking, collaboration, exchange of experiences and collective learning
3. Coordinate measures between different political and social sectors
4. Aid development of a common understanding of health, spread knowledge and facilitate innovation
5. Establish monitoring and reporting, and ensure transparency and quality

In the field of health literacy, Austria is also currently chairing the network [M-POHL – WHO Action Network on Measuring Population and Organizational Health Literacy](#). The M-POHL Network was established under the umbrella of WHO Europe’s Health Information Initiative (EHII) in February 2018 with the adoption of the [Vienna Statement on the Measurement of Health Literacy](#) in Europe. M-POHL builds on the first European Health Literacy Survey (HLS-EU) (2009-2012) which found that an average of 47% of the citizens in the eight participating countries had limited health literacy. The results for Austria were even below the cross-country average. Subsequently, more and more countries set out to measure and improve health literacy. Based on a joint commitment by their Ministers of health, Austria, Germany, Liechtenstein, Luxemburg and Switzerland had an initiating role in founding M-POHL. Currently, the network consists of 20 Member States of the WHO European Region, including Austria, Belgium, Bulgaria, the Czech Republic, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, and the United Kingdom. M-POHL member states participate in the network with a policy and a scientific representative. Supranational organisations and networks such as OECD and Health Behaviour in School-aged Children (HBSC) participate as observers in M-POHL.

Measures that have been defined for the implementation of health target 9 “To promote psychosocial health in all population groups” aim to promote awareness for mental health issues and prevent mental disorders. They involve activities in many different settings,

including nursery schools, schools and youth centres. By promoting mental health and well-being, these measures help prevent self-harm conducts, eating disorders, alcohol and drug abuse. The implementation concept for health target 9 (in German language) can be accessed at the following link:

https://gesundheitsziele-oesterreich.at/website2017/wp-content/uploads/2019/03/bericht_gz9_ergaenzt.pdf

Health education at schools

The following counselling and medical diagnosis services are available for school children in Austria:

- School dental clinics
- Psychological counselling centres
- Special counselling centres for impaired vision
- Hearing disabilities
- Speech disorders
- Orthopaedic conditions
- GIVE: Service point for health education at the Österreichisches Jugendrotkreuz (Austrian Youth Red Cross, ÖJRK)

Counselling centres for other groups are available for:

- Sterility
- Family planning/family counselling
- Parenting support for mothers
- Developmental disorders
- Child guidance
- Genetic counselling
- SIGIS: Service and information point for health initiatives and self-help groups

These centres are run by the *Laender* or by municipalities, as well as by university hospitals and by organisations in the private sector.

The Federal Ministry of Education, Science and Research, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection, and the Main Association of Austrian Social Security Institutions continue to jointly maintain the website www.gesundeschule.at (available in German). 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 promotion strategy of the Federal Ministry for Education, Science and Research (BMBWF)

Based on the outcomes of the Healthy School project ("*Gesunde Schule*") and the Austrian health targets (see <http://www.gesundheitsziele-oesterreich.at/austrian-health-targets/>)

adopted by the Federal Government in 2012, a co-ordinating office for health promotion in schools was set up in the ministry, responsible at that time (BMBWF), which has developed a health promotion strategy (see information in German at <https://www.bmbwf.gv.at/Themen/schule/schulpraxis/prinz/gesundheitsfoerderung.html>).

The following primary fields of action were identified in terms of health promotion in schools:

- school administration and organisation;
- Teachers and learning including education and further training for teachers;
- support systems to promote physical and emotional health;
- physical exercise and sports;
- environment, safety and security.

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 decree 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.

Additional information can be found here (in German): <https://www.bmbwf.gv.at/Themen/schule/schulpraxis/uek/gesundheit.html>

Health-related topics specified in subject curricula

At the primary level, the curricula for the subjects of general studies (*Sachunterricht*) and exercising and sports 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 various subjects: biology and environmental studies (biology and ecology), nutrition and householding, exercising and sports (physical education), psychology, educational studies, health studies and handicrafts (crafts education).

According to the new curriculum applicable from September 2020, health education at pre-vocational schools (*Polytechnische Schule*) is included in the health promotion competence area in the subject of occupational and living environment, of the health-oriented and balancing physical activity competence area in the subject of exercise and sport, as well as in specific educational and teaching tasks in the alternative compulsory subjects specialist knowledge and specialist practice in the health, beauty and social affairs subject area.

In the future, the curricula for primary and lower secondary education, which will come into force for first-year pupils from the 2023/24 academic year, will anchor health promotion both

in the subject curricula and as a kind of overarching theme. By anchoring the overarching theme (formerly “Unterrichtsprinzip” - principle to be conveyed by teachers), competence goals are defined for the primary and lower secondary levels which should be achieved by the end of primary or lower secondary level.

Health promotion is also taken into account in the primary school subject curricula, especially in general studies, arts and crafts, physical education, and traffic education. At the secondary level, the issue of health promotion is dealt with in the subject curricula for chemistry, biology and environmental studies, physical education, home economics and nutrition, and in the subject curricula for the compulsory exercises of vocational guidance and digital fundamentals.

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 exercising and sports.

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

Awareness and education in respect of sexual orientation and gender identity and gender violence

The BMBWF’s ordinance governing the underlying principles of “Reflexive gender pedagogy and equality” (Circular 21/2018) https://www.bmbwf.gv.at/Themen/schule/schulrecht/rs/2018_21.html announced in 2018 also addresses, among other things, the issue of gender-based violence in all its facets (e.g. sexual harassment, homophobia, gender-related insinuations, gender-related standardisations/stereotypes, honour-based violence) in line with the Istanbul Convention of the Council of Europe, which has also been ratified by Austria. The decree also explicitly addresses the problem of homophobia and the fact that preventive measures are needed here. The decree calls upon the Austrian school administration, the teacher training colleges as well as school management and the educational specialists to also take action to prevent sexism and gender-based violence, especially by also implementing reflexive gender pedagogy and developing the necessary competences at every level of intervention.

The Boards of Education (*Bildungsdirektionen*), as the central education authorities in the *Laender*, are required to develop corresponding plans to implement the decree governing the underlying principles for the period from 2021 to 2023 in accordance with current resource, target and performance plan requirements, which will be approved by the BMBWF at the end of 2020 and the implementation of which will be reviewed on an ongoing basis.

The university course “Reflexive Gender Pedagogy and Gender Equality in the Context of Heterogeneous Living Environments” was established in cooperation with the Salzburg Teacher Training College to assist here, targeting Boards of Education and teacher training colleges and starting in October 2020. Students doing teaching degrees are given fundamental training on how to deal with the diversity present in society, looking at each and every aspect of diversity such as social origin, cultural way of life, gender, religion or sexual orientation.

The training curricula of teacher training colleges cover the topics of “homophobia and transphobia in schools” under the overarching term of diversity, for which acquiring skills is one of the core elements of educational professions. In the field of education, various sex education theories and concepts or the basics of sex education are integrated into all curricula,

in the teaching programmes for primary schools mostly in areas such as general studies, science/nature and technology or inclusive education. In contrast, teaching programmes for secondary schools (general education) include the topic of sex education in the curricula for biology and environmental studies in all four regions.

The current decree governing the underlying principles on sexuality education (Circular No. 13/2015) is based on the objectives of the “Standards for Sexuality Education in Europe” (WHO Regional Office for Europe and Federal Centre for Health Education, Cologne 2011). Among other things, it emphasises that sexuality education in schools should be geared towards the principle of gender equality and the diversity of lifestyles.

https://www.bmbwf.gv.at/Themen/schule/schulrecht/rs/1997-2017/2015_11.html (in German) The Mindful School project (*Projekt Achtsame Schule, PAS*), for which a webinar will be held in May 2021 in cooperation with *Fonds Gesundes Österreich*, offers information and support on how to interact in a respectful way.

b) Provide information on measures to ensure informed consent to health-related interventions or treatment and on specific measures to combat pseudoscience in respect of health issues.

Medical examinations at schools

The Education Reform Act (*Bildungsreformgesetz*, Federal Law Gazette I No. 138/2017) resulted in a comprehensive amendment to the legal provisions in the area of school medical care as well as preventive health care for young people attending school. The relevant sections (Sections 66, 66a and 66b) of the School Education Act (*Schulunterrichtsgesetz, SchUG*, original version Federal Gazette No. 472/1986) were redrafted in their entirety.

Below is a summary of the changes adopted:

School doctors are required to advise teaching staff on health issues concerning pupils, insofar as they relate to teaching and school attendance, and to examine pupils to the extent required.

Pupils are required to undergo a school medical examination once every academic year. If any health issues are identified, the pupil must be informed accordingly by the school doctor.

School doctors are required to attend teacher meetings, class or school forum meetings, school community committee meetings or school cluster advisory board meetings and participate in an advisory capacity.

School doctors are also responsible for performing preventive health care tasks for the benefit of young people attending school, which include:

- Administering vaccinations and documenting them electronically, including checking vaccination status and providing vaccination advice
- Helping prevent the spread of infectious diseases
- Conducting periodic, random examinations of pupils to collect and electronically document epidemiologically relevant health data such as body weight and height, and informing the pupil of any identified health issues
- Participating in health-related projects (health promotion and health education).

Any measures taken by school doctors require the consent of a pupil who is mentally capable of consent (Section 173 of the Austrian Civil Code (*Allgemeines Bürgerliches Gesetzbuch, ABGB*) or, where this is not the case for the pupil, of their legal guardian.

If any health issues are identified, the pupil must be informed by the school doctor of the medical action that is required.

Further (detailed) specifications regarding preventive health care for young people attending school were laid down in 2019 by the Ordinance of the former Federal Minister of Labour, Social Affairs, Health and Consumer Protection governing the assumption of tasks of preventive health care for school-attending youth by school physicians (*Verordnung der Bundesministerin für Arbeit, Soziales, Gesundheit und Konsumentenschutz betreffend die Übernahme von Aufgaben der Gesundheitsvorsorge für die schulbesuchende Jugend durch Schulärztinnen und Schulärzte, SchulÄ-V*); original version: [Federal Law Gazette II no. 388/2019](#).

The aim (set out in the government programme 2020-2024) is to make the data obtained in the course of medical examinations at school usable for healthcare policy. Inter-ministerial deliberations and coordination efforts are currently under way on this topic.

In addition, rules on non-medical school staff performing medical-related activities (e.g. medication being administered by teachers to pupils) have been set out in Section 66b SchUG in conjunction with Section 50a of the Doctors Act (*Ärztegesetz, ÄrzteG*):

As a general rule, medication may only be administered by teachers on a voluntary basis. If a teacher volunteers to administer medication, the following is required:

- A written request by the parents for the medication to be administered (specifically naming the medication and the teacher).
- A doctor's prescription clearly stating the dose.
- The school doctor must be informed and consulted.

Ensuring medical care is first and foremost the duty of the school doctor and it must be provided by them if they are present. The administration of medication or injections is regulated in the Doctors Act and is generally reserved for doctors and members of other healthcare professions (e.g. nurses): Teachers are considered medical laypersons under Section 50a ÄrzteG. In individual cases, a treating physician may delegate to medical laypersons individual medical activities for patients who are in their care. In this case, the doctor must provide the teacher with the necessary guidance and instruction and ensure that the teacher has the requisite capabilities.

This does not include any immediate care given where first aid is needed. Providing assistance to those in immediate and obvious need is a civic duty incumbent on every member of society (Section 95 of the Austrian Criminal Code (*Strafgesetzbuch, StGB*)).

Specific measures to combat pseudoscience in respect of health issues

The Austrian Health Literacy Alliance (ÖPGK) puts emphasis on the improvement of health information. It has developed check lists and quality criteria for “good” (hence understandable, independent, reliable, evidence-based, undistorted, and gender-balanced) health information and provides fact sheets on its core topics. Further information (in

German) can be accessed at the following link: <https://oepgk.at/gute-gesundheitsinformation-oesterreich/>

The decree of the Federal Ministry for Education, Arts and Culture on “Pseudoscientific offers on the market for psychological and esoteric services” from 2010, the aims of which are still valid today, recommends carefully assessing, with the help of professionals, offers made to schools characterised by the promise of “quick, easy and uncomplicated solutions” for personal and/or school-related problems such as dealing with stress, improving concentration, increasing motivation to learn and improving performance. https://www.schulpsychologie.at/download/esoterik_erlass.pdf (in German)

School psychological and school medical counselling focuses on delivering strictly evidence-based treatment and professionals working in these areas are informed about pseudoscientific offers in the healthcare sector with the aim of taking a critical look at such offers.

The BMBWF has set up a coordination office for health promotion in schools which is focused on achieving framework health objectives, reviewing scientific findings and ensuring quality standards for health promotion and prevention. In this context, school psychology education counselling plays an important role in promoting the psychosocial health of pupils and teachers at school and in supporting Austria-wide networking activities. <https://www.schulpsychologie.at/gesundheitsfoerderung> (in German)

The GIVE service point for promoting health in Austrian schools has been set up as an agency of the BMBWF, the BMSGPK (Federal Ministry for Social Affairs, Health, Care and Consumer Protection) and *Österreichisches Jugendrotkreuz* (Austrian Youth Red Cross, ÖJRK) as a low-threshold contact point to inform and advise all Austrian schools on matters of health promotion at school. The target group is primarily teaching staff, as well as any other persons involved in school life. The GIVE website <https://www.give.or.at/> provides quality-assured and continuously updated information and materials pertaining to any and all school health promotion matters free of charge (in German). The Austrian Red Cross has a network of ÖRK representatives in every *Land* and at every Austrian school to help disseminate materials. The GIVE materials are also used by numerous health promotion institutions and teacher training colleges across the country.

Paragraph 3 – to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

a) Please describe the measure taken to ensure that vaccine research is promoted, adequately funded and efficiently coordinated across public and private actors.

There are no specific programmes on vaccine research in Austria. A number of activities are being carried out at Austrian universities and in the biotech sector, but it is difficult to obtain a general overview of these.

Austria (BMSGPK/Health Ministry) also supported the WHO project for new active substances to prevent the spread of infectious diseases from 2017/2018 until the end of 2020 with voluntary earmarked contributions.

As part of efforts to implement its Global Action Plan on Antimicrobial Resistance, the WHO is supporting the development of new critical antimicrobial agents by conducting an annual analysis of the clinical antibacterial and antifungal pipeline, while at the same time preserving the effectiveness of existing antimicrobial agents. The analysis is intended to highlight how the pipeline is evolving in response to priority pathogens and TB, including an analysis of antifungal compounds under clinical development to treat priority fungal infections, with a view to addressing the global rise in antimicrobial resistance. The analyses, which are highly relevant to public health, are performed by the WHO together with international experts and with leading Austrian scientific collaboration by Doctor Theuretzbacher (internationally renowned scientist for AMR R&D, esteemed WHO expert).

National impact

The analysis of the antimicrobial and antifungal clinical pipeline will provide general information about the quality and added value of the new therapeutic agent in the pipeline, as well as the expected number of active substances due for release on the market in the next few years. In the long term, the results of the analysis will help to ensure access to effective treatment for bacterial and fungal infections as an important part of ensuring universal health coverage (UHC).

The analysis allows research funding to be channelled more towards where there are gaps in the development of new antimicrobial agents to combat drug-resistant pathogens on the WHO priority list.

The former Federal Ministry of Health and Women's Affairs provided USD 99,440 of support for this project, the former Federal Ministry of Labour, Social Affairs, Health and Consumer Protection provided USD 99,440 (EUR 84,332.84) in 2018/2019, and the Federal Ministry of Social Affairs, Health, Care and Consumer Protection provided USD 88,008 (EUR 80,000) in 2020.

b) Please provide a general overview of health care services in places of detention, in particular prisons (under whose responsibility they operate/which ministry they report to, staffing levels and other resources, practical arrangements, medical screening on arrival, access to specialist care, prevention of communicable diseases, mental health-care provision, conditions of care in community-based establishments when necessary, etc.).

The penal system is required to ensure medical care for prison inmates (Section 66 Para. 1 of the Correctional Services Act (*Strafvollzugsgesetz, StVG*), Federal Law Gazette No. 133/1969 as amended). In accordance with the principle of equivalence, prison inmates must be given access to the same amount of medical care as non-inmates.

Each of Austria's 28 penal institutions has comprehensive medical care available (by prison doctors, prison dentists and various medical specialists). The penal system also operates two hospitals (the Vienna Josefstadt penal institution and the Wilhelmshöhe branch hospital), which specialise in handling diseases that occur in the prison system (infectious diseases, tuberculosis) and nursing needs. 24-hour nursing care is available at the Stein penal institution.

The penal system has entered into contracts with (civilian) hospitals for inmates to receive (inpatient) treatment, and a special hospital department has been set up at two sites that

meets the requirements of the prison system in terms of security, being secured by prison staff.

In the Directorate General for Correctional Services in the Federal Ministry of Justice (*Generaldirektion für den Strafvollzug und den Vollzug freiheitsentziehender Maßnahmen*), medical care in prisons is managed by a chief physician and a chief dentist, thereby ensuring uniformly (high) standards. The costs of medical and dental care are borne by the prison administration.

The prison doctors provide medical care to the inmates in the same way as they would in normal general practice. Minor surgical procedures are carried out and infusions are administered in the prison surgeries. The prison doctor also decides on the need for any further medical care (consulting internal or external specialists or committing to an in-patient facility).

The Chief Medical Service in the Directorate General is responsible for managing the additionally purchased hospital beds. Prison doctors are further responsible for ensuring hygiene in the infirmary and for monitoring hygiene conditions in the cell block. Examinations when a prisoner is admitted or discharged are special and differ in type and scope from examinations performed by general practitioners.

The requirement to keep medical records is satisfied by using an EDP module (IVV MED) and forms the basis of the controlling and reporting system. This is also the basis for monitoring by the chief physician. Medication is also prescribed electronically in the IVV MED system.

Prison management is advised at regular intervals by the prison doctors in respect of the inmates' capacity to serve their sentences and to work.

Many prison doctors are authorised to provide substitution treatment, providing relief in terms of the workload of prison psychiatrists.

Infectious diseases such as tuberculosis and hepatitis C are documented separately in the penal institutions and are subject to special treatment.

Extensive preventive measures have also been established to protect inmates in response to the COVID-19 pandemic. In addition to the blanket ban on visits and replacing these with the option to be visited via video link, special admission units were set up in each prison in which new arrivals were kept for a 14-day observation period. Before transferring inmates from this unit, they were examined by a doctor and the risk of being infected by COVID-19 was assessed. COVID high-risk patients were identified using the guidelines provided by the Federal Ministry of Health and precautions were taken to address the eventuality of the virus being brought in. At the same time, orders were given for hygiene standards to be implemented in accordance with the general guidance (hand disinfection, wearing of face masks, etc.) and their implementation was monitored.

As a precautionary measure, an isolation ward has been set up in each prison in line with the requirements stipulated by the Ministry of Health in the event of there being a case of COVID-19. An agreement on treating inmates with COVID-19 requiring hospitalisation outside the prison was reached with the respective hospital operators.

c) Please provide information on the availability and extent of community-based mental health services and on the transition to community-based mental health from former large-

scale institutions. Please provide statistical information on outreach measures in connection with the mental health assessment of vulnerable populations, including those in a situation of poverty or exclusion, the unemployed (especially long-term unemployed). Provide also information on proactive measures adopted to ensure that persons in need of mental health care are not neglected. Please also provide information from prison health-care services on the proportion of inmates who are deemed as having mental health problems and who, according to health-care professionals, do not belong in the prison system or would have possibly been spared of such a situation should suitable mental health services been available to them in the community or in specialised establishments.

Promoting psychosocial health in all population groups is an official health target (*Gesundheitsziel OP 9*) in Austria.

Providing access to mental health care facilities in a substantial, low-threshold and gradual way, and to include all patient groups, is the goal. Since early diagnosis and treatment in issues of mental health is crucial, the inclusion of family doctors and paediatricians is being advocated. Primary health care centres or networks, as part of the low-threshold, easy and fast access model are being expanded in Austria.

Additionally, a campaign to establish sufficient numbers of physicians in psychiatry (for adults, but especially for children and juveniles) - where there is a shortage in Austria- to enable that all necessary services in this area of expertise can be provided, is being promoted. Additionally, there are campaigns to promote other important fields of mental health care where the number of specialists is inadequate.

Increasing the availability of mental health services on all scales are key element of the plan, since it is essential to reach all patient groups. The resources of mental health care for children and juveniles have been increase both in hospitals and in community-based institutions.

The transition from large-scale institutions to community-based institutions is being promoted and an integral part of the structural planning of health care, since this is known to be the most effective way to reach out for first contact (diagnosis and treatment) to all patient groups. There is a gradual development ongoing, accompanied by evaluations. For complex mental health conditions and in case of crisis and for specific situations, such as violence or severe conflicts in people's living conditions, it is very important for the therapy process to enable access to hospital care.

Mental disorders have increased, and although the range of support and treatment services has already been expanded, they still need further improvement. Currently, SHI-financed psychotherapy is subject to restrictions and allocation criteria. The majority of psychotherapeutic care in outpatient settings is paid for with the help of cost subsidies from the health insurance funds or through self-financing by those affected. The current government programme stipulates that the provision of psychosocial care, by assumption of the total costs by the health insurance funds, should be further developed and the contingent system should be eliminated. Therefore, a concept referred to as "comprehensive solution for psychotherapeutic and psychological care" has been developed to ensure more targeted access to the appropriate facilities. Through multi-professional first counselling centres, a redirection to the appropriate facilities after clearing consultation as well as an active support for the search for therapists is planned to be realised. Together with defined qualification standards, the concept provides management tools so that the above-mentioned quota system can be replaced.

The concrete implementation steps for the realisation of the project will be defined over the next weeks. All stakeholders will be involved in the process.

d) Please also provide information about drug-related deaths and transmission of infectious diseases among people who use or inject psychoactive substances both in the community and in custodial settings. Provide an overview of the national policy designed to respond to substance use and related disorders (dissuasion, education, and public health-based harm reduction approaches, including use or availability of WHO listed essential medicines for opioid agonist treatment) while ensuring that the “available, accessible, acceptable and sufficient quality” criteria (WHO’s 3AQ) are respected, subject always to the exigency of informed consent, which rules out, on the one hand, consent by constraint (such as in the case of acceptance of detox and other mandatory treatment in lieu of deprivation of liberty as punishment) and, on the other hand, consent based on insufficient, inaccurate or misleading information (i.e. not based on state of the art scientific evidence).

Drug-related deaths and transmission of infectious diseases

After the lowest number of drug-related deaths was recorded in 2014, a slight increase has been observed since then, interrupted by a further decrease in 2017.

Hepatitis C (HCV) still occurs as a severe problem among People Who Inject Drugs (PWID) (up to 83% in 2018 depending on the source of data), whereas the figures on HIV prevalence have continued to be low in the past few years (2018: 0% to 9%). The hepatitis B prevalence rates among injecting drug users have been constant for many years (2018: 0% to 25%).

A survey in six Austrian prisons revealed that 74% of prisoners in opioid substitution treatment had positive HCV antibody test results; 45% (i.e. 60% of HCV-positive prisoners) tested positive for HCV-RNA, i.e. suffered from chronic hepatitis C. Approximately 10% were HIV positive (period of data collection including tests: May 2016 to May 2017).

Examples of measures/policies to respond to substance use and related disorders

The entire Austrian health-care system is open to addiction patients in the same way as to persons not suffering from addiction. Inpatient and outpatient services that specialise in addiction are also available. This permits a wide range of support and treatment options, from advice on diverse aspects of addiction, psychosocial counselling and treatment, to pharmacologically assisted outpatient and inpatient treatment, detoxification in outpatient or inpatient settings, as well as various forms of abstinence-oriented inpatient/residential treatment.

Drug checking continues to be important for preventing and reducing emergencies in party settings and is available in Vienna (checkit!) and Tyrol (Z6 Drogenarbeit). Both services report their results to the Austrian information and early warning system with regard to specific health hazards in the context of illicit substance use.

The treatment options for drug users with HCV infections continues to be important in all Austrian *Laender*. Thus, specific services, collaborations and/or projects are established in which drug users are offered HCV tests and, are whenever necessary, referred to treatment with new direct-acting antiviral agents (DAA).

e) Please provide information on measures taken to prevent exposure to air, water or other forms of environmental pollution, including proximity to active or decommissioned (but not properly isolated or decontaminated) industrial sites with contaminant or toxic emissions, leakages or outflows, including slow releases or transfers to the neighbouring environment, nuclear sites, mines, as well as measures taken to address health problems of the populations affected. Please provide also information about measures taken to inform the public, including pupils and students, about general and local environmental problems.

Reference is made to previous reporting which is updated as follows:

Healthy environment

General aspects of environmental law

A comprehensive “Environmental Code” does not exist in Austria. According to the Austrian Constitution, the legislative competences in the field of environment are split between the federal and the *Laender* parliaments. Thus, laws on both federal and *Laender* level cover environmental protection. Industrial installations, environmental impact assessment, mineral resources, water protection or waste management, for example, are regulated on federal level. Land use planning or soil protection are within the competence of the *Laender* legislation. In general, the competent authorities are the district or sometimes the regional authorities.

The former Federal Ministry of Sustainability and Tourism, now Federal Ministry Climate Action, Environment, Energy, Mobility, Innovation and Technology has a coordinating function for general environmental protection policy and climate protection. This includes inter alia: air quality, waste management, energy, traffic or environmental impact assessment.

To underline the importance of environmental protection and sustainability, the Austrian Parliament adopted the Federal Constitutional Act on sustainability, animal protection, comprehensive environmental protection, on water and food security as well as research in 2013. Pursuant to this Act, the Republic of Austria (Federal Government, *Laender* and municipalities) is inter alia committed to the principle of sustainability in using natural resources to ensure that future generations will also benefit from optimal quality of life. The Republic of Austria is furthermore committed to comprehensive environmental protection.

Environmental criminal law

The legal asset protected under such criminal provisions is the environment itself (in all its forms, namely as water, soil, air, flora and fauna). Wilful or negligent damage to the environment is punishable as soon as there is an abstract danger to life or limb of a larger number of people or to the flora or fauna over a larger area (Sections 180, 181 of the Austrian Criminal Code (*Strafgesetzbuch, StGB*), Federal Law Gazette No. 60/1974 as amended). Environmental criminal law also provides for protection under criminal law against serious damage caused by intentional noise pollution (Section 181a StGB) and covers – aside from the general provisions of criminal law regarding conduct that is harmful to the environment – cases involving environmentally hazardous waste disposal and the environmentally hazardous operation of equipment (Section 181b StGB), which are of particular significance in practice.

The principle of administrative accessoriness (*Verwaltungsakzessorietät*) is particularly important in environmental criminal law, according to which criminal liability is generally made conditional on the offender acting in contravention of an existing provision of administrative law. Failing to understand the relevant legislation or other provisions does not

rule out punishment for wilful acts or omissions (Section 183a StGB). The provisions set out in environmental criminal law are also accompanied by a provision on active repentance (Section 183b StGB) which absolves offenders of any liability to prosecution provided that they remedy the hazards, pollution and other damage caused by them in the environmental sphere in due time, unless damage has already been caused to a human being or to flora or fauna.

However, in order to be effective, environmental policy requires not just standards and prohibitions but also financial assistance from public sources. This signals that, notwithstanding the polluter-pays principle chiefly applicable, environmental protection is an overall public concern.

At federal level, funding regulations can be found in a complex range of contexts. Thus federal funding with an ecological bias is included, i.a., in the forestry laws (Section 141 ff of the *Forstgesetz* (Forestry Act), Federal Law Gazette I 1975/440 as amended), in the water laws (*Wasserbautenförderungsgesetz* 1985 (Act Governing Funding of Hydrological Structures), Federal Law Gazette 1985/148 as amended), energy laws (*Energieförderungsgesetz* 1979 (Energy Funding Act), Federal Law Gazette 1979/567 as amended), etc.

A key interface role when it comes to handling funds with an ecological earmark from the European Union's common agricultural policy as well as national funding schemes is played by Agrarmarkt Austria, a public legal entity (*AMA-Gesetz* 1992, (AMA Act, Federal Law Gazette I 1992/376 as amended).

Earmarked funds appropriated under the *Zweckzuschussgesetz* 2001 (Special Subsidies Act), Federal Law Gazette 1988/691, Federal Law Gazette I 1988/691 as amended, for housing and housing rehabilitation schemes similarly have an environmental character.

The Environmental Promotion Act (*Umweltförderungsgesetz*, UFG) provides for funding for sanitary engineering, for environmental promotion in Austria and abroad, for the reclamation of polluted sites and the Austrian Joint Implementation and Clean Development Mechanism programme.

Decisions on all spheres of funding under the Environmental Promotion Act are the responsibility of the former Federal Ministry for Sustainability and Tourism (BMNT), and presently the Federal Ministry of Climate Action, Environment, Energy, Mobility, Innovation and Technology (BMK), which has set up several consultative boards for its decision-making. There is no legal entitlement to funding. According to a valid decision of the former MBNT (now BMK), the agency handling the funding (i.e. Kommunalkredit Public Consulting GmbH since 1993) must enter into a funding agreement under private law with the applicant.

Some of the *Laender* have passed their own environmental laws, which provide for funding, amongst others, as an incentive to boost environmental services. Clean air is the key goal of the various clean air acts governing heating systems, to be achieved by funding from state and local governments. Some *Laender* statutes to implement the Electricity Act include provisions for the funding of renewable energy sources. Some of the *Laender* grant funding for biogas and biomass-fuelled district heating schemes. Ecological funding schemes at *Laender* level are mostly aligned with those at federal level.

Environment Agency Austria

The Environment Agency Austria (*Umweltbundesamt*), set up in 1985 as the federal authority for environmental protection, is a 100% government-owned agency. Operating as a GmbH

(limited liability company under Austrian law), its sphere of responsibility is specified in the Environmental Monitoring Act (*Umweltkontrollgesetz*) 1998.

According to Section 6 of the Act, its chief statutory responsibilities include, without limitation:

- monitoring the environment and any changes to it with a view to pollution, especially by way of measuring emissions and impacts,
- preparing statements on complaints and proposals,
- drawing up notifications and technical prerequisites for reported offences in the field of environmental protection,
- carrying out toxicological analyses of chemicals and pollutants,
- performing other measurements, observations, analyses and tests to report environmental impacts,
- compiling, providing and documenting the key findings and providing data and information;
- drawing up comments on environmental compatibility statements,
- providing information and consulting on targeted environmental protection measures, in particular advice and information for businesses on environmentally friendly technologies.

The Environment Agency Austria also plays a key role in coordinating and supplementing the activities of specialist institutions in Austria.

It is the only specialist agency in Austria that covers all areas of environmental protection. In addition to working for the Federal Government, the Environment Agency Austria is also authorised to carry out work for third parties if such is in the general public interest.

As regards monitoring the environment, it collects, analyses and evaluates data on the situation and development of the environment in Austria in all environmental matters. The Environment Agency Austria publishes its findings in studies and reports. It keeps an environmental database for online enquiries and prepares the federal environmental monitoring report.

According to the Environmental Monitoring Act, the environment Minister must submit to the National Council a written report on the environment (*Umweltkontrollbericht*) every three years. The most recent report (, the twelfth of its kind, describes the state of the environment in Austria between August 2016 and July 2019. <https://www.umweltbundesamt.at/fileadmin/site/publikationen/rep0684.pdf>

Under the Environmental Information Act (*Umweltinformationsgesetz*) 1993, citizens are entitled to environmental information. The Act makes a major contribution towards increased transparency, raises general awareness and provides for better access to environmental administration. The right to ecological information is a key factor in a democracy, as it obliges government authorities to grant citizens access to information.

Since February 2005, the Environment Agency Austria has been acting as the coordinator for environmental information. In this crucial role, it is required to further improve networking between institutions that have to provide information, to harmonise and standardise environmental data and information and to compile and publish them in a comprehensible,

precise comparable and timely manner. A catalogue of environmental data has been created which constitutes a meta-information system for ecological data under the Environmental Information Act. In its capacity as coordinator for environmental information, the Environment Agency Austria interlinks the data from the various sources and ensures enhanced direct access.

Chemicals

In 2013, the Biocidal Products Act (Biozidproduktegesetz, BiozidprodukteG, Federal Law Gazette no. 105/2013 as amended) was enacted in Austria to implement EU Regulation 528/2012. The purpose of any type of biocidal product is to deter, destroy or otherwise render harmless or to prevent harm from being caused by undesirable or harmful organisms. One of the aims of the Biocidal Products Act is to ensure that biocidal products are used safely and thus to prevent potential hazards from arising that may impact human or animal health and the environment.

Waste

Reference is made to previous reporting.

Environment/international

Reference is made to previous reporting, which is updated as follows:

Reporting on the national implementation of the 2030 Agenda and its SDGs will now take place within the framework of the High-level Political Forum on Sustainable Development. Austria presented its first Voluntary National Review in July 2020 (<https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=2079&menu=3170>).

Water

Reference is made to previous reporting.

Climate protection / clean air

Reference is made to previous reporting, which is updated as follows:

Targets and responsibilities to fulfil international and European climate change commitments are laid down in the Austrian Climate Protection Act (*Klimaschutzgesetz*). For the implementation of individual policies and measures, there are different legislative arrangements, depending on sectors and legislative and administrative competences. Based on the Climate Protection Act, a national mitigation programme to meet the 2020 target under the EU Effort Sharing Decision has been adopted. Most *Laender* have adopted their own regional climate change programmes, taking into account specific regional circumstances and areas of competence.

The former Federal Ministry for Sustainability and Tourism, now Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology, has a coordinating function with respect to the overall climate change policy in Austria. However, jurisdiction for policies and measures to mitigate greenhouse gas emissions is distributed among several federal ministries and other policy-making and implementing entities, i.e. the *Laender* and the municipalities. EU legislation has considerable impact on Austrian climate policy.

Austria is Party to the United Nations Framework Convention on Climate Change, its Kyoto Protocol and the Paris Agreement. Parties are obliged to undertake activities with a view to

meeting commitments under the Convention, the Kyoto Protocol and the Paris Agreement in combating climate change. They have to report inter alia on the following: greenhouse gas inventory information; measures to mitigate greenhouse gas emissions; measures to counteract adverse effects of climate change; measures to promote research and systematic observation; financial support for developing countries; initiatives to enhance the transfer of technology between Parties; and measures to foster education and public awareness with respect to climate change.

See also: Austrian National Communication to the UNFCCC [UNFCCC NC7](#)

In Austria, a national adaptation strategy (NAS, [Austrian Adaptation Strategy](#)), adopted in 2012 by the Council of Ministers and endorsed by the Provincial Governors Conference in 2013, consists of two parts: a Strategic Framework (“Context”) and an Action Plan (NAP). The Austrian Strategy for Adaptation to Climate Change [Part 1 “Context”](#) and [Part 2 “Action plan”](#) are also available in English: <https://www.bmk.gv.at/en/topics/climate-environment/climate-protection/austrian-strategy-adaptaion.html>

The aim of the Austrian NAS is to avoid the adverse effects of climate change on the environment, society, and the economy and to fully utilise any opportunities that may arise. The NAS has been revised in 2017.

The NAP presents a catalogue of 135 adaptation options for 14 areas of action. These areas are: agriculture, forestry, water resources and water management, tourism, energy (with a focus on the electricity industry), protection from natural hazards, construction and housing, disaster risk management, health, ecosystems and biodiversity, transportation infrastructure and selected aspects of mobility, spatial planning, business/industry/trade, and cities (with a focus on urban green and open spaces).

In many cases, implementation of the recommendations will require the cooperation of various actors in the public sector (federal, *Laender*, local) and the private sector. To ensure fair burden-sharing, cooperation within the public sector and between the public and private sectors is recommendable and meaningful. A new funding programme ([KLAR!-Climate Change Adaptation Model Regions for Austria](#)) is available with the aim to support Austrian regions in enhancing their climate resilience in vulnerable sectors

Since 2018 and up until 2019, beneficiaries were working on implementing the measures laid out in these concepts with a financial support of EUR 2.1 million. In a third phase post-2020, the action plans and the measures taken will be evaluated. Since October 2018, new regions can apply in the initial phase until 29 March 2019. New regional climate scenarios were funded to support regional adaptation.

The regulatory framework on air quality is, to a considerable extent, determined by the legislation of the EU, which is based on three main pillars (https://ec.europa.eu/environment/air/index_en.htm):

- Ambient air quality standards set out in the Ambient Air Quality Directives 2008/50/EC and 2004/107/EC;
- Overall national emissions of certain pollutants addressed in the National Emission Reduction Commitments (NEC) Directive 2016/2284/EU;
- Emission and energy efficiency standards for key sources of air pollution set out in specific EU legislation targeting inter alia emissions from industry, vehicles, power plants, products

and transport fuels as well as the energy performances of products and non-road mobile machinery.

The above-mentioned Directives lay down requirements in particular regarding access to information, reporting obligations to the European Commission and the establishment of (local) air quality plans in the event of exceeding limit values as well as national air pollution control programmes in order to limit the emissions of certain air pollutants to meet the reduction commitments that have been set for 2020-2029 and for 2030 and beyond, respectively (<https://ec.europa.eu/environment/air/reduction/NAPCP.htm>). The European Environment Agency regularly publishes summaries on the air quality status in the Member States based on the reported information (<http://www.eea.europa.eu/themes/air/>), in particular on concentrations (<https://www.eea.europa.eu/themes/air/air-quality-concentrations>) and on emissions (<https://www.eea.europa.eu/themes/air/air-pollution-sources-1/national-emission-ceilings>).

In the framework of EU legislation and given that Austria is a federal state, the legal and administrative framework of air quality follows two schemes:

- A regime of federal laws implements a sectoral approach, targeting air pollution irrespective of specific polluters. In this regard, the Federal Law on Ambient Air Quality (IG-L, BGBl. I Nr. 115/1997), the Federal Ozone Law (OzonG, BGBl. Nr. 210/1992), the Federal Clean Air Act (BLRG, BGBl. I Nr. 137/2002) and the Air Emissions Act (EG-L 2018, BGBl. I Nr. 75/2018) constitute the basic legal framework.
- There are several (federal and *Laender*) laws, targeting air quality issues via their emission source, e.g. the (federal) Forestry Act (Forstgesetz 1975, BGBl. Nr. 440/1975) regarding air pollution causing damage to forests, the (federal) Industrial Code (GewO 1994, BGBl. Nr. 94/1994) regarding plants in general, the (federal) Waste Management Act (AWG 2002, BGBl. I Nr. 102/2002) regarding waste treatment plants, several regulations on vehicle and traffic control regarding traffic and regulations on boiler plants (in case of federal legislation e.g. EG-K 2013, BGBl. I Nr. 127/2013).

In the light of Article 192 of the Treaty on the Functioning of the EU, Austrian law provides for stricter limit values for some air pollutants than the EU Directives (i.e. for particulate matter PM₁₀ and nitrogen dioxide) and provides therefore for more stringent protective measures in line with the WHO recommendations on air quality guidelines. The Austrian Environment Agency regularly publishes reports on ambient concentrations of different pollutants (https://www.umweltbundesamt.at/umweltsituation/luft/luftguete_aktuell/) as well as national emission inventories and projections (<https://www.umweltbundesamt.at/umweltsituation/luft/emissionsinventur/>) in accordance with EU requirements.

As Party to the UNECE Convention on Long-Range Transboundary Air Pollution (<http://www.unece.org/env/lrtap/welcome.html>) and most of its Protocols, Austria also reports on national inventories of past emissions and projections of future emissions of air pollutants to the Convention (<http://www.ceip.at>). The reporting under the EU NEC-Directive is fully consistent with the reporting under the Convention.

Mobility/transport/noise

Reference is made to previous reporting, which is updated as follows:

The fifth THE PEP (Transport, Health, Environment PanEuropean Programme) High-level Meeting at ministerial level is scheduled to be held in Vienna in 2021 with the main outcome of the Vienna Declaration including the first Pan-European Master Plan for Cycling Promotion.

The Environmental Impact Act and its implementation

The purpose of the Environmental Impact Assessment (EIA) is to look at potential environmental effects of a project such as infrastructure projects or installations for the treatment of hazardous/non-hazardous waste prior to their implementation. The EIA is an important instrument of precautionary environmental protection and covers also human beings as an asset to be protected (besides biological diversity including animals, plants and their habitats, land and soil, water, air and climate, landscape, material assets and the cultural heritage).

The national EIA-Act provides rights of information and participation for a broad public. Moreover, there is a right for parties to the procedure to participate in a hearing. All parties of the procedure are entitled to lodge an appeal to the courts. The range of parties in the procedure according to EIA Act is defined in very wide terms. Party status is granted e.g. to neighbours who might be affected by possible environmental impacts, the ombudsperson for the environment, the water management planning body, the host municipality and the directly adjoining Austrian municipalities which may be affected by significant effects of the project on the environment, citizens' groups and environmental organisations.

On the website of Austria's Environment Agency, a database on procedures under the EIA Act is available for the public. (see: <https://www.umweltbundesamt.at/uvpsup/verfahrensmonitoring>).

Since the last report in 2015, several amendments to the national EIA Act entered into force in order to implement judgments of administrative courts and the EIA directive 2014/52 EU.

Moreover, the EIA Act has stricter provisions for certain "areas subject to air pollution". In areas where the exposure limits specified in the Austrian Air Pollution Control Act are exceeded repeatedly or for a prolonged period of time and which are designated by the former Federal Minister for Sustainability and Tourism, now Federal Minister for Climate Action, Environment, Energy, Mobility, Innovation and Technology, by ordinance lower thresholds and case by case decisions on the requirement of an EIA apply. The actual ordinance was enacted on April 23rd, 2019 (BGBl. II Nr. 101/2019).

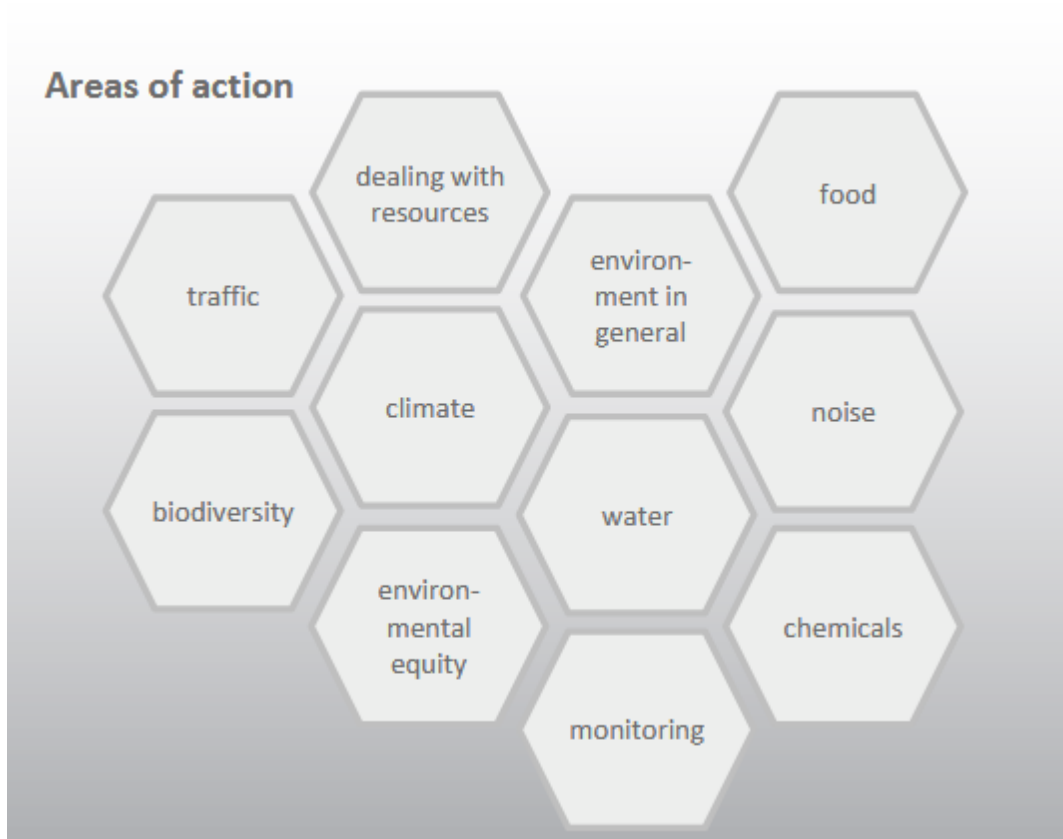
Health target Austria

One of the Austrian health targets (Target 4: To secure sustainable natural resources such as air, water and soil and healthy environments for future generations) addresses the interdependencies of health and environment. The working group on this health target was launched in October 2016 under the leadership of the Ministry for Sustainability and the Ministry of Health. Three sub-targets were defined:

1. To maintain and strengthen the foundations for a healthy life by dealing responsibly and sustainably with resources and living space
2. To avoid, identify, monitor and, if possible, reduce environmental impacts with potential effects on human health

3. To promote/strengthen awareness of the relationship between environment and health among the population and decision-makers and to ensure environmental equality in the best possible way

Implementation measures address/involve the transport sector, energy and resource efficiency, climate protection, waste prevention, pollution and exposure monitoring, safety and reduction of chemical usage, the reduction of water, air and noise pollution, biodiversity, food production and processing, environmental awareness and environmental equity.



Further information can be accessed under the following link: https://gesundheitsziele-oesterreich.at/website2017/wp-content/uploads/2019/11/gz4_english-summary.pdf

Measures taken to inform the public, including pupils and students about environmental problems:

In the Austrian school system, environmental education has been defined as a principle to be conveyed by teachers in all subjects since 1979. The topics of climate, nature and environmental protection, together with sustainability, are deeply embedded in the existing curricula taught at every school level (in different contexts and to varying degrees). Environmental education includes the following topics: conservation and environmental protection, environmentally conscious and fair actions, responsible behaviour towards the natural environment, responsible use of Earth's limited resources, understanding the interplay of economic and environmental factors, recognition of humankind's responsibility vis-à-vis Earth, discussing environmental problems and their causes using the example of climate change, and identifying potential solutions in terms of sustainable development. The focus here is on acquiring the skills needed to understand the natural foundations of life and

resources in their finiteness, and to help shape the environment and society with foresight, solidarity and responsibility.

f) In the context of the COVID-19 crisis, please evaluate the adequacy of measures taken to limit the spread of virus in the population (testing and tracing, physical distancing and self-isolation, provision of surgical masks, disinfectant, etc.) as well as the measures taken to treat the ill (sufficient number of hospital beds, including intensive care units and equipment, and rapid deployment of sufficient numbers of medical personnel while ensuring that their working conditions are healthy and safe – an issue addressed under Article 3 above). Please indicate the measures taken or foreseen as a result of this evaluation.

Austria has a fairly strong inpatient sector and is one of the countries with the highest number of physicians and hospital beds per inhabitant. Concerning intensive care unit beds, Austria also disposes of comparatively high capacities with a beds per inhabitants ratio well beyond the EU or OECD average. Austria set up a monitoring system regarding hospital capacities and established a prognosis tool for COVID-19 cases and hospitalisation rates. In the course of the pandemic, Austria fortunately did by now not even come close to reaching its capacity limits. However, if necessary, the availability of additional capacities by facilities other than hospitals, for example rehabilitation facilities could be ensured.

The Federal Ministry of Social Affairs, Health, Care and Consumer Protection plans to mandate the [Austrian Public Health Institute \(Gesundheit Österreich GmbH, GÖG\)](#) and the European Observatory on Health Systems and Policies with the implementation of a health impact assessment of measures taken to limit the spread of SARS-CoV-2 in Austria. It will focus on vulnerable groups (socioeconomically disadvantaged, people with pre-existing conditions, etc.) and effects on health equity. Results should be available at the end of 2020.

Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

Paragraph 1 – to establish or maintain a system of social security;

Austria has previously been found to be in conformity with Article 12 Para 1 RESC. Therefore no additional information has been requested.

Paragraph 2 – to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;

Paragraph 3 – to endeavour to raise progressively the system of social security to a higher level;

a) Please provide information on social security coverage and its modalities provided to persons employed or whose work is managed through digital platforms (e.g. cycle delivery services).

Reference is made to previous reporting, which is updated as follows:

Social protection in Austria

Benefits, expenditure and financing 2018

The publication “Social Protection in Austria” provides an up-to-date overview of the services and benefits of the Austrian welfare state. It highlights the basic aspects and benefits of individual systems catering to families, old age, health, unemployment, social distress as well as the development of social spending and its funding.



Social Protection in
AT_2018.pdf

Statistics Austria - Social protection according to EU concept

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

In 2018, the social expenditure to GDP ratio, expressing the level of social expenditure (calculated according to the European System of Integrated Social Protection Statistics - ESSPROS) as a proportion of gross domestic product (GDP), reached 29.1% and therefore decreased by 0.3% compared to 2017.

In Austria, a large proportion of expenditure on social benefits is in respect of old age (2018: 44.5% or EUREUR 48.6 billion) and about a quarter of expenditure goes to benefits in the field of sickness/health care (2018: 26.2% or EUR EUR28.6 billion). Significantly lower proportions of expenditure are recorded for the following areas: family/children (9.5%), disability (6.5%), survivors as well as unemployment (each with 5.6%), housing and social exclusion (2.2%). More than two thirds of social benefits are cash benefits. Social benefits in kind are dominated by inpatient and outpatient health care benefits. In 2018, EUR EUR54.0 billion were spent for pension benefits, amounting to 14.0% of gross domestic product (GDP).

After deduction of wage tax and social contributions, partly due from cash benefits, 90.5% net social benefits (cash benefits and benefits in kind) actually reached the beneficiaries (value for 2017). Therefore, social expenditure to GDP ratio declines by -2.7 percentage points from 29.4% to 26.7% in 2017.

With respect to the financing of social benefit systems, more than one third of the total number is financed by employers' social contributions, with another third being financed by general government revenues and more than one quarter by social contributions from protected persons.

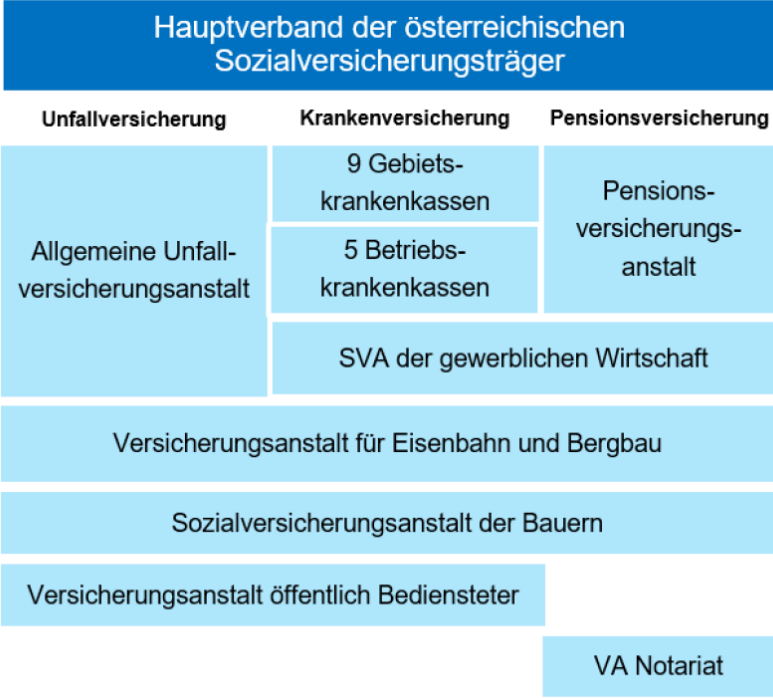
The number of pension beneficiaries according to ESSPROS was 2.458.362, i.e. the number of pension beneficiaries increased by 0.8% from 2017 to 2018.

More information and tables can be found on the website of the [Federal Ministry of Social Affairs, Health, Care and Consumer Protection](#). Eurostat publishes social protection expenditure and receipts, qualitative information and pension beneficiaries for EU member states on its website ([database](#), [qualitative information](#), [statistics explained article](#)). The [ESSPROS Manual](#) contains detailed information on the methodology.

Structural reform of social security

In December 2018, the Austrian National Council passed the Social Insurance Organisation Act (*Sozialversicherungs-Organisationsgesetz, SV-OG*) to merge the social insurance institutions existing at that time and create just five social insurance institutions under one umbrella organisation in place of the current main association.

Structure until 31 December 2019



Structure as of 1 January 2020

Main Association of Austrian Social Security Institutions

- Austrian Health Insurance Institution (*Österreichische Gesundheitskasse, ÖGK*)**
- Social Insurance Institution for Public-Sector Employees, Railways and Mining (*Versicherungsanstalt öffentlich Bediensteter, Eisenbahnen und Bergbau, BVAEB*)**
- Social Insurance Institution for the Self-Employed (*Sozialversicherung der Selbstständigen, SVS*)**
- Pension Insurance Institution (*Pensionsversicherungsanstalt, PVA*)**

Austrian Workers' Compensation Board (*Allgemeine Unfallversicherungsanstalt, AUVA*)

The aim of the merger efforts is to have a social security system that is efficient, modern and in keeping with the needs of citizens. The reorganisation of insurance institutions will help reduce administration costs and take advantage of potential savings, freeing up funds to be used to provide even better care for people.

Health insurance

99% of the population are covered by statutory health insurance schemes. With the introduction of the means-tested minimum income scheme, its beneficiaries are covered by compulsory social health insurance as well.

Accident insurance covers practically 100% of the economically active population, including schoolchildren and students, with the exception of self-employed persons in a few liberal professions (e.g. authors, lawyers and civil engineers), who can enter into a voluntary insurance scheme.

In 2019, on average 4,134,231 persons were directly covered by pension insurance (of which 3,539,334 were employees and self-employed), 6,264,402 persons were covered by accident insurance and 3,134,986 were covered by unemployment insurance, including 13,852 freelance workers. Moreover, 4,134,231 persons received pension benefits in 2019 (Statistical Manual of Austrian Social Insurance).

The following table provides an overview of all insurance relationships in the health insurance scheme:

Die Entwicklung der anspruchsberechtigten Personen
in der Krankenversicherung nach Versicherungsträgern
Jahresdurchschnitte 2015 - 2019

Bezeichnung	2015	2016	2017	2018	2019
Personen ¹⁾ insgesamt	8.506.925	8.615.469	8.677.278	8.730.841	8.773.427
Alle KV-Träger (Versicherungsverhältnisse ²⁾)	9.205.527	9.333.007	9.409.569	9.482.521	9.546.068
GKK Wien	1.644.907	1.686.539	1.709.053	1.725.484	1.734.250
GKK Niederösterreich	1.195.355	1.213.492	1.221.300	1.228.124	1.235.467
GKK Burgenland	207.796	210.752	211.640	211.858	213.310
GKK Oberösterreich	1.216.485	1.233.328	1.241.986	1.251.570	1.259.403
GKK Steiermark	943.210	954.408	960.045	968.755	975.072
GKK Kärnten	431.930	435.378	435.519	435.749	436.208
GKK Salzburg	456.768	461.230	464.159	466.466	468.270
GKK Tirol	579.664	585.757	591.175	594.739	598.526
GKK Vorarlberg	320.084	324.471	326.727	328.598	330.122
BKK Austria Tabak	1.912	1.799	-	-	-
BKK Verkehrsbetriebe	19.650	19.633	19.445	19.306	19.230
BKK <u>Mondi</u>	2.591	2.602	2.575	2.520	2.493
BKK VABS	13.034	12.894	13.116	13.034	12.786
BKK Zeltweg	4.218	4.101	4.045	4.049	4.099
BKK <u>Kapfenberg</u>	9.967	9.917	9.905	10.020	10.129
VAEB	223.251	220.723	219.383	217.977	217.448
VA öffentlich Bediensteter	794.751	803.113	814.725	829.110	843.943
SVA der <u>gew.</u> Wirtschaft	779.051	795.870	811.991	826.472	839.874
SVA der Bauern	360.903	357.000	352.780	348.690	345.438

1) Jede Person wird nur einmal gezählt.

2) Personen, die bei mehreren Versicherungsträgern anspruchsberechtig sind.

Die Entwicklung des Standes der unmittelbar Sozialversicherten nach Versicherungsbereichen						
Jahresdurchschnitte 2000 - 2019						
Jahr	Kranken- versicherung ¹⁾	Pensions- versicherung	d a v o n		Unfall- versicherung	Arbeitslosen- versicherung
			Unselbständige	Selbständige		
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	5.815.182	2.707.795
2007	6.231.384	3.431.308	2.935.998	495.310	5.917.896	2.779.594
2008	6.330.390	3.527.212	3.022.085	505.127	5.981.709	2.852.086
2009	6.378.354	3.497.069	2.982.956	514.113	5.938.138	2.829.900
2010	6.447.172	3.540.529	3.019.221	521.308	6.057.701	2.869.034
2011	6.543.564	3.607.920	3.078.526	529.394	6.122.236	2.922.534
2012	6.620.491	3.673.673	3.137.529	536.144	6.170.999	2.990.524
2013	6.715.327	3.715.733	3.166.706	549.027	6.195.225	3.030.494
2014	6.793.204	3.758.306	3.201.590	556.716	6.220.226	3.082.490
2015	6.891.364	3.807.725	3.241.363	566.362	6.264.402	3.134.986
2016	7.013.473	3.874.423	3.298.907	575.516	6.337.382	3.223.011
2017	7.075.229	3.959.005	3.376.065	582.940	6.426.127	3.329.438
2018	7.133.305	4.060.323	3.471.146	589.177	6.511.418	3.442.053
2019	7.194.877	4.134.231	3.539.334	594.897	6.572.456	3.510.419

2.01

1) Versicherungsverhältnisse ohne mitversicherte Angehörige.

Source: Statistical Manual of Austrian Social Insurance 2020

The following tables show all persons insured under the health insurance scheme, broken down by insurance institution (dependently employed, self-employed) and category of insuree (employed, voluntarily insured, unemployed, receiving childcare benefit, retired and other insured persons).

**Versicherungsverhältnisse (ohne Angehörige) in der Krankenversicherung
nach Versicherungsträgern und Versichertenkategorien
Männer und Frauen
Jahresdurchschnitte**

Jahr	Versicherungsträger	Versichertenkategorie						
		I - VI Alle direkt Versicherte n	I Erwerbs- tätige	II Freiwillig Versicherte	III Arbeitslose	IV KBG- BezieherInn en	V Pensioniste n, Rentner, Prov.	VI Sonstige Versicherte
2016	I n s g e s a m t	7.013.473	3.962.977	124.175	373.104	119.108	2.287.084	147.025
	Alle Gebietskrankenkassen	5.396.286	2.988.296	117.876	371.832	103.987	1.667.495	146.800
	GKK Wien	1.266.398	682.726	40.040	123.929	24.261	346.203	49.239
	GKK Niederösterreich	925.817	481.414	14.944	62.542	15.690	329.008	22.219
	GKK Burgenland	165.371	81.895	2.553	11.246	2.368	63.552	3.757
	GKK Oberösterreich	934.209	551.581	12.324	47.633	19.999	284.019	18.653
	GKK Steiermark	733.746	404.706	17.092	47.894	13.600	230.036	20.418
	GKK Kärnten	332.507	172.785	6.093	26.569	5.920	112.621	8.519
	GKK Salzburg	350.876	211.153	6.806	17.071	7.500	100.988	7.358
	GKK Tirol	441.718	265.040	9.196	23.702	9.403	123.874	10.503
	GKK Vorarlberg	245.644	136.996	8.828	11.246	5.246	77.194	6.134
	Alle Betriebskrankenkassen	37.040	18.545	66	176	202	18.029	22
	BKK Austria Tabak	1.611	324	1	7	2	1.277	-
	BKK Verkehrsbetriebe	14.223	8.474	25	2	105	5.617	-
	BKK Mondi	1.714	870	2	12	19	811	-
	BKK VABS	9.327	4.116	13	75	26	5.088	9
	BKK Zeltweg	2.789	1.415	7	61	17	1.286	3
	BKK Kapfenberg	7.376	3.346	18	19	33	3.950	10
	VA f.Eisenbahnen u.Bergbau	167.872	64.149	642	1.096	615	101.279	91
	VA öffentlich Bediensteter	566.936	352.655	1.045	-	9.095	204.029	112
SVA der gewerbl. Wirtschaft	565.913	407.701	4.365	-	3.622	150.225	-	
SVA der Bauern	279.426	131.631	181	-	1.587	146.027	-	
2017	I n s g e s a m t	7.075.229	4.038.827	121.761	355.497	117.978	2.303.768	137.398
	Alle Gebietskrankenkassen	5.441.123	3.048.234	115.175	354.264	102.976	1.683.369	137.105
	GKK Wien	1.280.823	698.162	39.753	120.704	23.693	346.157	52.354
	GKK Niederösterreich	931.061	489.758	14.554	60.735	15.842	331.827	18.345
	GKK Burgenland	166.422	83.327	2.541	10.474	2.257	64.718	3.105
	GKK Oberösterreich	941.772	561.155	11.834	45.484	19.922	287.201	16.176
	GKK Steiermark	739.278	414.869	16.389	43.801	13.467	233.336	17.416
	GKK Kärnten	333.579	175.232	5.822	24.597	5.908	114.274	7.746
	GKK Salzburg	353.512	214.736	6.549	16.083	7.425	102.214	6.505
	GKK Tirol	446.903	271.400	9.071	21.657	9.293	125.684	9.798
	GKK Vorarlberg	247.773	139.595	8.662	10.729	5.169	77.958	5.660
	Alle Betriebskrankenkassen	35.260	18.368	62	161	185	16.457	27
	BKK Verkehrsbetriebe	14.030	8.385	24	3	97	5.521	-
	BKK Mondi	1.713	880	1	11	16	805	-
	BKK VABS	9.418	4.301	12	74	29	4.987	15
	BKK Zeltweg	2.764	1.403	6	54	10	1.288	3
	BKK Kapfenberg	7.335	3.399	19	19	33	3.856	9
	VA f.Eisenbahnen u.Bergbau	167.604	65.740	615	1.072	631	99.445	101
	VA öffentlich Bediensteter	576.016	359.675	1.073	-	9.150	205.953	165
	SVA der gewerbl. Wirtschaft	578.096	416.531	4.665	-	3.533	153.367	-
SVA der Bauern	277.130	130.279	171	-	1.503	145.177	-	

2018	I n s g e s a m t	7.133.305	4.131.529	117.385	328.480	115.157	2.322.281	118.473
	Alle Gebietskrankenkassen	5.480.575	3.123.405	110.720	327.324	100.866	1.700.110	118.150
	GKK Wien	1.287.824	716.213	38.248	115.134	23.912	345.288	49.029
	GKK Niederösterreich	936.188	500.607	14.091	56.472	15.250	335.045	14.723
	GKK Burgenland	167.167	84.786	2.445	9.610	2.113	65.858	2.355
	GKK Oberösterreich	950.770	575.245	11.210	40.766	19.508	290.837	13.204
	GKK Steiermark	747.336	428.721	15.611	38.899	13.048	236.838	14.219
	GKK Kärnten	334.709	178.502	5.668	22.414	5.706	116.006	6.413
	GKK Salzburg	356.218	218.968	6.217	14.996	7.161	103.583	5.293
	GKK Tirol	450.361	277.605	8.788	18.802	9.107	127.789	8.270
	GKK Vorarlberg	250.002	142.758	8.442	10.231	5.061	78.866	4.644
	Alle Betriebskrankenkassen	35.103	18.488	64	127	175	16.222	27
	BKK Verkehrsbetriebe	13.910	8.325	22	4	94	5.465	-
	BKK Mondi	1.696	870	1	6	6	812	1
	BKK VABS	9.369	4.343	14	64	34	4.900	14
	BKK Zeltweg	2.778	1.449	6	34	11	1.276	2
	BKK Kapfenberg	7.350	3.501	21	19	30	3.769	10
VA f. Eisenbahnen u. Bergbau	167.280	67.340	570	1.029	372	97.853	116	
VA öffentlich Bediensteter	586.297	369.329	940	-	9.085	206.763	180	
SVA der gewerbl. Wirtschaft	589.235	424.147	4.925	-	3.218	156.945	-	
SVA der Bauern	274.815	128.820	166	-	1.441	144.388	-	
2019	I n s g e s a m t	7.194.877	4.194.627	112.455	325.569	111.157	2.350.789	100.280
	Alle Gebietskrankenkassen	5.520.946	3.170.387	105.596	324.468	97.444	1.723.151	99.900
	GKK Wien	1.294.480	729.830	36.298	114.576	23.532	346.326	43.918
	GKK Niederösterreich	943.109	507.986	13.722	55.734	14.605	339.087	11.975
	GKK Burgenland	168.828	85.717	2.358	9.536	2.010	67.217	1.990
	GKK Oberösterreich	959.053	583.430	10.539	40.643	18.689	295.726	10.026
	GKK Steiermark	753.795	435.344	14.716	38.872	12.559	240.821	11.483
	GKK Kärnten	336.702	180.161	5.390	22.121	5.413	117.982	5.635
	GKK Salzburg	358.714	221.519	6.004	14.461	6.808	105.403	4.519
	GKK Tirol	454.334	282.084	8.429	18.105	8.812	130.259	6.645
	GKK Vorarlberg	251.931	144.316	8.140	10.420	5.016	80.330	3.709
	Alle Betriebskrankenkassen	34.908	18.498	61	118	176	16.027	28
	BKK Verkehrsbetriebe	13.828	8.300	20	3	87	5.416	2
	BKK Mondi	1.696	864	1	5	6	819	1
	BKK VABS	9.179	4.232	14	72	32	4.816	13
	BKK Zeltweg	2.811	1.497	4	18	16	1.274	2
	BKK Kapfenberg	7.394	3.605	22	20	35	3.702	10
VA f. Eisenbahnen u. Bergbau	166.647	68.893	566	983	397	95.679	129	
VA öffentlich Bediensteter	599.284	378.101	911	-	8.893	211.156	223	
SVA der gewerbl. Wirtschaft	600.071	431.238	5.164	-	2.907	160.762	-	
SVA der Bauern	273.021	127.510	157	-	1.340	144.014	-	

Quelle: Hauptverband der österreichischen Sozialversicherungsträger

Unemployment insurance

Insurance protection is related to gainful activity as an employed person. Protection extends, e.g. to employees, apprentices, freelance workers, homeworkers, persons undergoing vocational training and development assistants. Unemployment insurance is compulsory for the persons mentioned in Section 1 of the Austrian Unemployment Insurance Act (Arbeitslosenversicherungsgesetz). Self-employed persons may join the unemployment insurance voluntarily.

Unemployment insurance is compulsory for employees with monthly earnings of more than EUR 460.66 (marginal earnings threshold, *Geringfügigkeitsgrenze* 2020).

Self-employed persons subject to compulsory pension insurance in accordance with the Social Insurance Act for Trade and Industry (*Gewerbliches Sozialversicherungsgesetz - GSVG*) have

the option of registering participation in the voluntary unemployment insurance scheme to improve their social security protection.

Relationship between Article 12 § 1 and Article 13 § 1 (adequacy of benefits)

For information on the amount of unemployment benefit and unemployment assistance, see above.. Persons receiving unemployment insurance benefits may also receive social assistance benefits financed by the *Laender*.

Voluntary unemployment insurance for the self-employed

December 2015 to December 2019; Note: Meaning of the “levels” in the table: Level 1: $\frac{1}{4}$ of the GSVG maximum contribution base; level 2: $\frac{1}{2}$ of the GSVG maximum contribution base; level 3: $\frac{3}{4}$ of the GSVG maximum contribution base:



ALV-Versicherte
Stand Dezember 201

Pension insurance (old age, invalidity and survivors' benefits)

Relationship between Article 12§1 and Article 13§1 (adequacy of benefits)

The Austrian statutory pension system does not provide for an unconditional minimum pension for persons beyond a certain age. However, the so-called “means-tested equalisation supplement” (“*Ausgleichszulage*”) may - on a partly means-tested basis - apply to persons who are, in principle, eligible to pension payment. This means that pensions of low benefit level may be raised to reach the “equalisation supplement reference rate” in case of financial need. In 2019, the equalisation supplement reference rate was EUR 933.06 for single persons and EUR 1,398.97 for married couples (or in registered partnerships).

Number of persons covered by pension insurance are as follows

Employed persons

in mio.

2016: 3,586,872

2017: 3,655,297

2018: 3,741,484

2019: 3,797,304

Source: Main Association of Austrian Social Security Institutions

Self-employed persons

In thousands

2016: 477,660

2017: 483,531

2018: 487,124

2019: 486,331

Source: Federal Ministry of, Social Affairs, Health, Care and Consumer Protection

Rates of benefits, pension adjustment

Maximum contribution base

2012 EUR 2,230.00 0.71% 2016: EUR 4,860.00 4.5%

2013 EUR 4,440.00 5.0% 2017: EUR 4,980.00 2.5%

2014 EUR 4,530.00 2.0% 2018: EUR 5,130.00 3.0%

2015 EUR 4,650.00 2.7% 2019: 5,220.00 1.8%

Source: Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Average contribution base

2012 EUR 2,573.79 2.2% 2016: 2,845.00 2.6%

2013 EUR 2,650.87 3.0% 2017: 2,899.00 1.9%

2014 EUR 2,711.03 2.3% 2018: 2,975.00 3.0%

2015 EUR 2,762.49 1.9% 2019: 3,039.40 2.1%

Source: Main Association of Austrian Social Security Institutions

Average (total) pension in EUR

2012 EUR 993.40 2016: 1,095.00 2.0%

2013 EUR 1,022.33 2017: 1.113,70 1.7%

2014 EUR 1,048.86 2018: 1,145,42 2.8%

2015 EUR 1,075.15 2019: 1,184,76 3,4%

Source: Main Association of Austrian Social Security Institutions

Equalisation supplement (Ausgleichszulage)

The yearly increase of the standard rates for granting an equalisation supplement in addition to pension payments (in order to ensure a minimum income) and the yearly inflation rates are shown in the following table "AZ Richtsätze.pdf":



AZ Richtsätze.pdf

Pension adjustment

In the following document “Anpassung der Pensionen” the pension adjustment of the last years compared to the development of the CPI (consumer price index) is shown:



Anpassung der
Pensionen.pdf

Bonus if at least 30 years of compulsory insurance contributions have been accrued as a result of gainful employment

Single pensioners are entitled to a BONUS in addition to an equalisation supplement or an individual pension if

- the person has accrued at least 360 contribution months of compulsory insurance as a result of gainful employment (a maximum of 60 months of child-rearing and a maximum of 12 months of national service or alternative civilian service are to be included as periods of gainful employment) and
- if the total income including the eligible net income does not exceed the amount of EUR 1,080 per month.

Bonus if at least 40 years of compulsory insurance contributions have been accrued as a result of gainful employment (for singles)

Single pensioners are entitled to a BONUS in addition to an equalisation supplement or an individual pension if

- the person has accrued at least 480 contribution months of compulsory insurance as a result of gainful employment (a maximum of 60 months of child-rearing and a maximum of 12 months of national service or alternative civilian service are to be included as periods of gainful employment) and
- if the total income including the eligible net income does not exceed the amount of EUR 1,315 per month.

The bonus due is the difference between EUR 1,315 and the recognised total income, but no more than EUR 381.94.

Bonus if at least 40 years of compulsory insurance contributions have been accrued as a result of gainful employment (for families)

One person (in the family) is eligible for a bonus in addition to an equalisation supplement or to a pension from their own pension insurance if

- the person has accrued at least 480 contribution months of compulsory insurance as a result of gainful employment (a maximum of 60 months of child-rearing and a maximum of 12 months of national service or alternative civilian service are to be included as periods of gainful employment) and

- if the total income including the net income of the spouse living in the same household does not exceed EUR 1,782 per month.

The bonus due is the difference between EUR 1,782 and the recognised total income, but no more than EUR 383.03.

Gender aspect

It is mostly women who benefit from the increase in the adjustment.

Number of persons receiving old-age benefits

2016: 1,656,350
2017: 1,682,253
2018: 1,713,791
2019: 1,754,945

Since January 2011, retirement benefits to persons from the age of 60 (women) and 65 (men) are always counted as old age pension in the statistics.

Source: Federal Ministry of Social Affairs, Health, Care and Consumer protection OPIS

Equalisation supplement

Equalisation supplement recipients (always December)

Year	Total	Men	Women
2016	211,237	68,413	142,824
2017	212,377	68,467	143,910
2018	208,739	66,986	141,753
2019	205,306	65,842	139,464

Source: Annual Report of the Austrian Social Security Agency 2020

A single pensioner on a minimum pension receives the „equalisation supplement“ 14 times a year.

c) Please provide information on any impact of the COVID-19 crisis on social security coverage and on any specific measures taken to compensate or alleviate possible negative impact.

As regards social security, the following measures were enshrined in law (9th COVID-19 Act (9. COVID-19-Gesetz), Federal Law Gazette I No. 31/2020):

- The continued receipt of the last temporary benefit from the health insurance or pension insurance scheme for the duration of the COVID-19 crisis in view of the fact that applications for benefits or court proceedings cannot be continued to be processed or completed because a medical assessment cannot be made, with the additional expenses for sick pay being covered by the Federal Government from the COVID-19 crisis management fund;

- The certificate for at-risk groups (*Risikoattest*) and the option for at-risk patients to be given a leave of absence, as well as personnel costs for employees having been granted a leave of absence being covered by the health insurance scheme and these costs then being reimbursed by the Federal Government to the health insurance scheme from the COVID-19 crisis management fund.

Several (temporary) measures have been taken due to the COVID-19 pandemic in the area of unemployment insurance:

- Unemployment assistance has been raised to the level of unemployment benefits from 16 March to 30 September 2020, which has recently been extended until the end of the year. In addition, during the period May to September 2020, unemployed persons maintain the protection for placement in their former occupation and an income similar to the previous employment.
- Facilitation for receiving unemployment benefits for self-employed persons: compulsory insurance does not prevent the receipt of benefits for the period from March to September 2020.
- Persons who receive unemployment benefit or unemployment assistance for at least 60 days in the months May to August 2020 will receive a lump-sum payment of EUR 450 in September to cover the special needs resulting from the COVID-19 crisis.
- For the duration of a quarantine ordered by the authorities, persons can receive unemployment benefits (if unemployed).

Paragraph 4 – to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:

- a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;***
- b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.***

The Committee concludes that the situation in Austria is not in conformity with Article 12§4 of the Charter on the grounds that:

Equal treatment with regard to social security rights is not guaranteed to nationals of all other States Parties;

Equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties.

The following statement is made concerning the negative conclusion:

Entering into social security agreements

The laws governing social security in Austria are based on the principle of compulsory insurance, meaning that anyone taking up employment at a level of pay superseding the minimum set for social security is normally included in the social security scheme. Here Austria makes no distinction, neither along the lines of the personal law applying to individuals nor their citizenship nor the type of employment pursued (i.e. self or dependently employed). Duties to pay contributions or to register, as well as later entitlement to benefits, may arise even in the case of individuals who do not meet all requirements for legal residence.

Where Austria has international agreements with other countries regulating the mutual recognition of social security schemes, Austria also recognises insurance periods accumulated in other countries and counts them towards entitlement to benefits, e.g. to retirement or disability pension benefits.

Reference is made to the file “Abkommensübersicht” which lists all the international agreements Austria has entered with any other countries in the field of social security:



Abkommensübersicht
1.2.2020.pdf

As regards social security agreements signed between Austria and the State Parties to the Charter, the following information can be provided:

There has now been an agreement in place with **Albania** since 1 December 2018:

<https://www.ris.bka.gv.at/eli/bgbl/III/2018/154/20181001?ResultFunctionToken=ae0e9f9e-de13-458f-995f-45a1346edc12&Position=1&Abfrage=BgblAuth&Titel=&Bgblnummer=&SucheNachGesetzen=False&SucheNachKundmachungen=False&SucheNachVerordnungen=False&SucheNachSonstiges=False&SucheNachTeil1=False&SucheNachTeil2=False&SucheNachTeil3=False&VonDatum=01.10.2018&BisDatum=01.10.2018&ImRisSeitVonDatum=01.10.2018&ImRisSeitBisDatum=01.10.2018&ImRisSeit=Undefined&ResultPageSize=100&Suchworte=>

<https://www.ris.bka.gv.at/eli/bgbl/III/2018/158>

As there are no restrictions regarding pension insurance depending on 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, upon application, 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 (required to add up insurance periods where no entitlements to benefits have accrued for insurance periods acquired in Austria) it has to be mentioned that efforts have been hampered to some degree 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. From the other European states mentioned (Andorra, Armenia, Azerbaijan, Georgia, Russia) 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. 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.

Most recently, the Ukraine launched an initiative to start talks on social security in 2013 (medical treatment of patients in the other contracting state). However, Austria's general approach is to always include at least some form of coordination of pension insurance provisions in the scope of social security agreements, which is why Austria did not take any measures in response to the Ukraine's initiative. Austria does not have any agreement worldwide within the scope of which exclusively the medical treatment of patients is governed.

Family allowance

In Austria, family allowance is payable to persons whose place of residence or centre of vital interest is in Austria. Entitlement is independent of employment or income. Third-country nationals require a valid residence title. There are no minimum residence or minimum employment periods.

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

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.

Reference is made to the Judgement of the European Court of Human Rights of 8 January 2013 in the case *Efe against Austria*, Application no. 9134/06, where the Court explicitly accepted

- that family allowances are granted with the intention to establish certain minimum standards of living for all children living in Austria and
- that family allowance, as a measure forming part of Austria's population policy, is granted with the aim of sharing the burden between families within the population as an investment in future generations in the context of the "intergenerational contract", to which children living outside the country do as a rule not contribute in the future because they do not have a strong link to the country.

The European Court of Human Rights therefore accepted a system which is primarily designed to cater for the needs of the resident population.

Article 13 – The right to social and medical assistance

With a view to ensuring the effective exercise of the right to social and medical assistance, the Parties undertake:

Paragraph 1 – to ensure that any person who is without adequate resources and who is unable to secure such resources either by his own efforts or from other sources, in particular by benefits under a social security scheme, be granted adequate assistance, and, in case of sickness, the care necessitated by his condition;

a) Please describe any reforms to the general legal framework. Please provide pertinent figures, statistics or any other relevant information, in particular: evidence that the level of social assistance is adequate, i.e. the assistance should enable any person to meet his/her basic needs and the level of the benefits should not fall below the poverty threshold. Information must therefore be provided on basic benefits, additional benefits and on the poverty threshold in the country, defined as 50% of the median equivalised income and calculated on the basis of the poverty risk threshold value published by Eurostat.

b) Please indicate any specific measures taken to ensure social and medical assistance for persons without resources in the context of a pandemic such as the COVID-19 crisis. Please also provide information on the extent and modalities in which social and medical assistance was provided to people without a residence or other status allowing them to reside lawfully in your country's territory.

c) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

Reference is made to previous reporting, which is updated as follows:

Legal framework and data

It is noted that the actual at-risk-of-poverty threshold according to Eurostat (EU-SILC) is 60% of the equivalent net household income. In Austria, this at-risk-of-poverty threshold currently amounts to EUR 1,286 per month. As a result, 1,161,000 persons or 13.3% of the Austrian population can be defined as “at risk of poverty”. For further data on the risk of poverty and social exclusion in Austria, please refer to the Statistics Austria website: https://www.statistik.at/web_de/statistiken/menschen_und_gesellschaft/soziales/armut_und_soziale_eingliederung/index.html

The agreement on means-tested minimum income concluded with the *Laender* in 2010 pursuant to Art. 15a of the Federal Constitutional Law (*Bundes-Verfassungsgesetz, B-VG*) expired at the end of 2016. This meant that it was possible for the *Laender* as from 1 January 2017 to take a different approach to their respective minimum income laws without adhering to common standards. This development was to be impeded by restructuring the social assistance scheme in the form of a fundamental law pursuant to Art. 12 B-VG; this plan was included as one of the projects envisaged in the government programme for the 26th legislative period. The aim of the Federal Government at the time was to create a new legal framework for the *Laender*. As a result, the Social Assistance (Principles) Act (*Sozialhilfe-Grundsatzgesetz, SH-GG*) entered into force on 1 June 2019. However, a decision handed down by the Austrian Constitutional Court of 12 December 2019 (G 164,171/2019) repealed

individual provisions of this fundamental law, deeming them unconstitutional (scaled benefits for children or lower benefits for new immigrants without adequate language skills). The other framework provisions of the SH-GG – such as the provision that the *Laender* may now stipulate maximum rates instead of minimum standards for social assistance – remained in force unchanged. The new maximum rates continue to be based on the equalisation supplement in the pension insurance system (minimum subsistence level recognised in Austria) and are adjusted each year.

According to the MISSOC tables on social security in EU Member States, the minimum standard for a single person was EUR 885.47 in 2019. The amount of minimum income awarded (excl. additional housing assistance) is in line with the equalisation supplement reference rate under the pension insurance system.

The fundamental law must be implemented by the *Laender* by means of what are known as implementing acts. The process for implementing the SH-GG throughout Austria has not yet been completed at the *Laender* level.

COVID-19

In response to the COVID-19 crisis, a total of EUR 150 million was made available to the family hardship fund (*Familienlastenausgleich*) between 15 April 2020 and 31 March 2021 to support families with children who, as a result of the pandemic, were affected by temporarily reduced working hours (*Kurzarbeit*), unemployment or were affected as self-employed after 28 February 2020, or were already unemployed at that time and receiving unemployment benefit or long-term unemployment assistance. The scheme was renewed in 2021 and the scope of eligible persons was extended.

A further EUR 30 million was made available through the Family Crisis Fund (*Familienkrisenfonds*) to help low-income families cope with the consequences of the pandemic. A portion of this fund (EUR 13 million) will be disbursed to assist families with children in receipt of minimum income benefits. The grants were awarded in the form of a fixed amount of EUR 50 per child per month (equivalent to a maximum grant of EUR 100 per child). The Public Employment Service (AMS) carried out an EDP-supported check to determine whether the conditions were met. A range of other measures were also taken, including the following:

Long-term unemployment assistance was raised for a period of six months to the initial level of unemployment benefit.

- Job seekers received a one-off payment of EUR 450 provided they met certain conditions. This was not offset against any social assistance benefits, resulting in no reductions of other social payments.
- The family allowance payment for the month of September 2020 was increased by EUR 360 for each child. This support provides financial relief for families with several children in particular.

Steps were also taken in how to obtain government benefits. For example, it was made easier to access “regular” social assistance benefits, such as by allowing simplified forms of submitting an application, providing immediate help or automatically prolonging benefits. The *Laender* took very different approaches here (see also the information provided by the *Laender* below).

Negative Conclusion

The Committee concludes that the situation in Austria is not in conformity with Article 13§1 of the Charter on the grounds that:

The right to the adequate level of social assistance is not guaranteed for all persons in need.

In some Laender non-EEA nationals, lawfully resident are subject to a length of residence requirement of five years to be entitled for social assistance.

The following statement is made concerning the negative conclusion:

The Social Assistance (Principles) Act (*Sozialhilfe-Grundsatzgesetz, SH-GG*), which came into force on 1 June 2019 and has to be implemented by the *Laender* (see above), also created new eligibility criteria for social assistance benefits. It stipulates that social assistance benefits shall only be granted to Austrian citizens and persons entitled to asylum, without prejudice to any applicable obligations under international treaties or EU law, and otherwise only to foreigners holding permanent residency having actually resided lawfully in the territory of the Federal Republic of Austria on a permanent basis for a period of least five years (see Section 4 Para. 1 SH-GG, Federal Law Gazette I no. 41/2019 as amended).

The insertion of “without prejudice to any applicable obligations under international treaties or EU law” clarifies that immigrants, even those immigrating from third countries, are not necessarily required to have resided in Austria for five years in order to be treated equally when it comes to receiving social assistance benefits.

Information provided by the *Laender*

Vienna

The Vienna Minimum Income Act (*Wiener Mindestsicherungsgesetz, WMG*) was last amended in 2018, with emphasis being given to integrating young minimum income beneficiaries in Vienna. There is no implementing act in Vienna to date to transpose the SH-GG.

The means-tested minimum income scheme is aimed at avoiding and combating poverty and social marginalisation as well as at facilitating the integration or reintegration into the labour market.

The means-tested minimum income benefit covers the minimum standard amount in the areas of subsistence, accommodation, health, pregnancy and childbirth. There is a legal entitlement to these benefits.

Section 5 WMG defines the group of persons eligible to receive benefits as follows:

Section 5: (1) Only Austrian nationals of legal age shall principally be entitled to services and benefits according to this Act.

(2) The following persons shall be treated equally to Austrian nationals if they are of legal age, have permission to stay in Austria and have not entered the country in the intention of receiving social assistance benefits:

1. Persons entitled to asylum or subsidiary protection who were granted this status based on the provisions of the Federal Act on the Granting of Asylum (Asylum Act, AsylG) 2005 as well as persons who are citizens of an EU or EEA state or Swiss nationals and victims of trafficking in human beings, cross-border prostitution trade or victims of violence or person who have a residence permit as victims of trafficking in human beings or cross-border prostitution trade or victims of violence (Section 57 Para. 1 nos. 2 and 3 of the Asylum Act 2005 (Asylgesetz, AsylG);

2. Citizens of an EU or EEA state or Swiss nationals, if they are in employment or qualify as in employment pursuant to Section 51 Para. 2 of the Federal Act on Settlement and Residence in Austria (Settlement and Residence Act, NAG) or have been granted the right of permanent residence pursuant to Section 53a NAG, and their family members;
 3. Persons holding a "Permanent residence – EU" title or whose residence and settlement permit issued before the NAG came into effect remain valid as such pursuant to Section 81 Para. 2 NAG in conjunction with the NAG implementing regulation (Durchführungsverordnung, DV), as well as persons holding a residence title "Permanent residence – family member" or "Permanent residence – EC" issued before 1 January 2014, which remains valid as a residence title "Permanent residence – EU" pursuant to Section 81 Para. 29 NAG;
 4. Persons holding a "Permanent residence – EU" title of another Member State who have been granted a residence permit pursuant to Section 49 Paras. 1, 2 or 4 NAG;
 5. Spouses, registered partners of persons pursuant to Para. 1 or Para. 2 nos. 1 to 4 who live with them in the same household and are lawfully resident in Austria.
- Persons who have filed an application for asylum pursuant to the provisions of the AsylG 2005 shall not be entitled to minimum income benefits in Vienna until the asylum procedure has been concluded with final effect.

According to Section 39 Para 2 of the Vienna Minimum Income Act, persons who have been legally residing in Austria for at least three months may also be granted minimum income benefits to avoid social hardships. Families and couples applying for assistance form what is referred to as *Bedarfsgemeinschaft* and as such will be granted benefits pursuant to the WMG.

Section 7 Para. 2 no. 2 WMG defines persons of full age living in the same household depending on one another or living in cohabitation as a *Bedarfsgemeinschaft*. Section 7 Para. 2 no. 3 WMG defines minor persons living in the same household with at least one parent or another person entrusted with the custody of the child and this respective parent or other person as *Bedarfsgemeinschaft*.

If one member of a *Bedarfsgemeinschaft* is classified as eligible person, all the other members will be granted full minimum income benefits, as long as they have permission to stay in Austria, irrespective of whether they fulfil the requirements pursuant to Section 5 WMG.

Data on the number of persons who are neither non-nationals enjoying equal treatment pursuant to Section 5 Para. 2 nor receive minimum income benefits as members of a *Bedarfsgemeinschaft* with an eligible person or pursuant to Section 39 Para. 2 are not available.

Subsistence and accommodation allowances are calculated based on minimum standard amounts whose base value corresponds to the equalisation supplement reference rate pursuant to Section 293 Para. 1 lit. a sublit. b ASVG, Federal Law Gazette no. 189/1955 as amended. The base value is increased annually by the same percentage as the equalisation supplement reference rate.

The minimum standards for 2016 to 2019 (in EUR per month) amounted to:

	Sole beneficiary / single parent	Spouse or cohabiting partner living in the same household	Minors living in the same household
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2016	EUR 837.76	EUR 628.32	EUR 226.20
2017	EUR 844.46	EUR 633.35	EUR 228.00
2018	EUR 863.04	EUR 647.28	EUR 233.02
2019	EUR 885.47	EUR 664.10	EUR 239.08

The minimum standard amounts for persons of full age include a base amount earmarked for accommodation needs corresponding to 25% of the respective minimum standard amount. In Vienna, this base amount is paid out to recipients of minimum income benefits regardless of the actual rent they pay (no disallowance or cuts). In addition, recipients of minimum income benefits are eligible for rental assistance if they can provide evidence of higher accommodation expenses.

When calculating the amount of rental assistance, which is subject to a specific ceiling, the base amount earmarked for accommodation needs is taken into account. In 2016 to 2019, this ceiling was defined as follows:

	For 1 to 2 persons	For 3 to 4 persons	For 5 to 6 persons	For 7 and more persons
2016	EUR 313.10	EUR 328.27	EUR 347.77	EUR 366.19
2017	EUR 350.60	EUR 330.90	EUR 350.55	EUR 369.12
2018	EUR 322.54	EUR 338.18	EUR 358.26	EUR 377.24
2019	EUR 330.93	EUR 346.97	EUR 367.57	EUR 387.05

When recipients of means-tested minimum income benefits were included in the statutory health insurance, the health insurance vouchers specifically issued for recipients of social assistance, which they had always perceived as stigmatising, were replaced by the e-card. Individuals for whom health insurance contributions are covered by the bodies responsible for paying minimum income are entitled to the same services and benefits as recipients of an equalisation supplement from pension insurance.

In the reporting period from 2016 to 2019, Mobility Passes were issued to low-income people living in Vienna.

The Mobility Pass entitles its holders to discounts for public transport services in Vienna, for example, which is intended to support their mobility and social participation.

	2016	2017	2018	2019
Number of Mobility Pass holders	144,791	147,514	138,851	Not yet available

Apart from providing for subsistence, the means-tested minimum scheme focuses on integration, prevention and social security for all. Currently, six regional social centres (three large centres and three centres each responsible for a single district) in Vienna are available to anyone with social problems. Minimum income benefits are granted in connection with counselling and support services, if these are required to prevent and overcome social hardships and achieve sustainable social stability. Social workers offer initial talks, counselling and support and develop a help and support plan jointly with the person seeking help. Their services are based on a holistic approach.

The City of Vienna also funded employment integration measures for beneficiaries of Vienna's minimum income scheme during the period under review. These measures consist of employment projects aimed at introducing participants to the primary labour market. Funding is provided in cooperation with the Vienna Public Employment Service (AMS) and the European Social Fund (ESF).

Beneficiaries of Vienna's minimum income scheme also receive advice and support from social workers in the decentralised social centres. The content of advice given relates to debts, evictions, dealing with money, etc. In 2019, former recipients of Vienna's minimum income scheme whose benefits were cancelled were given the opportunity to talk to a social worker with a view to determining the reasons for refusing to work or refusing to participate in a course and to offering appropriate measures and support. The aim is to avoid individuals subsequently experiencing financial difficulties and dropping out altogether.

A pilot project launched in 2019 saw first-time applicants also being invited to attend a consultation, during which applicants seeking benefits under the Vienna minimum income scheme for the first time are informed in detail about their rights and obligations, the documents required for the application and the general procedure. The consultation for first-time applicants is designed to help reduce the number of individual inquiries and avoid incomplete applications.

Support from social workers is available across the city and is naturally provided free of charge. The consultation for first-time applicants is still in the pilot phase and it is hoped that it will subsequently be rolled out on a large scale. Social work and consultations for first-time applicants are offered on a voluntary basis.

Furthermore, the *Land* of Vienna also offers advice and information via a central telephone number. A central service point is available to provide information and take complaints where necessary, with it being possible for these to be made in writing, by telephone or in person.

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. The social workers of the agency provide rental and social information and advice, crisis intervention and mediation between landlord and tenant, so that, in three quarters of the cases processed, the tenants can ultimately remain in their homes.

While the number of persons in need in Vienna rose steadily until 2017, the number of cases each year has been in decline since 2018. The number of supported persons from 2016 to 2019 was as follows (data regarding the minimum income scheme has only been provided in the form of average annual figures since 2017):

	2016	2017	2018	2019
Annual average number of minimum income beneficiaries	146,597	150,150	142,571	135,698

There is a legal entitlement to benefits to secure subsistence and accommodation as well as to cover the needs in cases of illness, pregnancy and childbirth.

As provider of means-tested minimum income, the *Land* of Vienna may grant assistance within the framework of private sector administration to help people in special life situations when they are affected or threatened by poverty or social exclusion due to their special personal, family or economic situation. It is specifically assumed that individuals are in a special life situation when they are confronted with unexpected expenses for which they are not responsible themselves or when they are in arrears with their rent, which may directly result in their eviction if they fail to pay.

Assistance as help in special life situations cannot only be used by those defined as eligible persons pursuant to Section 5 *WMG*, but also by non-nationals who do not enjoy equal treatment and have permission to stay in Austria for more than three months.

With regard to the discrimination of minimum income beneficiaries it should be noted that in case of regular employment in Austria all provisions of Austrian labour and social security legislation apply. If minimum income beneficiaries are unemployed, they have the same access to services offered by the AMS as non-beneficiaries. Individuals for whom health insurance contributions are covered by the bodies responsible for paying minimum income are also entitled to the same services and benefits as recipients of an equalisation supplement from pension insurance.

Means-tested minimum income benefits are flat-rate monetary benefits intended to cover essential needs. In 2019, the minimum standard amount for a person fit and able to work on the labour market amounted to EUR 885.47 per year. 25% of this amount are a base amount to cover accommodation needs.

- Additional rental assistance and housing allowance: If accommodation needs exceed the base amount, most Austrian *Laender* provide additional benefits. The type of benefit (with or without legal entitlement, minimum income benefits or housing subsidies) varies among the individual *Laender*. The amount granted also varies, depending on the respective rent level. In Vienna, additional rental assistance for one person amounts to a maximum of EUR 109.57 per month. Under certain conditions, housing allowance may also be obtained (it is not possible to state the allowance's exact amount as it is calculated based on many parameters).
- Higher benefits for elderly minimum income beneficiaries and minimum income beneficiaries who are permanently unfit to work: This target group receives means-tested minimum income benefits 14 times per year. Additional rental assistance amounts to a maximum of EUR 211.39 per month for single households. Rental assistance for pension beneficiaries is a special type of means-tested minimum income in Vienna. Like those who

receive means-tested minimum income benefits for more than three months, recipients of an equalisation supplement receive additional rental assistance amounting to a maximum of EUR 211.39 per month.

- Higher allowances for minor children in Vienna: The Vienna minimum income scheme provides for a minimum standard amount for children of EUR 239.08 (27% of the minimum standard amount for singles). In Vienna, families with children are provided with more funds within the framework of minimum income than in other Austrian *Laender*. As a result, particularly families with several children and single parents are able to achieve an income above the risk-of-poverty threshold when taking into account family allowance and tax credits.
- Exempt income: When commencing an employment, claims to exempt income may be asserted in the first 18 months, which results in an increase of household income.
- Help in special life situations: These benefits may be applied for by people with low incomes in situations of special hardships. They may also be used by means-tested minimum income beneficiaries and are mainly intended for funding furniture, urgent repair work and the settlement of rent arrears and energy debts. There is no legal claim to these benefits and their amount depends on the respective individual case.
- Social infrastructure/social services/benefits in kind: The *Land* of Vienna provides a high number of social services usually granted for free to low-income persons (e.g. debt counselling, housing protection, addiction and drug counselling, Vienna energy subsidy, nursery school). Additionally, means-tested minimum income beneficiaries receive the Vienna Mobility Pass entitling them to numerous discounts (for public transport, for example).

Conclusion: In combination with other benefits (e.g. housing and family allowances), the amount of means-tested minimum income granted reaches the poverty threshold in individual cases (not in general and not in all constellations). When looking at the situation from this perspective, the development level of social infrastructure, which is particularly high in Vienna, is not taken into account. The *Land* of Vienna additionally focuses on an extension of benefits in kind (e.g. guidance for work).

The *Land* of Vienna intends to keep the current legal situation as it is. Vienna has an exemplary and differentiated social welfare system and there are no plans to enlarge the groups of entitled persons. Instead, the instruments for combating the causes of poverty and social marginalisation need to be further developed without burdening the responsible territorial corporate bodies with additional tasks that cannot be funded.

COVID-19

During the COVID-19 crisis, face-to-face contact with persons was reduced to a bare minimum. This was offset, however, by an increase in telephone advisory services and information for (potential) applicants, multilingual and improved information on the minimum income scheme as well as e-services (online application, advice by e-mail, etc.). During the lockdown itself, minimum income benefits were automatically extended by four months in many cases, without the need to reapply, in order to avoid interruptions in the receipt of benefits (e.g. for persons considered at risk, persons with no access to the internet, etc.). All in all, this helped ensure that people in Vienna reliant on minimum income benefits continued to receive

financial support during the COVID-19 crisis. In addition, counselling on the telephone by social workers was increasingly offered.

What the COVID-19 crisis revealed was that, among other things, the target group has a much greater degree of access to the internet and telephone than believed, but also that there continues to be room for improvement in how this is handled (multiple submission of applications in formats that are sometimes unreadable, etc.). Digital literacy and access to digital media are key challenges in general for people suffering from poverty and social marginalisation when it comes to coping with future crises even better. From an administrative standpoint, the reduction of face-to-face appointments and provision of information by phone and electronically has been successful, yet this requires a well-considered pre-selection and channelling mechanisms in order to provide information and advice in the most appropriate form.

Lower Austria

Since 2010, the means-tested minimum income scheme (*Bedarfsorientierte Mindestsicherung, BMS*) under the Lower Austria Minimum Income Act (*NÖ Mindestsicherungsgesetz, NÖ MSG*) has played a key role in combating poverty in Austria by further developing the social assistance systems of the *Laender*. The BMS is a social assistance benefit provided by the *Land* of Lower Austria, to which persons have a legal claim. It consists of benefits to help secure subsistence and accommodation. The purpose of providing a lump-sum benefit in particular is to cover regular expenses for food, clothing, articles for personal hygiene, household goods and energy as well as expenses for personal needs.

An amendment to the means-tested minimum income scheme came into effect on 1 January 2017. Among other things, it capped the payments under the scheme at EUR 1,500 per household or flat-sharing community per month and reduced the minimum income for persons who have resided in Austria for less than five of the past six years (“minimum standards for integration”).

Furthermore, persons of full age seeking assistance and residing in Austria for less than five of the past six years were required to take any measures deemed possible and reasonable to improve their degree of integration. Such measures included attending a course on values and orientation and acquiring German language skills.

Recognising the fact that caregiving also takes place within the family, an exemption was added to the Ordinance governing allowance for own funds (*Verordnung über die Berücksichtigung von Eigenmitteln*), State Law Gazette 9200/2 enabling the care allowance received by a close relative living in the same household to be excluded when calculating the means-tested minimum income of a household member.

For example, in its ruling of 7 March 2018, G 136/2017-19, the Constitutional Court repealed Sections 10 Para. 4, 11a and 11b NÖ MSG, deeming them to be unconstitutional. What this essentially meant is that the minimum standards for integration (Section 11a NÖ MSG) and the cap on minimum standards (Section 11b NÖ MSG) could no longer be applied from 14 March 2018.

On 1 June 2019, the Social Assistance (Principles) Act (*Sozialhilfe-Grundsatzgesetz, SH-GG*), Federal Law Gazette I no. 41/2019, entered into force.

In order to implement the provisions of the SH-GG, the Lower Austria Government passed the Lower Austria Social Assistance Implementing Act (*NÖ Sozialhilfe-Ausführungsgesetz, NÖ*

SAG), on 13 June 2019. This act, State Law Gazette no. 70/2019, entered into force on 1 January 2020. The NÖ MSG expired at the same time on 31 December 2019.

In its ruling of 12 December 2019, G 164/2019-25, G 171/2019-24, the Constitutional Court repealed provisions of the SH-GG (degressive scale for child benefit, work qualification bonus), deeming them to be unconstitutional.

As a result of this ruling by the Constitutional Court, the NÖ SAG was amended by means of a resolution of the Lower Austria Government on 30 January 2020. This resolution entered into force retroactively on 1 January 2020.

Social assistance under the NÖ SAG comprises benefits to support general subsistence and to meet accommodation needs for people faced with financial hardship, who can no longer afford to support themselves (income, assets) and who do not receive any such support from other persons or institutions.

Supplements are available for single parents and persons with disabilities as a way of additionally supporting subsistence.

Additionally, protection in cases of illness, pregnancy and childbirth is safeguarded by taking over the payment of the contributions to the statutory health insurance scheme for the recipients of social assistance benefits.

The amount of the minimum income pursuant to the NÖ MSG was most recently (2019) EUR 885.47 for a single person or single parent (in an owner-occupied home: EUR 774.78). For persons of full age living in the same household as other persons of full age, the minimum standard amount per person was EUR 664.10 (in an owner-occupied home: EUR 581.09). For the third person of full age, if they are dependent of one the other persons in the same household, the minimum standard amount was EUR 442.74 (in an owner-occupied home: EUR 387.40).

For dependent minors living in the same household eligible for family allowance, the minimum standard amount was EUR 203.66 (in an owner-occupied home: EUR 178.21).

Based on an amendment to the Lower Austria Minimum Income Act, persons of full age eligible for family allowance have had more funds at their disposal since 1 January 2014 as the family allowance and the tax credit for children are no longer offset against the minimum standard amounts.

These amounts are calculated based on the equalisation supplement reference rate for single persons (as set out in the General Social Insurance Act, (*Allgemeines Sozialversicherungsgesetz, ASVG*)) This reference rate is set by federal legislature and adjusted for inflation every year. This means that the minimum standard amounts are also adjusted annually for inflation. The aim of the equalisation supplement is to secure a minimum income for every pension recipient living in Austria. If the total income falls below a statutory minimum amount, the recipient of a pension is given an equalisation supplement to top up their total income.

The minimum income scheme has developed as follows:

Number of recipients - costs of means-tested minimum income

2016: approx. 30,560 - approx. EUR 68.0 million

2017: approx. 28,800 - approx. EUR 62.0 million

2018: approx. 25,620 - approx. EUR 62.0 million

2019: approx. 24,350 - approx. EUR 62.2 million

Social assistance benefits pursuant to the NÖ SAG, which came into force on 1 January 2020, also include benefits to support general subsistence and to meet accommodation needs. Benefits are provided in cash or in kind in the form of lump-sum reference rates.

It can therefore be summarised that, from the perspective of the *Land* of Lower Austria, adequate social assistance benefits are available to persons in need.

Pursuant to Section 5 Para. 1 NÖ SAG, persons in social hardship, who have their primary residence and actually permanently live in Lower Austria and who have the right to permanent residence in Austria are eligible for social assistance benefits. Paragraphs 2 and 3 stipulate who is entitled to permanent residence in Austria and who is not eligible for social assistance benefits.

COVID-19

During the COVID-19 crisis, and particularly during the time of the lockdown, a greater amount of telephone counselling was given, applications were delivered by post as needed, and generous deadlines for submitting documents etc. were given. It is also worth mentioning that the Ordinance governing allowance for own funds (*Verordnung über die Berücksichtigung von Eigenmitteln*), State Law Gazette 9200/2, as amended, stipulates that the one-time payment to recipients of a benefit from the Public Employment Service (AMS) pursuant to Section 66 of the Unemployment Insurance Act (*Arbeitslosenversicherungsgesetz, AIVG*) is not taken into account when assessing the benefit pursuant to NÖ SAG.

Carinthia

The Carinthia Minimum Income Act (*Kärntner Mindestsicherungsgesetz, K-MSG*) has been in force since 1 July 2007, replacing the former Carinthia Social Assistance Act (*Kärntner Sozialhilfegesetz, K-SHG*). There have been numerous amendments to the K-MSG since its introduction, although these cannot be considered significant changes. The amount of many benefits under the K-MSG is laid down in the Ordinance governing minimum standard amounts, which is adjusted for inflation every year. In 2019, it amounted to EUR 885.47 (2008: EUR 490.00).

On 1 June 2019, the Social Assistance (Principles) Act (*Sozialhilfe-Grundsatzgesetz, SH-GG*), Federal Law Gazette I no. 41/2019, entered into force. In the *Land* of Carinthia, the adoption of the implementing law was postponed due, among other reasons, to the outbreak of the coronavirus and the ensuing restrictions.

However, the current legislation in place needs to be overhauled as a result of federal legal requirements set out in a fundamental act. The decision was taken in Carinthia to adopt a new law, entitled the Carinthia Social Assistance Act (*Kärntner Sozialhilfegesetz, K-SHG*) 2021, due to come into force on 1 January 2021. The new law provides for a separation of the areas of “open social assistance”, i.e. benefits in cash and in kind for subsistence and accommodation, from benefits relating to giving care and support. A scaled-down version of the Carinthia Minimum Income Act (*Kärntner Mindestsicherungsgesetz, K-MSG*) focusing on care and support will remain in force for the time being, although it is due to be incorporated into the Carinthia Long-Term Care Act (*Kärntner Pflegegesetz, K-PG*) in the future. It is noted here that

the K-SHG 2021 has not yet been adopted, which means that there may still be changes to the developments outlined below as well as a change in the name of the act itself.

In addition to the Social Assistance Act 2021, the Carinthia Equal Opportunities Act (*Kärntner Chancengleichheitsgesetz*, K-ChG) is also due to be revised in a number of areas. In particular, Section 8 of the K-ChG (subsistence help) is to be amended in such a way that this section of the act is in line with the provisions of the SH-GG. Note: In Carinthia, the legal basis for open social assistance has already been split between two laws - the Carinthia Minimum Income Act and the Carinthia Equal Opportunities Act. This was in response to a demand of interest groups representing persons with disabilities who wanted to have a separate basis of entitlement for people with disabilities (subsistence help instead of a means-tested minimum income). The new version of Section 8 of the K-ChG also creates a significantly better position for benefit recipients with disabilities than under the current legal situation (see also the example below).

Since the SH-GG (Federal Law Gazette no. 41/2019) of the Federal Government already lays down detailed requirements for the legislators at *Laender* level, there is little room left for them to set their own specific objectives. This means that the K-SHG 2021 will largely dovetail with the fundamental act and thus also with the other implementing acts in the other *Laender*.

The *Laender* legislature's scope for discretion here was largely forsaken in favour of the group of entitled persons. This is particularly plain to see in the following areas:

- Social compensation payments that expressly do not warrant consideration under constitutional law, such as the pension for victims of abuse in youth residential homes (*Heimopferrente*), are not classified as income;
- The long-term care allowance is also not considered as income for the relative providing care;
- The maximum time limit for receiving benefits was set as long as possible, and a longer period for receiving benefits was outlined for certain groups of people;
- The supplements for single parents constitute a mandatory benefit to which persons are legally entitled;
- Additional benefits are provided to prevent cases of particular hardship;
- The heating allowance continues to be standardised;
- Voluntary benefits to cover specific special needs will continue to include the possibility of assuming the costs of obtaining the right to appropriate old-age support, support in case of imminent physical abuse (women's shelters) and support for debtors and the homeless. Special services in cases of sickness for persons without health insurance or voluntary benefits for pregnancy or childbirth are also provided for;
- Benefits in kind for accommodation are defined in a more precise manner.

The room for discretion stemming from the aforementioned ruling of the Constitutional Court in the areas of child allowances and the working capacity is also used. The use of working capacity is now provided for in a similar way to the existing provision in the K-MSG, supplemented by the possibility for the authority to define appropriate and necessary requirements for the specific case with regard to vocational and work qualification or the use

of the person's own capacities. The aim here is to better ensure that the specific benefit reaches individuals who need it and in the way they need it.

When it comes to child allowances, a standard amount per child of 21% is envisaged instead of using a degressive scale.

Proven regulations, particularly those relating to procedural law, on the participation of persons and authorities and on agreements with private welfare organisations, are retained. Specifically included in the K-SHG 2021 now is the requirement to draw up a needs and assistance scheme to evidence the need as well as the short and medium-term goals of the measures

By implementing the SH-GG, the following important changes will be included in the K-SHG 2021:

- Section 4 - Introduction of more stringent rules on local absence: The period of a person's need is deemed to correspond to their actual and regular residence in Carinthia, commencing on the date of application at the earliest.
- Section 6 - Exclusion from the right to receive benefits: Persons holding subsidiary protection status are excluded. Benefits shall only be granted to Austrian citizens and persons entitled to asylum, and otherwise only to foreigners holding permanent residency having actually resided lawfully in Austria for at least five years.
- Sections 12 and 13 - Introduction of maximum amounts including a cap of 175% for persons of full age living in the same household. The system of maximum amounts is one of the core aspects of the SH-GG. The *Laender* are not permitted to exceed these maximum amounts.
- Section 10 - Consideration of AMS-defined cases of ineligibility and no more compensation through the minimum income scheme. Increasing employability by means of work qualification measures such as language courses, later completion of compulsory schooling, other courses or programmes can be stipulated as a requirement in the administrative decision (*Bescheid*) issued in each case.
- Section 8 Para. 5 – Increase in the exempt amount if a person seeking assistance takes up gainful employment while in receipt of a benefit pursuant to Section 12 for a maximum period of 12 months.

The Carinthia Equal Opportunities Act (K-ChG) includes the following additions to support people with disabilities:

- The exempt amount for income from paid work after an extended period of unemployment is set at 35% of the minimum standard amount.
- It is stated for the sake of clarity that income earned through benefits under this act does not count as own income.
- As regards the minimum standard amounts, the distinction made between persons with disabilities eligible for family allowance and persons with disabilities not eligible for family allowance will be abolished altogether and the minimum standard amounts brought in line with the amounts in the K-SHG 2021 plus a supplement of 18%.
- In future, one-to-one assistance services are planned to be available to all persons with disabilities, and not be contingent on persons being eligible for care allowance.

Comparison of benefits on the basis of sample calculations (basis: Ordinance governing minimum standard amounts 2020)

<i>Single parents</i>	K-MSG (currently)	K-SHG 2021
Single parents	EUR 917.35	100% = EUR 917.35
minor 1st child	EUR 165.12	21% + 12% = EUR 302.72
minor 2nd child	EUR 165.12	21% + 9% = EUR 275.20
minor 3rd child	EUR 165.12	21% + 6% = EUR 247.68
Total	EUR 1,412.71	EUR 1,742.95

<i>Persons with disabilities</i>	K-ChG (currently)	K-ChG from 1 Jan. 2021
Single person with disability entitled to family allowance	EUR 688.01	EUR 917.35 * 1.18 = EUR 1,082.47

<i>Persons living in the same household</i>	K-MSG (currently)	K-SHG 2021
(Full-legal age) 1st person	EUR 688.01	EUR 917.35 * 0.7 = EUR 642.15
(Full-legal age) 2nd person	EUR 688.01	EUR 917.35 * 0.7 = EUR 642.15
(Full-legal age) 3rd person	EUR 688.01	EUR 917.35 * 0.45 = EUR 412.81
Total	EUR 2,064.03	EUR 1,697.10 - capped at 175% Accordingly: total after cap EUR 1,605.36 = EUR 535.12 per person

Family with 2 children	K-MSG (currently)	K-SHG 2021
1st parent	EUR 688.01	EUR 917.35 * 0.7 = EUR 642.15
2nd parent	EUR 688.01	EUR 917.35 * 0.7 = EUR 642.15
minor 1st child	EUR 165.12	EUR 917.35 * 0.21 = EUR 192.64
minor 1st child	EUR 165.12	EUR 917.35 * 0.21 = EUR 192.64
Total	EUR 1,706.26	EUR 1,669.58 (approx. 97.9% of the current benefit)

Criticism of the five-year waiting period for third-country nationals

In view of the provisions of the Social Assistance (Principles) Act (SH-GG) regarding person-related requirements, the Carinthia Social Assistance Act 2021 will not change the five-year residence requirement for third-country nationals. The only exceptions here would be persons for whom applicable obligations under international treaties or EU law enable them to become entitled earlier, as well as EU/EEA citizens with the status of long-term resident, Swiss citizens and third-country nationals, if the benefit is mandatory under international treaties or EU law and the responsible immigration authorities have established this in the individual case. It remains the responsibility of the relevant authority to decide whether to grant social assistance benefits. The immigration authorities must therefore only be consulted.

The case-by-case examination to determine whether a person would be eligible before the end of the five years is at least in line with the case law of the ECJ, according to which entitlement to social benefits derives from the criteria set out in the Citizens' Rights Directive 2004/38/EC and blanket equal treatment with nationals is not required in all cases (cf. ECJ case C 333/13, Dano; case C-67/14, Alimanovic; case C-308/14, Commission v United Kingdom).

Within the scope of the new K-SHG 2021, the projects of the Territorial Employment Pact (TEP) will be continued, although the previous provision "work-based minimum income" will not be included in this form in the K-SHG 2021.

Given the preference for benefits in kind instead of services as provided for in the fundamental act, there are plans to increase the number of case workers in the district administrative authorities. Moreover, the Social Assistance Statistics Act (*Sozialhilfe Statistikgesetz*), which was adopted as part of the SH-GG, also increases the administrative burden, which can be alleviated by deploying additional staff here.

Recipients of minimum income benefits

In 2019, there were 6,028 recipients of minimum income benefits in Carinthia. The amount disbursed in 2019 came to EUR 15,643,354.

Help in special life situations (2019)

Number of applications: 1,575

Amount disbursed: EUR 925,571

Heating allowance, (2018/19)

Applicants: 18,401 – Total amount disbursed: EUR 2,863,320

Carinthia Equal Opportunities Act (Kärntner Chancengleichheitsgesetz, K-ChG) currently

Single persons or single parents with disabilities receive 100% of the base value, i.e. EUR 917.35. Single persons who are eligible for family allowance receive EUR 688.01 (75%). Persons of full age who live in the same household as another person of full age receive EUR 688.01 (75%) per person, EUR 458.68 (50%) per person eligible for family allowance and EUR 458.68 (50%) from the third person seeking assistance if this person is dependent on another person in the same household. Minors who are eligible for family allowance and who live in the same household with at least one person of full age receive EUR 165.12 (18%) for the oldest, second and third oldest persons and EUR 137.60 (15%) from the fourth oldest person.

Minimum income pursuant to the K-MSG currently

Single persons or single parents with disabilities receive 100% of the base value, i.e. EUR 917.35. Persons of full age living in the same household as other persons of full age receive EUR 688.01 (75%) per person and EUR 458.68 (50%) from the third person. Single persons or single parents who are eligible for family allowance receive EUR 733.88 (80%). Persons of full age who are eligible for family allowance and who live in the same household as at least one person of full age receive EUR 458.68 (50%). Minors who are eligible for family allowance and who live in the same household as at least one person of full age receive EUR 165.12 (18%) for the oldest, second and third oldest persons and EUR 137.60 (15%) from the fourth oldest person.

Information on median income (2018)

The median income for Carinthia is calculated at EUR 1,510 per month. 50% of this results in an amount of EUR 755, which means that the social assistance benefit of the *Land* of Carinthia with a base value of EUR 917.35 is well above half of the median income.

COVID-19

Due to the COVID-19 crisis, people were given the option of submitting their application online. For this purpose, a special application form was created that can be filled out using a PC. Every effort was made to make this application as simple as possible so that applicants can complete it by themselves. In parallel, applications for minimum income could be submitted in person at the local municipal authorities as previously. The conditions for receiving the minimum income remained the same as they were before the COVID-19 crisis. This means that persons who have their primary residence or who actually reside in Carinthia and have the right to remain in the federal territory for more than four months are eligible for minimum income provided that all other conditions are met. Pursuant to Section 4 Para. 2 of the K-MSG, minimum income may also be granted to other persons under private law if this is deemed necessary in order to avoid social hardship or to prevent physical abuse as a result of the

personal, social or economic circumstances of these persons. In addition, Section 20 Para. 2 of the K-MSG provides for immediate help to bridge other cases of exceptional difficulties.

A drop-off point for applications was also installed in front of the entrance to the Office of the Carinthia *Land* Government, which was accessible every day during office hours. It was possible for applications to be submitted by telephone and electronically, regardless of the restrictions on visiting the relevant authorities, with a view to ensuring equal opportunity and access to minimum income.

This commitment to equal opportunities also meant that the necessary arrangements were made at residential care facilities to maintain normal operations as best as possible. These arrangements included measures relating to hygiene and staffing. The rules for visitors were also adapted to reflect the special situation.

Vorarlberg

Important changes in the legal situation during the reporting period

The Minimum Income Act (*Mindestsicherungsgesetz*, MSG) was amended by State Law Gazette no. 37/2017 (effective from 1 July 2017) as follows:

- Inclusion of the family supplement when assessing the need for assistance;
- Facilitation for benefits in kind granted instead of cash benefits;
- Option of the minimum income being granted as a loan in the case of non-realizable assets;
- Option of reducing the minimum income where persons refuse to take reasonable measures to support their integration or in case of a loss of entitlement pursuant to Section 10 of the Unemployment Insurance Act (*Arbeitslosenversicherungsgesetz*, ALVG) (freezing unemployment benefit);
- Flat rate for accommodation needs;
- Obligation to reimburse benefits wrongly received due to a person's failure to report a change in circumstances;
- Option of granting a minimum income subject to conditions and time limits.

The ban on recovering nursing care costs was implemented in the MSG by way of State Law Gazette no. 17/2018. Since 1 January 2018 it has not been permitted to access to the assets of persons admitted to nursing care homes, their relatives, heirs or gift recipients within the framework of social assistance to cover care costs.

The Data Protection Amendment Act / collective amendment (*Datenschutz-Anpassungsgesetz – Sammelnovelle*, State Law Gazette no. 37/2018) amended the provisions on data protection in the MSG, the Opportunities Act (*Chancengesetz*) and the Vorarlberg Child and Youth Services Act (*Kinder- und Jugendhilfegesetz*, KJH-G) to bring them in line with the General Data Protection Regulation (Regulation (EU) 2016/679; GDPR).

With Federal Law Gazette I no. 41/2019, the Federal Government exercised its competence to legislate on fundamental principles by enacting the Social Assistance (Principles) Act (SH-GG). The *Laender* were required to implement this fundamental law by 1 January 2020, but the fundamental act has not yet been implemented in all *Laender*.

The Ordinance governing the minimum income scheme (*Mindestsicherungsverordnung*) was also amended several times during the period under review:

State Law Gazette no. 117/2016 (effective from 1 January 2017) provided for a new minimum income rate for persons who live in a flat-sharing community but do not constitute a *Bedarfsgemeinschaft* (people living in the same household and being dependent on one another). Moreover, a legal framework was created for the granting of pocket money to cover minor personal needs to persons in need of assistance staying in a residential care facility and whose expenses for accommodation and meals are not covered by the Vorarlberg Social Fund (*Sozialfonds*). This also means including these persons in the statutory health insurance scheme. This regulation covers persons in need of assistance in the following areas:

- Relating to the Narcotic Substances Act (*Suchtmittelgesetz, SMG*), within the framework of the principle of “Therapy instead of penalty” (*Therapie statt Strafe*);
- Relating to the Austrian Sentence Enforcement Act (*Strafvollzugsgesetz, StVG*) and the Criminal Code (*Strafgesetzbuch, StGB*), in the case of conditional release or conditional suspension of a sentence, in each case with instruction pursuant to Section 51 StGB;
- Youths who have not yet reached the age of 16 (in particular recognised unaccompanied foreign minors under the age of 16 whose expenses for accommodation and meals continue to be paid by the child and youth welfare services within the framework of care in a facility for unaccompanied minors);
- Persons in need of assistance who are admitted to hospital as in-patients and do not have health insurance that would cover the costs of medical treatment.

State Law Gazette no. 105/2017 (effective from 1 January 2018) implemented the ban on recovering nursing care costs and including a provision stating that pension benefits pursuant to the Pension for Victims of Abuse in Youth Residential Homes Act (*Heimopferrentengesetz, HOG*) shall be ignored when determining eligibility.

State Law Gazette no. 89/2018 (effective from 1 January 2019) opened the door to granting special benefits relating to 24-hour care at home.

State Law Gazette no. 22/2019 (effective retroactively from 1 January 2019) removed the cap for granting special benefits relating to 24-hour care. The maximum payment is now defined to be the expense that would be incurred for admission to a residential care facility. The option of granting special benefits as support for other outpatient services was also created.

No relevant changes were made to the Opportunities Act or the Child and Youth Welfare Act during the reporting period.

The ban on recovering nursing care costs was also implemented in the Ordinance governing integration assistance (*Integrationshilfeverordnung*) in State Law Gazette no. 32/2018.

Level of minimum income

The level of minimum income is appropriate in Vorarlberg. It has to be pointed out that the minimum income is based on the equalisation supplement and not on the at-risk-of-poverty threshold value.

The subsistence allowance (2019) for singles granted in the framework of the minimum income scheme amounts to EUR 658.87 (food, clothing, articles for personal hygiene, household goods, energy and other personal needs, such as reasonable participation in social and cultural life). Accommodation needs (as of 2019) comprise the recurring expenses required for an appropriate accommodation, i.e. rent, general housing maintenance charges

and other charges and are to be granted monthly in the actual amount required, but not exceeding the maximum amount of EUR 503 for a single person. This means that the subsistence allowance and accommodation needs together come to a maximum of EUR 1,161.87 per month. In contrast, the at-risk-of-poverty threshold value for a single household is EUR 1,286 per month (current Community Statistics on Income and Living Conditions (EU-SILC) for 2019, published in May 2020). The level of minimum income is therefore not significantly below the at-risk-of-poverty threshold value. It should also be noted here that there are additional benefits available in addition to the minimum income:

- heating allowance (up to EUR 270 per year)
- packages for students at the beginning of the school year (*Schulstartpaket*, benefit in kind)
- Where households include children, family allowance is not factored into the minimum income and is to be ignored.
- Family supplements
- Fair Card (subsidised monthly tickets for EUR 16.00 for all public means of transport)

Together with these additional benefits, the at-risk-of-poverty threshold value is indeed reached or in many cases exceeded within the framework of the minimum income scheme.

Criticism of the five-year waiting period for third-country nationals

There have been no changes to the scope of persons covered since the last report. It has been mentioned previously that in Vorarlberg nationals of States Parties the Social Charter enjoy equal status with Austrian citizens.

New developments outside the reporting period

Subject to the resolution being adopted by the Vorarlberg Government, the Implementing Act - Social Benefits for Persons in Need of Assistance Act (*Ausführungsgesetz – Gesetz über Sozialleistungen für hilfsbedürftige Personen, SLG*) will come into force on 1 April 2021 and replace the previous Minimum Income Act.

State Law Gazette no. 49/2020 (effective from 1 September 2020) amended the Ordinance governing the minimum income scheme to the effect that the one-time payment pursuant to Section 66 of the Unemployment Insurance Act 1977 to cover special needs stemming from the COVID-19 crisis may not be taken into account as income when determining eligibility.

In accordance with the SLG, the Ordinance governing the minimum income (MSV) will also be replaced by the Ordinance of the *Land* Government governing social benefits for persons in need of assistance (*Verordnung der Landesregierung über Sozialleistungen für hilfsbedürftige Personen*)

Statistical information

Please refer to the report “Key figures on the social situation in Vorarlberg 2018/2019” (in German) from 2020 (see p. 26-37):



Beilage 2.pdf

COVID-19

The following additional measures were taken during the COVID-19 pandemic in particular:

- The temporary relocation of people in need of care to alternative accommodation where 24-hour care or the care of the family can no longer be provided;
- The provision of free tests for nursing staff;
- The creation of a service where additional hours (*Mehrstundenbegleitung*) are covered by an initiative providing mobile care (*Mobile Hilfsdienste*) to make up for shortfalls in 24-hour care.

Tyrol

The application of minimum income is governed by the Tyrolian Minimum Income Act (Tiroler Mindestsicherungsgesetz, TMSG), State Law Gazette no. 99/2010, as last amended.

As part of the implementation of the agreement between the Federal Government and the *Laender* on a means-tested minimum income for all of Austria pursuant to Art. 15a of the Federal Constitutional Law (B-VG), the TMSG entered into force on 1 January 2011 and with regard to basic benefits (subsistence allowance, accommodation allowance and assistance for illness) with retroactive effect as of 1 September 2010.

Minimum income benefits are intended as assistance for people who are in financial need situations and not able to cover subsistence and accommodation needs or the needs arising in cases of illness, pregnancy and childbirth with their own means (income and assets), at least not completely.

When assistance is granted, the life situation of the person seeking help always needs to be taken into account. When it is decided that an individual is in a need situation, all the circumstances of each individual case have to be taken into account and the type and extent of assistance has to be adapted in the best possible way to each specific situation (principle of individuality).

The minimum income benefit is only intended as a second social protection net, which is why it will only be granted when a person seeking help does not have (enough) own resources or when means granted on another legal basis are not available or do not suffice (principle of subsidiarity).

Criticism of the five-year waiting period for third-country nationals

Austrian nationals or individuals who are considered equal to Austrian nationals (in particular EU citizens) and have their legal abode in Austria and permanently reside in Tyrol (primary or permanent residence) are entitled to receive minimum income benefits.

Basic benefits and other benefits

The *TMSG* differentiates between basic benefits and other benefits.

Basic benefits

- Help to secure the necessities of life (subsistence);
- help to secure accommodation needs;
- help to secure accommodation needs;

- protection in cases of illness, pregnancy and childbirth; and
- costs of a simple burial.

Other benefits

- Education and employment qualification support;
- guidance for work;
- the support scheme;
- nursing and care support and
- various additional benefits;
- assistance to bridge exceptional emergencies.

Help to secure the necessities of life (subsistence)

A person seeking help is granted a flat-rate monthly monetary benefit (minimum amount) to cover their subsistence. These monetary benefits are intended to cover regular expenses for food, clothes, personal and health care, means of transport, cleaning, small household goods, electricity and adequate participation in the social and cultural life.

In 2019, the following minimum amounts applied:

- | | |
|--|------------|
| • Singles and single parents | EUR 664.11 |
| • Persons of full age in same household | EUR 498.08 |
| • for the third dependent person of full age | EUR 332.06 |
| • Minors who are eligible for family allowance | EUR 332.06 |
| • for the oldest and second oldest person | EUR 219.16 |
| • for the third oldest person | EUR 201.45 |
| • for the fourth to sixth oldest person | EUR 132.82 |
| • from the seventh oldest person | EUR 106.26 |

These minimum amounts are paid out twelve times per year. Those who receive minimum income benefits for more than three months receive a special payment of EUR 79.69 per quarter.

The figures above relate to the legal situation in 2019. Since then, the specific amounts have changed (increased) slightly as a result of the annual adjustments for inflation. For example, the subsistence allowance in 2020 amounts to EUR 688.11 (in 2019 it was EUR 664.11). The other amounts indicated have also increased to a similar extent.

Help to secure accommodation needs

The accommodation allowance granted to a person seeking assistance covers actual regular expenses for rent, operating costs, heating and taxes of which evidence has been provided.

The accommodation has to meet the individual's needs and correspond to normal local prices and the prescribed size.

Useable floor space must not exceed 40m² for single households and 60m² for two-person households. If there are more than two persons living in a household, the maximum useable floor space increases by 10m² per person, but must not exceed 110m² in total.

Minimum income beneficiaries do not have to use their subsistence allowance (minimum rate) to pay for heating costs; actually incurred heating costs are covered within the framework of the help to secure accommodation needs.

Indispensable one-off expenses connected to procuring living space, including payments for security and tenancy agreement, are covered; additionally, minimum income beneficiaries are provided with a basic set of furniture and household goods.

With the amendment to the Tyrolean Minimum Income Act 2017 (*Tiroler Mindestsicherungsgesetz, TMSG*), State Gazette no. 52/2017, the accommodation allowance was changed in that, while it continues to be granted to the extent actually proven, it is now capped per inhabitant and distinctions are made according to districts. Further details were also stipulated regarding support for additional benefits, in particular when it comes to accommodation, and increased in some areas by means of an Ordinance, State Law Gazette no. 55/2017. The accommodation allowance can also be granted as a benefit in kind instead of a cash benefit.

Protection in cases of illness, pregnancy and childbirth

Recipients of minimum income benefits are automatically included in the statutory health insurance. They will thus receive an e-card and are exempted from prescription charges and deductibles for hospital stays.

In case of extraordinary hardships, individuals may receive additional support within the framework of the minimum income scheme by:

- education and employment qualification support by covering education, schooling and vocational training costs, including any expenses for accommodation and travel,
- help for work for long-term unemployed minimum income beneficiaries in the form of allowances granted to employers or by covering costs for retraining and follow-up training,
- establishing a support scheme to ensure targeted support of recipients of minimum income,
- In order to avoid cases of particular hardship, benefits in cash and in kind to secure accommodation needs may be granted for the purpose of covering the following costs, irrespective of any basic benefits being granted:
 - Necessary costs for initially fitting-out accommodation with furniture, such as a bed, wardrobe, table, chairs, kitchen furniture and such;
 - Necessary costs for purchasing household appliances for the first time, including a cooker, refrigerator, washing machine, etc.;
 - Necessary costs for purchasing household goods for the first time;
 - The costs of a deposit as well as the costs for the drawing up of a tenancy agreement, including the charges incurred in this connection; if the rent of the

dwelling exceeds the relevant maximum amount stipulated in the Ordinance of 27 June 2017 (State Gazette no. 55/2017) pursuant to Section 6 Para. 3 TMSG, these costs may only be proportionately covered in accordance with the relevant maximum amount.

Amount of minimum income:

Before being granted minimum income benefits, the person seeking help has to use their own means including their entire income and realisable assets.

Income includes all revenues the person seeking help actually receives (including wages, salaries, unemployment benefit, unemployment assistance, sick pay, pensions, maintenance/child support, childcare benefit, rental assistance).

Benefits pursuant to the Family Allowance Act (*Familienlastenausgleichsgesetz*) (particularly family allowance) and long-term care benefits are exempted.

Favourable provisions governing exempt amounts are provided for elderly persons and/or beneficiaries who are only able to work to a limited extent as well as for single parents and long-term unemployed minimum income beneficiaries who are employed (again).

Savings up to an amount of EUR 4,427.40 are generally exempted from the obligation to use one's own assets.

An appropriate motor vehicle required for occupational activities or other needs (disabilities or insufficient infrastructure) does not have to be realised, either.

If a person seeking help possesses immovable property (condominium/house), they may receive minimum income benefits for 6 months without having to use their houses or condominiums (if appropriate and used for their own accommodation needs) as realisable assets. Only after having received minimum income benefits for more than 6 months, immovable property registered in the land register is used for collateralisation (with retroactive effect).

Before being granted minimum income, persons seeking help have to demonstrate their willingness to use their working capacity or look for a reasonable gainful employment.

There is no obligation for persons to use their working capacities who

- have reached the regular retirement age as defined by the General Social Insurance Act;
- have care duties towards children under the age of 3 (if there is no childcare available);
- mainly attend to relatives in need of care receiving level 3 long-term care benefits;
- have end-of-life care duties towards relatives or need to care for seriously ill children;
- take part in job training or school education programmes (no university courses) already commenced before reaching the age of 18 years and eagerly pursue such training or programme;
- participate in training, education or integration measures offered.

Before being granted minimum income benefits, the person seeking help is also required to pursue any public-law (e.g. statutory maintenance claims) or private-law claims against third parties, if it is not obviously pointless or unreasonable.

Cutting minimum income benefits

Minimum income beneficiaries have to use their own means or the means provided in an economical way and pursue their claims against third parties in a reasonable way.

A need situation brought about through the help-seeking person's own fault as well as unwillingness to work may result in a reduction of minimum income benefits.

Minimum income beneficiaries who are not willing to use their working capacities or do not look for reasonable employment or do not participate in training and further training offers or do not cooperate in the assessment of their work capability may have their benefits reduced.

Even if benefits are cut, subsistence needs of relatives and accommodation needs still have to be covered.

Minimum level

The minimum income scheme provides for a minimum amount for covering subsistence and accommodation needs for every *Bedarfsgemeinschaft* (formed by people living in the same household and dependent on one another; i.e. singles, families, children, etc.). The granted amount of minimum income benefits corresponds to the sum total of the respective minimum amount and actual accommodation costs of which evidence has been provided and which are to be taken into account.

Every eligible person seeking help who does not reach this minimum level based on available own funds (income from paid work, unemployment benefits, unemployment assistance, maintenance/child support, pension, etc.) receives additional minimum income benefits to reach this amount.

Benefit amounts and additional benefits

Development of benefits to secure subsistence (minimum amounts) between 2016 and 2019:

MINIMUM AMOUNT	2016	2017	2018	2019
SINGLES AND SINGLE PARENTS	EUR 628,32	EUR 633,35	EUR 647,28	EUR 664,11
NUMBER OF CHILDREN OF MAJOR AGE IN SAME HOUSEHOLD	EUR 471,24	EUR 475,01	EUR 485,46	EUR 498,08
FOR THE THIRD PERSON OF MAJOR AGE AND ANY ADDITIONAL ELIGIBLE PERSON	EUR 314,16	EUR 316,67	EUR 323,64	EUR 332,06
CHILDREN OF MINOR AGE ENTITLED TO FAMILY ALLOWANCE	EUR 207,34	EUR 209,00	EUR 213,60	EUR 219,16
POCKET MONEY	EUR 125,66	EUR 126,67	EUR 138,09	EUR 141,68
SPECIAL PAYMENTS:	EUR 75,40	EUR 76,00	EUR 77,67	EUR 79,69

These minimum amounts are paid out twelve times per year (see above).

The following table provides an overview of the most important developments of the minimum income scheme in the past four years:

BENEFICIARIES	2016	2017	2018	2019
SINGLES	5,085	4,684	3,754	3,370
SINGLE PARENTS	2,186	2,146	1,967	1,816
THIRD AND ANY ADDITIONAL PERSON OF MAJOR AGE IN SAME HOUSEHOLD	4,274	4,918	4,748	4,207
CHILDREN OF MINOR AGE ENTITLED TO FAMILY ALLOWANCE	4,741	5,563	5,819	6,072
THIRD AND ANY ADDITIONAL PERSON OF MAJOR AGE IN SAME HOUSEHOLD	203	110	291	90
OTHER RECIPIENTS	47	274	204	97
SUM TOTAL OF RECIPIENTS	16,536	17,596	16,783	15,652

In recent years, expenditure for minimum income benefits developed as follows:

DEVELOPMENT OF COSTS	2016	2017	2018	2019
EXPENDITURE	EUR 59,891,090	EUR 64,990,428	EUR 57,905,225	EUR 52,144,934
INCOME	EUR 2,900,649	EUR 3,554,743	EUR 3,342,107	EUR 2,996,356
NET EXPENDITURE	EUR 56,909,440	EUR 61,435,685	EUR 54,563,117	EUR 49,148,578
OF WHICH LAENDER	EUR 37,043,786	EUR 39,933,195	EUR 35,466,026	EUR 31,946,576
OF WHICH MUNICIPALITIES	EUR 19,946,654	EUR 21,502,490	EUR 19,097,091	EUR 17,202,002

New developments outside the reporting period

The guideline issued by the *Land* of Tyrol for the granting of help for to bridge extraordinary emergencies pursuant to Section 14a of the Tyrolean Minimum Income Act (*Tiroler Mindestsicherungsgesetz*, TMSG) came into force on 1 September 2020. This guideline can be accessed via the following link (in German):

https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/soziales/Gesetze_Richtlinien/Richtlinie_14a_neu28082020_MS.pdf COVID-19

The COVID Workers' Fund (*COVID-ArbeitnehmerInnenfonds*) was created as part of launching the economic stimulus package. This fund can be used to grant support in the form of one-time, non-repayable lump sums to low-income workers and their families who have suffered income losses as a direct result of the coronavirus pandemic (see COVID Workers' Fund Guideline [*Richtlinie COVID-ArbeitnehmerInnenfonds*], Resolution of the Tyrolean *Land* Government of 30 June 2020, available (in German) at:

https://www.tirol.gv.at/fileadmin/themen/gesellschaft-soziales/soziales/Gesetze_Richtlinien/Richtlinie_COVID_-_ArbeitnehmerInnenfonds.pdf

Styria

Pursuant to the Styria Minimum Income Act (*Steiermärkisches Mindestsicherungsgesetz*, StMSG), which entered into force on 1 March 2011, all persons in need and with their primary residence in Styria and the right of permanent residence in Austria are eligible for minimum income. They have a claim if their individual subsistence and accommodation needs cannot be covered by their work, (deployment of) their own means or third-party financial benefits or benefits in kind.

The benefits under the means-tested minimum income scheme 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-realizable 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 885.48 in 2019.

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 standards in 2019 were as follows

- For single persons of full age, single minors in cases of particular social hardship, and single parents EUR 885.48
- for persons of full age living in the same household as other persons of full age (e.g. spouses) EUR 664.11
- for additional adults in the same household EUR 442.74 per person
- for the first to third child EUR 159.39 per person

- from the fourth child EUR 132.82 per person.

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).

Criticism of the five-year waiting period for third-country nationals

Regarding the criticism of the five-year waiting period for third-country nationals, it should be noted that, as of 2019, the Styria Minimum Income Act stipulates the requirements for persons to receive minimum income benefits under Section 4:

Section 4. (1) Persons are entitled to minimum income benefits if

- 1. they are in need of help*
- 2. they have their primary residence or, in the absence of such, their habitual residence in the Land of Styria, and*
- 3. they have a right of permanent residence in Austria.*

(2) The group of eligible persons pursuant to Para. 1 no. 3 in any case includes:

- 1. Austrian citizens and their family members who hold a residence title as "Family member" pursuant to Section 47 Para. 2 of the Settlement and Residence Act (Niederlassungs- und Aufenthaltsgesetz, NAG)*
- 2. Persons who have a right of residence under European Union law pursuant to Sections 51 to 54a and 57 NAG*
- 3. Persons entitled to asylum pursuant to Section 3 of the Asylum Act 2005 (Asylgesetz, AsylG)*
- 4. Persons who were granted subsidiary protection pursuant to Section 8 AsylG 2005;*
- 5. Persons*
 - a) with a "Permanent residence – EU" residence title, with this residence title being granted pursuant to Section 45 NAG or*
 - b) whose "Permanent residence – EC" or "Permanent residence – family member" title were granted before 1 January 2014 will remain valid as such pursuant to Section 81 Para. 29 NAG as a "Permanent residence – EU" title, or*
 - c) whose residence and settlement permit granted before the NAG entered into force is still valid as such pursuant to Section 81 Para. 2 NAG in conjunction with the Ordinance of the Federal Minister of the Interior on the Implementation of the Settlement and Residence Act (Implementing Ordinance on the Settlement and Residence Act, Niederlassungs- und Aufenthaltsgesetz-Durchführungsverordnung, NAG-DV);*
- 6. Persons with a residence title pursuant to Section 49 Paras. 2 to 4 NAG*

3. The following groups of persons in particular are not eligible for minimum income benefits:

- 1. EEA citizens and Swiss nationals and their relatives*
 - a) during the first three months of their respective period of residing in the country, except if they are employed or self-employed persons;*

b) beyond the period under clause a) as long as they do not qualify as employees or self-employed persons and are not eligible for permanent residence;

2. Persons residing in Austria without a visa or subject to a visa requirement, unless no. 1 is applicable;

3. Persons who only have a temporary right of residence pursuant to Section 13 AsylG 2005;

4. Persons who can claim benefits pursuant to the Styria Basic Welfare Support Act (Steiermärkisches Grundversorgungsgesetz, StGVG).

According to Statistics Austria and EU-SILC 2019, 16.9% of the population, i.e. 1,472,000 people, were at risk of poverty or social exclusion in 2019. Statistics define poverty and social exclusion to exist when a low income is also associated with restrictions in key spheres of life.

The income poverty level is defined as 60% of the median per capita household income: the current at-risk-of-poverty threshold value for a one-person household is around EUR 15,437 per year, one twelfth of which translates into a monthly amount of EUR 1,286.

The means-tested minimum income scheme was created to combat and prevent poverty and social exclusion. Under the StMSG, the minimum monthly standard amount for assistance to secure subsistence and accommodation needs is EUR 885.48 in 2019 (see above). This amount is based on the equalisation supplement reference rate and is adjusted for inflation annually. All recipients of minimum income benefits are included in the statutory health insurance scheme.

In addition to minimum income benefits, an application for a subsidy to help with accommodation needs can be filed under the Styria Accommodation Support Act (*Steiermärkisches Wohnunterstützungsgesetz, StWUG*). However, minimum income benefits are to be considered as income when assessing the level of accommodation assistance to be granted under that act.

It should also be noted that long-term care allowance up to level 3 and other benefits in cash relating to the long-term care allowance, tax credits for children and benefits from the Family Allowance Act (*Familienlastenausgleichsgesetz, FLAG*) are not deemed to be income when calculating a means-tested minimum income and are received in addition to minimum income benefits.

By the same token, recipients of minimum income benefits who are unable to provide full or sufficient subsistence for themselves or their dependants from their own capacities and funds also have the option of obtaining a one-time support payment as assistance to secure the necessities of life pursuant to the Styria Social Assistance Act (*Steiermärkisches Sozialhilfegesetz, StSHG*).

Persons who, due to their special personal, family or economic circumstances or due to extraordinary events, are exposed to a social risk and require assistance in order to integrate into the community and working life or to stabilise their position in the community and working life, also have the option of receiving assistance in special life situations under the StSHG.

The combined total of means-tested minimum income benefits together with the other benefits mentioned reaches the at-risk-of-poverty threshold value in the individual case and/or in many cases.

Finally, in order to make it easier for people with low incomes to cope with larger financial expenses that arise in the course of obtaining accommodation, it should be noted that a fund for assistance with rental deposits was also launched by the *Land* of Styria in 2016, with a maximum supplement of EUR 1,000 being able to be provided for that purpose. It is granted as an interest-free loan which must be repaid in small instalments within three years. Eligibility for an “interest-free loan” from the rental-deposit fund is subject to pre-defined income limits.

Finally, in addition to the social benefits already mentioned, such as accommodation assistance and the long-term care allowance, it is worth mentioning other benefits and services provided by the Styria *Land* government, such as the commuting allowance, the apprenticeship allowance and the services provided free of charge by the Styria Debt Counselling Service (*Schuldnerberatung Steiermark*).

In Styria, subsistence for people with disabilities is primarily funded under the Disability Act (*Behindertengesetz*, BHG), rather than from social assistance or minimum income budgets, to ensure that the specific needs and requirements of people with disabilities and their respective situations can be addressed. Pursuant to Section 9 of the Styria Disability Act (*Steiermärkisches Behindertengesetz*, StBHG), persons with a disability as defined in Section 1a StBHG are eligible for subsistence help if

- they are at least 18 years of age;
- they are not receiving full-time care in living facilities provided within the framework of assistance for persons with disabilities;
- they are in receipt of assistance pursuant to Sections 8, 16, 18 or 21 or have received assistance to the extent granted for a period of at least twelve months within the last six years; and
- if their total income does not reach the amount of the respective reference rate, which is determined in the Ordinance governing reference rates (*Richtsatzverordnung*) for the StBHG.

It should be noted that, in certain cases, support within the framework of subsistence assistance may also be available to those in full-time residential care, namely if subsistence is not fully covered by the full-time residential care.

Subsistence help covers expenses for the regular needs of persons to live a dignified life, notably those for food, accommodation, household goods, heating, clothing and other personal needs, which also include maintaining appropriate relations with the environment and participation in cultural life.

The amount of subsistence help is calculated specifically by comparing the “total income” with the applicable reference rate. It must be remembered here that the “total income” does not equate to the “income” of the person with disabilities; certain income components are not counted as income pursuant to Section 11 StBHG, such as pocket money paid for working in a sheltered workshop. The accommodation allowance is also counted as part of subsistence up to a maximum amount as specified in the Ordinance governing reference rates for the StBHG.

The reference rate system for assistance for persons with disabilities sets out the following reference rates:

Single beneficiaries	EUR 647
Single beneficiaries as per no. 1 who receive family allowance	EUR 492
Main beneficiaries or beneficiaries living in the same household	EUR 600
Main beneficiaries or beneficiaries as per no. 3 who receive family allowance	EUR 434
Co-beneficiaries who live in the same household as a main beneficiary	EUR 400
Co-beneficiaries as per no. 5 for whom family allowance is received	EUR 271

A special feature of the reference rate system for Styria's disability assistance is that the base amount including the tax credit for children (based on case law of the Supreme Administrative Court) has already been taken into account when determining the reference rates. In addition to the above-mentioned reference rates, which are paid out 14 times a year, there is also a reference rate for "reasonable accommodation expenses" (2020: EUR 295 per month).

Assets owned by the applicant or beneficiary are not counted when determining subsistence help and the StBHG does not generally stipulate any waiting periods before benefits can be received. Access to disability benefits is granted when a disability exists and the person with a disability

- has their primary residence in Styria;
- has citizenship of a state belonging to the European Economic Area, Swiss citizenship or a residence title pursuant to Section 8 Para. 1 nos. 1 to 8 NAG, has the status of recognised refugee pursuant to Section 3 AsylG 2005 or has the status of 'holder of subsidiary protection status' pursuant to Section 8 AsylG 2005; and
- is entitled to reside here for a period of more than three months.

COVID-19

The decline in economic and social activity that followed the outbreak of the coronavirus pandemic also had an impact on the providers of social services in Styria. The primary objective was to ensure that the social safety net remain firmly in place for matters such as combating poverty, ensuring child and youth welfare, providing assistance for the disabled, etc. Styria's department of social affairs was therefore faced with the task of maintaining the range of social services financed by defined benefit rates during the lockdown, even if the services and/or benefits could not be provided or could not be provided in the usual form. It was also necessary to safeguard the basic social needs of people living in the *Land* of Styria for the time after the pandemic, which means specifically establishing security of supply in all areas of activity of the department of social affairs, to secure the subsidies for 2020, to protect jobs in the social services sector and to set an example for other sectors. The aim also was and

remains to protect employees in the social services sector from the need to have temporarily reduced working hours or even being laid off. In addition - and despite the restrictions on movement that had been imposed - a visible presence had to be maintained in order to be able to help people address their concerns and fears. It was particularly important to ensure a rapid and targeted response in terms of classic social policy in order to minimise negative consequences as far as possible. To this end, the amount of funding available was significantly increased, existing administrative decisions were extended unbureaucratically, new procedures were simplified and the budget available for third-party social services was increased.

Overall, the measures taken by the department of social affairs were aimed at maintaining the full and uninterrupted functionality of social services and at ensuring social security for the population in Styria.

To this end, the following measures in particular have been and are being implemented in individual areas:

Department for social affairs hotline

The effects of the COVID-19 pandemic challenged our society in a great many ways and also raised many questions. In order to be able to provide people with the best possible information on an individual basis, a dedicated coronavirus hotline was quickly set up in the *Land* government's social services department. The staff of the social services information point (*Sozialservicestelle*) were available to answer any questions callers had about social services in Styria from Monday to Sunday. The range of questions put to the staff was very broad. In the approximately 500 contacts made so far, topics have ranged from general enquiries and health issues to specific rules in individual facilities run by the social affairs department. Even in cases where there was no direct responsibility for the individual questions, it was always possible to point the callers in the right direction.

Establishment of a crisis team with the umbrella organisations of child and youth welfare services and help for persons with disabilities, the ombudsperson for persons with disabilities, self-advocates and representatives of violence prevention organisations.

A decisive factor in bridging these difficult weeks and months was the close cooperation between the authorities, the umbrella organisations of child and youth welfare services, assistance for persons with disabilities, self-advocacy organisations such as "*Selbstbestimmt Leben Steiermark*" (self-determined living in Styria), as well as representatives of the violence protection organisations. The cooperation functioned smoothly from day one and enabled important measures to be taken very quickly.

Corona Radar

A "Corona Radar" programme set up in the department of social affairs started analysing the social impact of the pandemic every month using relevant indicators. The purpose of this programme is to evaluate past measures and implement measures in the future to avert social crises.

Poverty risk / social policy

During the crisis, thousands of people became unemployed and many people were or continue to be on temporarily reduced working hours schemes. People's income dropped, in some cases dramatically, but their expenses remained the same. This situation has caused a

great deal of uncertainty. The need for support is absolutely essential in many cases. The aim of the consultations is to identify what is possible from the wide range of support available and, for support provided by the department of social affairs itself, to be provided as quickly and as easily as possible.

Means-tested minimum income and social assistance

Immediately following the outbreak of the coronavirus crisis, action was taken in cooperation with the District Administration Authorities to be able to give some degree of security to persons facing existential hardship.

The procedure to apply for minimum income benefits was simplified (e.g. by enabling applications to be made by telephone or electronically) with a view to ensuring people to have continued access to absolutely essential social benefits despite the restrictions on movement.

At the same time, the retroactive amendment of the Styria Minimum Income Act (*Steiermärkisches Mindestsicherungsgesetz, StMSG*) and the Styria Social Assistance Act (*Steiermärkisches Sozialhilfegesetz, StSHG*) by the Styria Government made it possible to extend the validity of administrative decisions that would have expired during the crisis period and would have needed to be reapplied for by 31 May 2020, thus keeping the bureaucratic burden (as well as the uncertainty and worries of those affected) as low as possible during the lockdown.

There is also an ongoing dialogue with the District Administration Authorities with a view to be able to react promptly to any processing issues, in the interest of the population and the employees of the authorities.

Emergency Assistance Fund (Soforthilfefonds)

Many Styrians were and are faced with financial difficulties as a result of having to accept temporarily reduced working hours or losing their job. If people are also in arrears with their rent, electricity or heating costs, or if an unforeseeable and necessary investment has to be made, it is possible to apply for a one-time support payment. The aim of this one-time and non-repayable support payment is to alleviate acute cases of hardship. The department of social affairs has set aside EUR 250,000 for this purpose. This fund is intended to provide quick and unbureaucratic support in particular to employees who have found themselves in a difficult situation through no fault of their own as a result of the coronavirus pandemic.

Emergency assistance provided for the population of Styria by organisations which offer low-threshold contact points to combat poverty was also significantly expanded to include subsidies amounting to EUR 120,000. This supported programmes already in place for basic protection in times of need – in particular to prevent people from losing their home.

Coronavirus measures for accommodation

Having a warm roof over their head is a basic need of every human being. The ability of people to keep their home is at particular risk in times of crisis. In order to be able to give the Styrian population the security and social protection they need during the coronavirus crisis, key action was taken to provide support for accommodation, which had an immediately positive effect.

Accommodation assistance (Wohnunterstützung)

Applications are normally subject to deadlines. Given the fact that people were required by law to self-isolate and that people were unable to visit in person the respective *Land* departments, persons who do not have the necessary technical capabilities ran the risk of missing important deadlines and thus not being able to benefit from the necessary support. In order to give all Styrians the opportunity to apply for accommodation assistance, the option of submitting an application online or by post or fax was supplemented by the option of doing so by telephone.

Thousands of people in Styria have been directly affected by the consequences of the crisis, be it through unemployment or temporarily reduced working hours. It was essential, particularly in the early days of the pandemic, to help those affected with support services and to provide financial security, the latter being achieved, for instance, by automatically extending the benefit payments for recipients of accommodation assistance until the end of May 2020.

Preventing evictions

At the start of the coronavirus crisis, it was possible to halt evictions of building companies serving the benefit of the public (*gemeinnützige Bauvereinigungen*) in Styria. The initiative that nobody will be evicted for being in arrears with rent during the coronavirus crisis was subsequently also announced by the Federal Government. Every measure relating to the provision of accommodation is aimed at ensuring this.

Rental-deposit fund (Kautionsfonds)

By the same token, the fund for assistance with deposits of the *Land* of Styria, which is handled by the Volkshilfe and Caritas organisations, was given an additional EUR 300,000. In times of crisis, additional financial hurdles for people who are in precarious, financial situations must not be allowed to prevent them from having accommodation.

Secured care for the homeless

In addition to subsidies for all recipients of funding from the department of social affairs being guaranteed for 2020, additional places were also secured for the sensitive area of help for the homeless with the aid of an additional EUR 20,000. Furthermore, an emergency plan was immediately drawn up and precautions were taken together with the cooperation partners of VinziWerke and Caritas for possible (suspected) cases of COVID-19 in homeless facilities.

Salzburg

The means-tested minimum income scheme in the *Land* of Salzburg comprises two types of benefits. Those to which there is a legal entitlement (compulsory benefit) and those which are granted by the means-tested minimum income institution as an entity under private law (optional benefit). It should be noted, however, that benefits to which there is no legal entitlement must also be granted if the statutory prerequisites are met. The authority's discretion here is therefore also based on legal provisions that must be observed.

The base value for calculating the minimum standard amounts is the equalisation supplement reference rate for single persons pursuant to Section 293 Para. 1 ASVG minus health insurance contributions, which are paid separately by the means-tested minimum income institution.

For all other persons, the minimum standard amounts are set in percentages in line with EU-SILC (European Union Statistics on Income and Living Conditions). The minimum standard amounts are increased annually by the same percentage as the equalisation supplement reference rate for single persons pursuant to Section 293 Para. 1 ASVG.

For 2019, these monthly minimum standard amounts are as follows:

- For singles or single parents EUR 885.47
- 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 664.10
- 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 185.95

Special payments in March, June, September and December, amounting to 50% of the minimum standard rate, have to be granted to minors.

The minimum standard amount (compulsory benefit) in 2019 for single persons is EUR 885.47. This amount is divided into subsistence help (75% of the minimum standard amount) and assistance for accommodation needs (25% of the minimum standard amount; base amount). Moreover, persons who cannot cover their accommodation needs with the base amount are granted an additional benefit in cash by the means-tested minimum income institution as an entity under private law, which may not exceed the maximum permissible accommodation allowance (= supplementary assistance for accommodation needs). Housing allowances can also be granted outside the scope of the means-tested minimum income scheme to provide further financial relief in respect of the living situation of the persons concerned.

Furthermore, Section 12 of the Salzburg Minimum Income Act (*Salzburger Mindestsicherungsgesetz*, Sbg. MSG) 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.

The minimum standard amounts are generally paid twelve times a year. However, pursuant to Section 10 Para. 2 Sbg. MSG, additional special payments amounting to 50% of the respective minimum standard amounts are granted to minors on a quarterly basis, provided that the conditions are met.

In addition to the supplementary assistance for accommodation needs, there are other ordinances granting benefits to persons seeking assistance. For example, additional benefits are granted for special needs, which are awarded on a one-time or recurring basis, in cash or in kind. Benefits under this ordinance are payable for the birth of a child, for purchasing school supplies once a year and for childcare costs up to the actual amount of the childcare costs incurred. Benefits may also be granted for acquiring accommodation, including for relocation costs, rental deposits, broker's fees and accommodation being provided through the acquisition of cooperative society shares (*Genossenschaftsanteile*). Benefits can also be granted to purchase and make necessary repairs to household goods, such as cookers, ovens, washing machines and refrigerators. If additional costs for feeding a person seeking assistance arise due to illness, benefits in cash can also be granted here.

Pursuant to the Ordinance governing the minimum income scheme pertaining to special life situations (*Mindestsicherungsverordnung-Lebenslagen*, MSV-L), the body responsible for

paying minimum income as an entity under private law can grant assistance in special life situations. These benefits are also available to persons who are not eligible for means-tested minimum income benefits. They can be granted to procure and equip accommodation, to maintain possession of accommodation, e.g. by paying arrears in rental or general building maintenance charges, as well as for securing a long-term economic subsistence basis (e.g. debt relief). The *Land* of Salzburg grants voluntary benefits such as a heating allowance or Christmas allowances.

In view of the scope and total amount of assistance provided to persons seeking assistance, the *Land* of Salzburg takes the view that these persons will certainly receive sufficient assistance as defined in Art. 13 of the Revised European Social Charter (RESC). Given the wide range of benefits described above, and their amounts, persons will not fall far below the poverty threshold. This means that it is possible for people to lead dignified lives in the *Land* of Salzburg. It should also be noted that the situation for persons seeking assistance has been gradually improved by recent amendments to the Sbg. MSG.

In the *Land* of Salzburg, persons who are Austrian citizens or who have a right of residence under EU law pursuant to Sections 15a and 15b of the Aliens' Police Act (*Fremdenpolizeigesetz*, FPG) and Sections 51 to 54a and 57 NAG are eligible for benefits under the means-tested minimum income scheme as per Section 4 Para. 1 in conjunction with Para. 2 nos. 1 to 4 Sbg. MSG. Furthermore, pursuant to Section 4 Para. 2 no. 4 Sbg. MSG, persons entitled to asylum are eligible for benefits under the means-tested minimum income scheme.

Moreover, third-country nationals with a residence title pursuant to Sections 45, 47 Para. 2 and 49 of the Settlement and Residence Act, Federal Law Gazette I no. 100/2005 as amended (*Niederlassungs- und Aufenthaltsgesetz*, NAG) are eligible. It should also be noted that, pursuant to the Ordinance governing the minimum income scheme pertaining to foreigners (*Mindestsicherungsverordnung-Fremde*, MSV-F), persons who do not fall under the group of eligible persons defined in Section 4 Para. 2) S-MSG and Section 5 of the Salzburg Basic Welfare Support Act (*Salzburger Grundversorgungsgesetz*, Sbg. GVOG), i.e. also third-country nationals, may be eligible for means-tested minimum income benefits. Persons seeking assistance who have been legally residing in Austria for six months may receive means-tested minimum income benefits, although this time requirement does not apply to third-country national children born in Austria. Persons who have not yet been legally residing in Austria for six months may only be granted benefits in exceptional cases, although medical care is also provided in this case.

The Sbg. MSG will be amended as a result of the Social Assistance (Principles) Act (SH-GG), which came into force on 1 June 2019.

Burgenland

The Burgenland Minimum Income Act (*Burgenländisches Mindestsicherungsgesetz*, Bgld. MSG), State Law Gazette no. 76/2010 came into force on 1 September 2010.

Means-tested minimum income is no unconditional basic income, but is based on the principle of subsidiarity and is consequently granted only if subsistence needs cannot be met in any other way. Hence a major prerequisite for receiving means-tested minimum income benefits is the use and contribution of one's own income and possibly existing assets as well as using one's working capacity. In addition, the granting of benefits is tied to the "right to permanent residence". The reference rates provided previously under the Burgenland Social Assistance

Act were, as minimum standards, adapted to the equalisation supplement reference rate laid down in the General Social Insurance Act (ASVG), which resulted in an increase of the monthly 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.

All recipients of minimum income benefits are covered by health insurance and are given an e-card.

Upper Austria

The Upper Austria Social Assistance Implementing Act (*Oberösterreichisches Sozialhilfe-Ausführungsgesetz*, OÖ. SOHAG) came into force on 1 January 2020. With this law, social assistance (previously means-tested minimum income) was given a new framework based on the Social Assistance (Principles) Act (SH-GG). It provides in particular for social assistance to support general subsistence and to meet accommodation needs, by granting benefits and services both in cash and in kind. The amount of the individual benefits (reference rates) is based on the equalisation supplement for single persons and is defined in the fundamental law.

Paragraph 2 – to ensure that persons receiving such assistance shall not, for that reason, suffer from a diminution of their political or social rights;

Austria has previously been found to be in conformity with Article 13 Para 2 RESC. Therefore no additional information has been requested.

Paragraph 3 – to provide that everyone may receive by appropriate public or private services such advice and personal help as may be required to prevent, to remove, or to alleviate personal or family want;

Austria has previously been found to be in conformity with Article 13 Para 3 RESC. Therefore no additional information has been requested.

Paragraph 4 – to apply the provisions referred to in paragraphs 1, 2 and 3 of this article on an equal footing with their nationals to nationals of other Parties lawfully within their territories, in accordance with their obligations under the European Convention on Social and Medical Assistance, signed at Paris on 11 December 1953.

Austria has previously been found to be in conformity with Article 13 Para 4 RESC. Therefore no additional information has been requested.

Article 14 – The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Parties undertake:

Paragraph 1 – to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment;

a) Please explain how and to what extent the operation of social services has been maintained during the COVID-19 crisis and whether specific measures have been taken in view of possible future such crises.

b) If the previous conclusion was one of non-conformity, please explain whether and how the problem has been remedied. If the previous conclusion was deferred, please reply to the questions raised.

COVID-19

Providing and securing offers in the area of care – especially social services – are the responsibility of the *Laender*. The Federal Government therefore has no competence in this regard.

In order to cope with the COVID-19 crisis and to finance extraordinary burdens, a special grant of a total of EUR 100 million was made available to the *Laender* by the Federal Government (Care Fund Act). In an agreement between the Federal Government and the *Laender*, it was stipulated that the *Laender* would use the special grants in any case for the provision of replacement care facilities and clearing measures as well as the extension of telephone hotlines for caring relatives.

The aim is to prevent an undersupply of people in need of care. This can be achieved in particular through substitute care facilities and clearing measures.

However, further measures may also be necessary to avoid an insufficient supply. This also includes the expansion of social services (e.g. home support, long-term care, transitional care after hospitalisation, bonuses for caregivers).

The vast majority of care persons working in 24-hour care in Austria come from other EU Member States. To guarantee the care for dependent persons, the Federal Ministry of Social Affairs, Health, Care and Consumer Protection has established a task force which considers possible measures, for example concerning the entry of care persons into Austria and other support measures.

The Federal Office for Social Affairs and Disabled Persons will be authorised to transmit data on persons who require 24-hour care to the respective competent offices of the *Laender* Governments or to the Vienna Social Fund, in order to prevent undersupply of the persons concerned in the event that the former 24-hour care is not available.

Regarding COVID-19, the guidelines for 24-hour care were changed to support people in need of care: A subsidy of EUR 275 per month can be paid for a self-employed care worker. From March 2020, people who have been cared for by an independent care worker for at least 14 days will receive a subsidy of EUR 550 for the duration of the pandemic. In all cases, the deployment times must reach the minimum extent specified in the Home Care Act (*Hausbetreuungsgesetz, HbeG*). All those concerned will automatically receive this increased amount in full and no separate application is necessary.

During the COVID-19 crisis, the 24-hour caregivers are granted a one-time special bonus (EUR 500) if the regular cycle is extended by another 4 weeks.

Care

In the agreement according to Article 15a Bundes-Verfassungsgesetz, BGBl. Nr. 1/1930 as amended (B-VG) between the Federal Government and the *Laender* on joint measures for people in need of care, the *Laender* have undertaken to ensure that the social services are offered decentralized and nationwide.

The *Laender* ensure that the social services are available in sufficient quality and in line with needs. The approach of case and care management is followed, i.e. the social services are tailored to the needs of the clients. In addition, the supply structures are coordinated across organisations. The aim is quality assurance in training and practice.

By granting special-purpose grants from the care-fund (*Pflegefonds*), the Federal Government supports the *Laender* and municipalities in the area of long-term care in securing and expanding their range of care and nursing services as required. The Care-Fund Act acts as a harmonisation tool to harmonise social services throughout Austria, hence with extending the long-term care-fund from 2017 to 2021, harmonisation measures for social services were introduced.

According to Section 3 of the Care-Fund Act (*Sozialfondsgesetz*, special subsidies in the area of long-term care can be granted for the following services:

- mobile care and nursing services;
- inpatient care and nursing services;
- day care;
- short-term care in inpatient facilities;
- case and care management;
- alternative forms of housing;
- everyday escorts and relief services lasting several hours.

Information provided by the *Laender*

Reference is made to previous reporting, which is updated as follows:

Carinthia

The statutory bases relevant for social services are the Carinthia Minimum Income Act (*Kärntner Mindestsicherungsgesetz*) (State Law Gazette no. 15/2007), the Carinthia Equal Opportunities Act (*Kärntner Chancengleichheitsgesetz*) (State Law Gazette no. 8/2010) and the Carinthia Residential and Nursing Homes Act (*Kärntner Heimgesetz*, State Law Gazette no. 9/2003). The Social Assistance (Principles) Act (*Sozialhilfe-Grundsatzgesetz, SH-GG*), however, necessitates amendments at *Laender* level. "Open" social assistance, i.e. benefits in cash and in kind for subsistence and accommodation, will most likely be regulated in the Carinthia Social Assistance Act (*Kärntner Sozialhilfegesetz*) 2021 starting from 1 January 2021. Preliminarily, most social services are governed by the Carinthia Minimum Income Act. However, there are plans to replace the Carinthia Minimum Income Act by a new act governing care in Carinthia. The Carinthia Equal Opportunities Act has regulated support for persons with disabilities since 2010. The operation of residential care facilities continues to be governed by the Carinthia Residential and Nursing Homes Act. Other than that, there were no material changes to social services statute as at 31 December 2019 compared to the previous report. Information on child and youth welfare services will be provided in a separate report.

To promote equal opportunities for persons with disabilities, Carinthia launched a staged plan (*Landesetappenplan*) in 2014 to implement the UN Convention on the Rights of Persons with Disabilities on the *Land* level. The plan consists of 79 individual measures, 56 of which have been fully implemented. The other 23 of those measures are ongoing processes, which are developed and refined on an ongoing basis.

Statistical information

The budget for equal opportunities for persons with disabilities was EUR 102 million in 2019. The number of persons with disabilities in residential care was 1,929 in 2019, 186 of whom attended school, while 194 were apprentices and 1.549 attended what is referred to as abilities-based activities. 78 persons with disabilities are given care in another *Land* (with the costs being borne by the Carinthia Government). At the moment, Carinthia has 121 residential care facilities for persons with disabilities. These facilities have a total of 1,632 employees (headcount).

One-to-one assistance services for persons with disabilities

In 2019, a total of 80,000 hours of one-to-one assistance were provided. In December 2019, 220 persons in need of assistance received support.

COVID-19

There was no interruption in any of the social services (equal opportunities, minimum income, child and youth welfare services, housing allowance, family supplements, heating allowances, immediate help for persons in hardship). In the area of equal opportunities, specific manuals and policy guidelines have been developed for equal opportunities institutions with the involvement of self-advocates, relatives and the competent institutions.

Tyrol

Reference is made to previous reporting, changes as described below.

Assistance for people with disabilities

A major change in the field of support services for persons with disabilities was brought about by the replacement of the Tyrol Rehabilitation Act (*Tiroler Rehabilitationsgesetz*) with the Tyrol Participation Act (*Tiroler Teilhabegesetz, TTHG*), State Law Gazette no. 32/2018, last amended by State Law Gazette no. 51/2020, on 1 July 2018. The objectives of the TTHG are to achieve a fully inclusive society, to enable persons with disabilities to lead a self-determined life as well as full, effective, equal and non-discriminatory participation in social life, and to support persons with disabilities in removing the barriers hindering them to participate in social life. The TTHG provides for services and benefits, but also counselling services - in particular peer counselling - for persons with disabilities. It aims at raising public awareness of persons with disabilities and their relatives and respecting and promoting their rights, dignity and abilities.

There is a legal entitlement to these services and benefits, unless the beneficiary is entitled to an equivalent or similar service on the grounds of another (Austrian or foreign) legal basis under public or private law. There is no legal entitlement to services being provided to a specific extent, in a specific form, by a specific service provider or at a specific place. Furthermore, services and benefits awarded upon application based on accepted scientific knowledge have to be necessary and suitable for achieving the above objectives based on the specific circumstances of each individual case. Services need to be offered on a regional basis with mobile services being preferred over residential services, offering a real choice between services supporting independent living at home and living in organised facilities run by assistance services for persons with disabilities. As regards the latter: There are approximately 100 living facilities offering full-time care with a total capacity of 940 full-time places. The services and benefits must also contribute to enabling persons with disabilities to have access to information and communication, to attend and complete training courses, to work or to make use of other offers providing them with a daily structure. Another aim is to ensure reasonable mobility.

Section 3 lit. a TTHG defines persons with disabilities as persons who have a long-term physical, mental, intellectual or sensory impairment that - in combination with various barriers - can prevent them from fully and effectively participating in social life on an equal footing with others. Whether someone qualifies as a person with a disability is assessed by medical and psychosocial experts. Persons with disabilities who are Austrian citizens and have their primary or habitual residence in Tyrol and who are willing to participate in the application and approval procedure are entitled to benefits or services under the Tyrol Participation Act, as long as there is a chance that the requested benefits or services will effectively increase their societal participation. The following persons enjoy equal status with Austrian citizens: citizens of the European Union, citizens of other state parties of the EEA Agreement and Swiss citizens as well as their family members, third country nationals to the extent that they enjoy equal status with either citizens of the European Union or Austrian nationals based on other agreements, persons who were granted asylum and persons holding subsidiary protection status, relatives of Austrian citizens who are themselves third country nationals, third country nationals with a valid residence title under Sections 41a, 42, 49 Para. 2, 49 Para. 4, 81 Para. 2 in conjunction with Section 11 Para. 3 of the Settlement and Residence Act (*Niederlassungs- und Aufenthaltsgesetz, NAG*) as well as persons who have had their primary or permanent residence in Tyrol for at least three consecutive years (and children below the age of three who were born in Tyrol).

The benefits or services offered as listed in Section 5 TTHG are the following:

- a) Mobile support services (Section 6 TTHG);
- b) Communication and orientation services (Section 7 TTHG);
- c) Therapy and psychological treatment (Section 8 TTHG);
- d) Pedagogical support (Section 9 TTHG);
- e) Daily structure - daytime or residential care for children and young persons (Section 10 TTHG);
- f) Daily structure - work (Section 11 TTHG);
- g) Accommodation (Section 12 TTHG);
- h) Transport services (Section 13 TTHG);

The services listed in a) to g) above can be provided as financial support in the form of funds paid out directly and referred to as Personal Budget (*Persönliches Budget*)

In addition to that, Section 15 TTHG provides for the following benefits to support persons with disabilities:

- a) Workplace allowance (Section 16 TTHG);
- b) Reimbursement of transport costs (Section 17 TTHG);
- c) Wage subsidies for one-to-one school assistance (Section 18 TTHG);
- d) Wage subsidies for integrated groups in crèches, nursery schools and day homes (Section 19 TTHG);
- e) Other benefits (Section 20 TTHG), including subsidies for adapting living space or vehicles to the needs of persons with disabilities, for purchasing aids and for similar things.

Administrative decisions on granting public benefits or services can be challenged by way of an appeal (*Beschwerde*) to the *Land* Administrative Court. In addition to that, disputes concerning specific services and benefits awarded under private law (mobile support services, communication and orientation services, transport services and the Personal Budget) can now also be settled by initiating conciliation proceedings.

To better involve persons with disabilities, a system of User Representation (*Nutzerinnenvertretung*) has been established by electing representatives to participate in decision-making processes on assistance services for persons with disabilities and be a contact point for persons with disabilities and then liaise with the competent authorities. The User Representation is also member of the newly created Participation Advisory Board (*Teilhabebeirat*) and the Conciliation Board. The Participation Advisory Board was established to advise the Tyrol Government in all matters concerning persons with disabilities. Its members include representatives of users and of relatives, of the Working Group of Social Service Providers (*Arbeitsgemeinschaft der sozialen Dienstleistungsanbieter*), of other interest groups (Federal Economic Chamber, Chamber of Labour, Chamber of Agriculture), of the municipalities, of the capital of Innsbruck and of Tyrol Government employees.

Effective and equal access

Social services can be accessed free of charge by anyone regardless of their nationality. An exception from this rule are services for persons with disabilities (see the information provided in the section on persons with disabilities).

As a rule, social services are provided regardless of the financial situation. In some cases (Sections 23, 24 TTHG, Sections 22, 23 of the Tyrol Minimum Income Act (*Tiroler Mindestsicherungsgesetz*, TMSG)), payment of an income-based cost contribution or repayment of the full cost may be required; such cost contribution may be waived for those on a low or no income. Income includes income from employment, a pension, long-term care benefit or maintenance/child support. It is no longer compulsory to make cost contributions from one’s own assets as was the case in the last reporting period.

Data protection

The Tyrol Participation Act and the Tyrol Minimum Income Act lay down provisions relating to the protection of personal data. As well as requiring compliance with the Austrian Data Protection Act (Datenschutzgesetz) 2000 and the GDPR, these acts specify that personal data may only be used for the purpose of fulfilling public duties and lay down provisions regarding the transmission of sensitive data. Data protection rules are adjusted on an ongoing basis in light of the outcome of regular reviews of the relevant laws.

Quality of services

The quality of service provision in the social services field, which are provided almost exclusively by the private sector, is ensured by regular reviews and inspections by the authorities. Additionally, the quality of facilities in the field of assistance services for persons with disabilities is assessed already prior to granting the operation permit pursuant to Section 41 TTHG.

Mobile services

The mobile nursing and care organisations in Tyrol (62 local health and social care entities, five associations in Innsbruck, two further associations providing childcare and mobile psychiatric care for senior citizens) make up a complex care network ensuring provision of nursing and care at home across the region. To ensure optimal provision to affected individuals and guarantee the quality of services, the *Land* of Tyrol is seeking to further expand its mobile nursing and care service provision.

In 2019, a total of 4,816 men and 8,755 women, 13,571 people in total, were in receipt of mobile nursing and care.

Number of persons in receipt of mobile nursing and care

	2016	2017	2018	2019
Tyrol	11,568	12,151	11,918	13,571

Residential care

Residential care as defined in Section 2 Para.17 Tyrol Minimum Income Act (*Tiroler Mindestsicherungsgesetz*, TMSG), State Law Gazette no. 99/2010 as amended means residential accommodation, nursing and care in institutions, homes or other facilities.

Help towards nursing and residential care in residential care facilities is primarily governed by Section 43 TMSG and the Tyrol Residential and Nursing Homes Act (*Tiroler Heimgesetz, T-HG*) 2005, State Law Gazette no. 23/2005 as amended.

As a general rule, residential care is subject to the requirements set out by the TMSG, with only a few exceptions. As regards help towards residential care for persons requiring nursing and care and experiencing hardship, accommodation in a residential or nursing home is funded from minimum income benefits if the individual's own resources or entitlements from third parties are insufficient.

Responsibility for granting help towards residential care for individuals classified as requiring nursing (long-term care benefit paid at levels 3–7) lies with the *Land* government. Responsibility for granting help towards residential care for individuals classified as requiring care (no long-term care benefit paid or long-term care benefit paid at levels 1–2) lies with the municipalities.

Hardship, for the purposes of minimum income legislation, is present when a person resident in a residential or nursing home is unable to cover the resultant accommodation costs from their own resources or from their entitlements from third parties.

The principle of subsidiarity applies to residential care as well. This means that people seeking help must use up all of their own income before being granted minimum income. In this regard, it should be mentioned that the concept of income as used in the social assistance and minimum income schemes is very broad (cf. Administrative Court ruling of 4 July 2005, 2004/10/0236), meaning that “income” - irrespective of the stipulations of other federal laws such as the Income Tax Act (*Einkommensteuergesetz, EStG*) and the VAT Act (*Umsatzsteuergesetz, UStG*) - comprises any kind of income of the requester based on any title whatsoever (cf. Austrian Administrative Court (*Verwaltungsgerichtshof, VwGH*) rulings of 23 May 2017, 2017/10/0060; 9 September 2009, 2006/10/0260; 14 May 2007, 2005/10/0187; 18 March 2003, 2001/11/0091; 23 May 2002, 98/03/0164). This comprehensive concept of income is stipulated in Section 2 Para. 22 TMSG.

For accommodation in a residential or nursing home, an individual requiring nursing and care must make a personal contribution of 80% of their net pension (excluding special payments) plus the entire amount of their long-term care benefit minus monthly pocket money, and must also enforce any claims they have against third parties and contribute these. Costs which are not covered by these sums will be paid from public funds at *Land* or municipality level. Individuals who receive support in this way are referred to as “Teilzahler and Teilzahlerinnen” - those who contribute parts of the costs. There is no general legal entitlement to these services.

In its decision of 10 October 2018, on E 229/2018, the Administrative Court has ruled on the interdiction to take recourse to the assets of persons in residential care clarifying that it is “inadmissible in any case” to take recourse to the assets of residents, their relatives, their heirs or donees, even if the final ruling on such recourse was taken before 1 January 2018.

The Tyrol Residential and Nursing Homes Act 2005 primarily aims at protecting the rights and interests of residents of homes and of persons who wish to be admitted to a home in the foreseeable future, safeguarding human dignity, at safeguarding and promoting independent living, self-determination and self-responsibility of residents as well as ensuring quality of care

and a needs-based network of residential services, which allows persons in need of help, care and nursing, in particular the elderly, to live a dignified life.

For this purpose, the Tyrol Government, as an entity under private law, can conclude service agreements with the organisations operating the homes. The *Land* can require, in these agreements, that the organisations operating the homes must reserve places to ensure that the Tyrol Government can fulfil its tasks as a social assistance institution.

The Tyrol Government is in charge of supervising the homes and the organisations operating the homes to ensure compliance with the Tyrol Residential and Nursing Homes Act 2005. In this respect, a particular focus is to be placed on whether the organisations comply with the statutory provisions on safeguarding the rights of residents.

Number of currently operated residential and nursing home places (incl. nursing care with a special focus (*Schwerpunktpflege*))

	2016	2017	2018	2019
Residential home places	922	941	899	837
Nursing home places	5,130	4,938	4,820	5,334
Total	6,052	5,879	5,719	6,171

COVID-19

In Tyrol, social services as defined in Art. 14 RESC are differentiated into services for persons with disabilities (under the Tyrol Participation Act) and services for the elderly and persons requiring care (under the Tyrol Minimum Income Act). In both areas, services were provided to the usual extent also during the COVID-19 pandemic wherever possible in compliance with the safety regulations recommended by the Federal Government.

Services for persons with disabilities

In Tyrol, services for persons with disabilities are not provided by *Land* authorities directly, but by independent external system partners (social services providers) that invoice these services to the *Land* Government. There have been almost no changes in the provision of residential services such as housing and accommodation during the COVID-19 crisis. Mobile and residential services such as therapy services, activities offered to provide persons with disabilities with a daily structure, or activities for children and young persons under the Family Relief/Leisure Assistance programme (*Familienunterstützung/Freizeitassistenz für Kinder und Jugendliche*) had to be reduced or provided in a modified form or scope, either because of a change to the general risk situation (for instance, if there was a suspected case of COVID-19 within a daily-structure group) or because of the circumstances of one specific individual (if the person is a highly vulnerable person). Some offers within the scope of providing daily structure had to be discontinued, but other types or ways of care were provided to the affected persons with disabilities by the service providers if desired and necessary.

Various measures were taken to prevent the system partners, although services were provided in a different or reduced way, from massive financial losses (which might entail layoffs or insolvency), aiming to ensure the continued provision of assistance services for persons with disabilities during the pandemic, albeit in a modified form. The most important measure in this regard was the amendment, with retroactive effect, of the Ordinance governing fees and invoicing (*Tarif- and Abrechnungs-Verordnung*) by way of a decision of the

Tyrol Government of 7 July 2020, promulgated in State Law Gazette no. 77/2020). The Ordinance provided that service providers can invoice assistance services for persons with disabilities which - due to the COVID-19 crisis - they provided in a form other than that originally agreed.

Furthermore, the Tyrol Government, in its decision of 7 July 2020, adopted the Policy Guideline governing the granting of the coronavirus hazard allowance under Section 31 Para. 1a of the Collective Agreement of Sozialwirtschaft Österreich (*Richtlinie über die Gewährung der Corona Gefahrenzulage gem. § 31 Abs. 1a Kollektivvertrag der Sozialwirtschaft Österreich, SWÖ-KV*) to be paid out to staff employed by certain institutions providing services in the area of minimum income services and assistance services for persons with disabilities (note: Sozialwirtschaft Österreich is an umbrella organisation of private social and health providers with collective bargaining capacity). The Policy Guideline forms the legal basis for reimbursements to be paid by the Tyrol Government for increased staff costs to those service providers who had to pay out a coronavirus hazard allowance for the period from 15 March 2020 to 30 June 2020 under the SWÖ-KV. The Tyrol Government's decision of 25 August 2020 amended the Corona hazard allowance guideline to additionally include service providers whose employees are covered by other collective agreements that do not provide for a mandatory coronavirus hazard allowance; based on this amendment, such organisations have been able to apply for refunding of bonus payments made on a voluntary basis starting from 1 September 2020. Legislative amendments also included making teletherapy (if medically reasonable) refundable to ensure that necessary therapy services were provided. Furthermore, the application procedure was simplified making it easier for those who required therapy but whose authorisation for therapy sessions had expired to catch up on sessions in a timely manner.

All care and assistance measures for persons with disabilities taken by the system partners during the COVID-19 pandemic are currently being evaluated by interviewing persons with disabilities and representatives of the system partners. Based on the results and conclusions of this survey, the measures taken will be adapted to be prepared for comparable events in the future. This process is still ongoing.

Services under the Tyrol Minimum Income Act

To thank and honour healthcare and nursing professionals and trainees who have continued to provide their services despite the difficult conditions since 15 March 2020 thus making an essential contribution to maintaining the best possible patient care in Tyrol, the Tyrol Government, on 7 July 2020, adopted the Policy Guideline governing the granting of a one-time bonus payment to people in caring and health care professions (nursing, long-term care, healthcare and medical professionals as well as homecare workers) who work in Tyrol in a public hospital, a care or nursing home, or a mobile care service and actively contributed to responding to the COVID-19 pandemic (*Richtlinie zur Gewährung einer einmaligen Bonuszahlung für Arbeitnehmer/innen insbesondere in Gesundheits- und Pflegeberufen*).

The Policy Guideline entered into force retroactively as of 1 July 2020.

In terms of 24-hour care, the Tyrol Government, on 21 April 2020, adopted the Policy Guideline governing the funding of a special premium for 24-hour caregivers to overcome the COVID-19 crisis (*Richtlinie des Landes Tirol zur Förderung einer Sonderprämie für 24-Stunden-Betreuungskräfte zur Bewältigung der COVID-19 Krise*).

The Policy Guideline entered into force on 21 April 2020 and will remain in force until 31 December 2020.

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 hotline services ;
- care for the homeless;
- care for drug addicts;
- psychosocial counselling centres;
- debt counselling;
- women's shelters
- residential care
- Help for persons with disabilities and for persons with mental illnesses and disabilities

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-medical and social support services

The private welfare organisations (Caritas, NÖ Volkshilfe, NÖ Hilfswerk, the Austrian Red Cross) currently operate 181 welfare centres (*Sozialstationen*). Each welfare centre covers an area of approximately 9,200 inhabitants.

Coordinated by the welfare centre, the teams of professional staff (skilled health and nursing experts, social workers specialised in working with the elderly, nursing assistants of level 1 and 2, homecare aides) provide services to the ill or persons requiring care in their homes.

Average number of persons who receive care per month:

2016: 16,283 persons

2018: 16,978 persons

2019: 17,305 persons

The number of staff employed on average by the private welfare organisations in the field of socio-medical and social care services was 4,316 in December 2016, 4,303 in December 2018 and 4,353 in December 2019.

Lower Austria subsidises each documented working hour from social assistance funds and the Lower Austrian health and social fund:

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 95.6 million in 2016, EUR 101.6 million in 2018 and EUR 108.7 million in 2019.

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.

Year	Number of subsidised deliveries	Support	Number of applicants
2016	2,378,748	1,570,263.90	267
2018	2,433,201	1,614,118.65	273

Nursing homes

In Lower Austria, there are currently 106 nursing care facilities offering a total of 10,672 approved beds. Places are allocated by the District Administration Authorities.

Lower Austria has spent the following (net) amounts on social assistance benefits in the past years:

2016: EUR 182,656,245

2017: EUR 186,483,530

2018: EUR 239,813,486

The forms of care provided include residential care, temporary nursing care to provide relief for care-giving relatives, short-term rehabilitative care following a stay in hospital and day-care services.

Since 2004, a requirement and strategy plan referred to as “old-age almanach” (*Altersalmanach*) has been established and updated at regular intervals to be able to respond to demographic and statutory changes in good time. The last such plan covering 2018 was published in mid-2019 to evaluate the situation after the abolition of recovering nursing care costs from the assets of persons in residential care.

Since recourse to the assets of persons in residential care was abolished with effect from 1 January 2018, it is no longer permissible for social service providers to recover the costs for nursing and care from the assets of persons living in residential nursing care facilities or of their relatives, heirs and donees. This legal change necessitated amendments of the Lower Austria Social Assistance Act (*NÖ Sozialhilfegesetz, NÖ SHG*) 2000, other legislation such as the Ordinance governing recovering from own funds (*Verordnung über die Berücksichtigung von Eigenmitteln*) and policy guidelines such as those governing socio-medical and social support services.

Facilities for people with disabilities and people with mental illnesses and disabilities

In recent years, various measures for persons with disabilities and mental illnesses and disabilities have been taken to incorporate the rights stipulated in the UN Convention on the Rights of Persons with Disabilities (UN CRPD) thus gradually fulfilling the requirement of inclusion.

In Lower Austria, persons with disabilities receive care in facilities of various private welfare organisations. Costs are covered by the *Land* Government. Where possible, persons with disabilities themselves or their relatives responsible for covering their living costs have to pay a cost contribution from their income or long-term care benefit.

In 2019, Lower Austria provided care services to a total of 7,500 persons with disabilities or mental illnesses and disabilities in residential or day-care facilities. It should be pointed out that inhabitants of residential care facilities (accommodation) usually also attend day-care service facilities (day-care centres or daytime care in their home).

In December 2019, there were 157 day-care centres and 75 daytime care services. Residential services comprised 70 house-sharing (with a minimum of 17 clients), 83 flat-sharing groups, 37 flat-sharing communities, and 74 flats for one person or two persons. In addition to that, there were eleven rehabilitation facilities, for example for drug and alcohol addicts, one active ageing project (“Wir im Alter”) and four facilities with a special focus.

Total (net) spending for persons with disabilities / mental illnesses in Lower Austria amounted to EUR 202.2 million in 2016 and EUR 232.8 million in 2018.

The strategy for future implementation of the UN Convention on the Rights of Persons with Disabilities is currently being developed with the involvement of the *Laender* in the context of the National Action Plan on Disability (*Nationaler Aktionsplan Behinderung*) 2022 to 2030).

Women’s shelters, care for the homeless, debt counselling

The offer for homeless persons includes emergency homes where they are accommodated and supported by private welfare organisations, which are largely funded by the Lower Austria Government. Women’s shelters provide protection and accommodation for women and children in Lower Austria affected by violence. The staff provide support and advice on legal, financial, social and pedagogical issues. They assist women in finding a job and/or a flat and accompany them to court and public authorities, if needed.

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 overindebted persons.

Debt counselling by designated counselling centres was financed by Lower Austria with EUR 1,748,700 in 2016, with 1,900,000 in 2018 and with EUR 2,080,000 in 2019. Counselling is provided by legal experts and qualified social workers.

Women's shelters were funded with EUR 2,119,846.73 in 2016, EUR 2,175,062.13 in 2018 and EUR 2,317,588.68 in 2019.

The department of social issues and promoting intergenerational relations plans to launch a study to evaluate housing protection, i.e. assistance services for persons at risk of losing their homes in Lower Austria, to be able to identify shortcomings in demand and supply and derive additional measures on that basis.

Detailed information on current developments and statistics on social assistance services can be found in the Lower Austria Social Reports, available at the website of the Lower Austria Government (in German): http://www.noegov.at/noe/Sozialhilfe/NOe_Sozialberichte.html

Information about the social benefits available can be obtained from the District Administration Authorities. The *Laender* also provide extensive information on their websites about the social benefits they offer. Since the 2013 administrative reform, it has been possible to appeal against decisions denying social benefits or awarding social benefits at an insufficient level by resorting to the Administrative Courts of the *Laender*.

Instances of discrimination or violation of human dignity can be reported to the Ombudsman's Board (*Volksanwaltschaft*) and at *Land* level (e.g. in the case of Lower Austria to the *Land* Equality Officer, to the Monitoring Committee and to the Equal Treatment Committee) for review by these independent bodies.

COVID-19

Socio-medical and social support services

Socio-medical and social support services were largely continued to be provided during the COVID-19 crisis.

To be able to provide care to the people who need it most, even in the event of staff shortages due to illness, cases were prioritised in consultation with those receiving care and their relatives.

The recommendations of the Federal and *Land* Government were cast into action plans and hygiene standards to ensure adequate care for confirmed or suspected cases of COVID-19.

Nursing homes (replacement facilities)

As a rule, residential care benefits are available only to persons in social service institutions of the *Land* or in institutions which have a valid contract with the *Land* and only if the person seeking help is in need of constant care and nursing.

Because of the COVID-19 crisis, a legislative amendment was adopted that provides for persons accommodated in replacement facilities are now eligible for residential care benefits for the duration of the pandemic, provided that these persons had received domestic care before and are now at risk of being undersupplied because of the COVID-19 crisis (e.g. because their 24-hour caregivers were not allowed to enter Austria or a relative was temporarily unable to provide care because of illness/quarantine).

There was no disruption in the provision of residential care services during the COVID-19 crisis. To protect their residents, nursing facilities arranged for separate quarantine areas for confirmed cases of COVID-19 and ensured adequate hygiene.

The restrictions of visitation rights and freedom of movement were kept as limited and reasonable as possible while making sure that the recommendations and requirements of the competent federal ministry were complied with.

Videoconferences with private welfare organisations and representatives of the *Land* were held at regular intervals to keep up to date with the constantly changing requirements and to discuss any questions arising.

Facilities for people with disabilities and people with mental illnesses

During the COVID-19 pandemic, special attention has been paid to the wellbeing of persons with disabilities and persons with mental illnesses and disabilities. It should be noted that organisations providing services to persons with disabilities have continuously been receiving full public funding, even though it was practically impossible for them to provide the whole range of services. These funds are a gesture of good will meant to ensure that services can be continued in the same quality and structure as before the pandemic. The clients were reassured that they will have a place in a care facility after the end of the lockdown.

To be able to react to the constantly changing requirements, videoconferences with the private welfare organisations were held at regular intervals.

Even though day-care facilities had to close temporarily, the Lower Austria Government arranged for emergency operation to be able to provide relief to private caregivers if needed.

The restrictions of visitation rights and freedom of movement were kept as limited and reasonable as possible while making sure that the recommendations and requirements of the competent federal ministry were complied with.

Women's shelters, care for the homeless, debt counselling

Women's shelters, institutions for homeless persons and debt counselling services have been available also during the COVID-19 crisis. The service offer was provided in compliance with the regulations and recommendations issued by the Federal Government.

Salzburg

Organisation of social services for persons with disabilities (participation assistance and various social services):

Salzburg Participation Act

The new Salzburg Participation Act (*Salzburger Teilhabegesetz, S.THG*) entered into force on 1 November 2019 replacing the former Salzburg Disabilities Act (*Salzburger Behindertengesetz*).

The legal basis was elaborated jointly with stakeholders, including the legal entities operating service facilities, experts, self-advocates (persons with disabilities) and persons representing the relatives of persons with disabilities.

Material changes of the law since 2015:

- adaptation of the objectives to meet the requirements of the UN Convention on the Rights of Persons with Disabilities

➔ equal participation in social life;

- enshrining instruments to promote participation in the laws: Inclusion Advisory Board (*Inklusionsbeirat*); better
- involvement of persons with disabilities and persons of trust in the process;
- introduction of a quality assurance tool: subject-matter supervision;
- establishment of a focal point and coordination mechanism to ensure implementation of the UN Convention on the Rights of Persons with Disabilities: focal point;
- setting up an ombuds office for accessibility of websites and mobile applications (= task of the focal point);
- introduction of compulsory planning and updating measures;
- allowing for new measures to be tested in pilot projects;
- establishing a legal basis for the psychosocial services of the *Land* of Salzburg;
- abolishment of the mandatory contribution of private assets;
- reformulation of the measures as measures of social participation.

Measures for implementation of the legal framework

To achieve the objectives of the Act, measures have to be planned and updated accordingly; the following measures are taken:

- Preparation: a *Land* Action Plan for persons with disabilities (currently being developed);
- Diversification of the range of care services provided, strengthening of self-determination and participation;
- Promotion of initiatives for self-determined living and enhanced involvement of persons with disabilities;
- Establishment of an Inclusion Advisory Board appointed for the term of office of the legislative body it was appointed by; Its task is to advise the *Land* Government in all matters relating to equal participation of persons with disabilities;
- Mental Health Advisory Board: An advisory body, which convenes at regular intervals and develops recommendations and opinions on how to improve psychosocial care in the *Land* of Salzburg;
- Planning days and evaluations with institutions, experts, interest groups and peers as well as representatives of relatives with the aim of further developing the services offered.

Unless otherwise stipulated, participation assistance benefits or services are granted only for use of facilities whose operating institutions have *concluded a private-law contract* with the Salzburg Government (Section 12 S.THG). In such contracts, the parties agree on the form, the scope, the specific target group and the scope of services to be provided.

- Partners for providing assistance to persons with disabilities: https://www.salzburg.gv.at/soziales/Seiten/partner_behindertenhilfe.aspx

Focal point: Implementation of the UN Convention on the Rights of Persons with Disabilities

The Salzburg social department in charge of persons with disabilities and inclusion is the focal point for matters governed by the UN Convention on the Rights of Persons with Disabilities. The focal point is a point of contact and coordination mechanism with regard to the implementation of the Convention in the *Land* of Salzburg.

Assistance

Persons with disabilities are entitled to assistance if their physical functions, sensory functions, cognitive skills or mental health are impaired leading - in combination with various barriers - to a material disadvantage when it comes to equal participation in social life. The prerequisite is that the impairment is highly likely to last longer than for six months. Largely age-related impairments do not qualify as disabilities.

Participation assistance benefits or services can take the form of:

- medical treatment
- provision of artificial limbs, orthopaedic aids and other aids
- help with child-rearing and schooling
- help with participation in working life
- help to achieve social participation
- help to obtain a sheltered workplace.

The following benefits or services are covered:

Medical treatment/mobility training, therapy for drug addicts, transport costs (transportation to and from school), artificial limbs, aids, child-rearing and schooling, vocational training, work training, psychotherapy, accommodation, day-care structures and workshops for persons with cognitive and multiple disabilities, accommodation and day-care services for persons with mental illnesses, wage subsidies, personal assistance.

Services receiving flat-fee funding include the following:

Mobile services for early intervention and family support, Outpatient Clinic for Developmental Diagnostics and Therapy (*Ambulatorium für Entwicklungsdiagnostik und Therapie*), intensive therapy for children with autism spectrum disorders, Pinzgau Therapy Centre (*Therapiezentrum Pinzgau*), early intervention services for children with hearing and visual impairments, employment projects and day-care services for persons with mental illnesses, independent living with assistance bases, mobile crisis intervention, transitional care for persons with psychiatric problems (after their inpatient stay), Psychosocial Counselling and Supply Centre for children and young persons (*Psychosoziales Beratungs- und Versorgungszentrum für Kinder und Jugendliche*), mobile services for psychosocial rehabilitation, mobile services for drug addicts, intensive support for mentally ill persons released from prison, substance abuse prevention services, groups for alcohol addicts.

Social services include:

- nursing care services for children with disabilities at public compulsory schools and private compulsory schools having public-law status;
- physiotherapy services for children with disabilities;

- services aimed at promoting equal participation in social life; recreational activities for persons with disabilities, holiday activities for children and young persons with disabilities, counselling services for persons with disabilities;
- recreational offers;
- help with the additional costs incurred for developing and adapting suitable living space;
- supplements for purchasing cars suitable for persons with disabilities.

More detailed information (in German) on the benefits and services offered, the institutions and facilities can be found under the following links:

<https://www.salzburg.gv.at/themen/soziales/menschen-mitbehinderungen/behinderungseinrichtungen>

<https://www.salzburg.gv.at/themen/soziales/menschen-mitbehinderungen/unterstuetzungsstelle>

<https://www.salzburg.gv.at/themen/soziales/menschen-mitbehinderungen/persoенliche-assistenz>

Psychosocial Services of the Land of Salzburg

The Salzburg Psychosocial Services (*Psychosozialer Dienst, PSD*) provide services for persons with mental illnesses and disabilities and/or addiction problems, their relatives and direct social contacts. Care and counselling are provided free of charge, home visits are also offered. Counselling centres are located in all regions of the *Land* of Salzburg. The Salzburg PSD also includes a function for addiction matters (*Suchtbeauftragter*) and an addiction coordination unit (*Suchtkoordination*).

The PSD organisation is the central interface and coordination centre for psychosocial care services in the *Land* of Salzburg.

<https://www.salzburg.gv.at/themen/soziales/psychosoziale-beratung-undbetreuung/psd-zustaendigkeiten>

Effective and equal access to social services

A large part of the benefits and services offered in connection with participation/assistance to persons with disabilities are granted by way of an application to be filed with the competent District Administration Authority (*Bezirkshauptmannschaften, Magistrat*).

Assistance is provided subject to the following prerequisites:

- Primary residence in the *Land* of Salzburg
- Disability
- Austrian citizenship
- Persons with a residence title based on their EEA or Swiss citizenship
- Persons with a permanent residence title
- Persons who have been granted asylum

Participation assistance is granted by administrative decision (*Bescheid* - can be contested by means of a *Beschwerde*) issued by the public authority after having obtained the expert opinion of a team of experts. The expert opinion is drawn up in writing in the course of a team

consultation. The applicant can attend the team consultation if he/she wishes to do so and may be accompanied by a person of trust.

Funding not based on an individual legal entitlement - i.e. a corresponding administrative decision was not issued - is provided for the following services: nursing care services at schools for children with disabilities, subsidies for purchasing a suitably adapted vehicle, supplements for adapting living space, services intended to promote equal participation in social life and recreational offers.

Services receiving flat-fee funding can be used by anyone without previous application and approval by public authorities, provided that the person in question meets the requirements specified for the relevant benefit or service in the Salzburg Participation Act. Services are accessible directly via the individual institutions (psychosocial care services, coordinated by the Salzburg PSD).

Persons with disabilities have to contribute to the costs only if they can. Services receiving flat-fee funding do not require cost contributions.

Quality of services

A broad range of quality assurance tools is applied at various stages of the service process – design and planning, implementation and ongoing supervision, subject-matter supervisions and evaluation.

Participation assistance institutions are supervised by the *Land* Government. It reviews the individual institutions to determine whether they comply with the agreements made, whether equal participation in social life of the persons with disabilities is enabled and an appropriate quality of care is ensured.

Quality assurance tools

Quality of process	Quality of structure	Quality of results
<ul style="list-style-type: none"> ▪ Planning processes ▪ Involvement of institutions, interest groups and individuals ▪ Concept design ▪ Evaluation/ development ▪ Production 	<ul style="list-style-type: none"> ▪ Measures for structural quality ▪ Products ▪ Contracts ▪ Activity report of the institutions 	<ul style="list-style-type: none"> ▪ Subject-matter supervision ▪ Individual progress reports ▪ Teams of experts

Data protection

The protection of personal data is stipulated in the Salzburg Participation Act. Personal data may be processed when enforcing the provisions of the Act where this is necessary and provided for by the law. In particular, the Act governs the handling of personal data and data processing.

Statistical data: 2019 Social Report

More details on services offered, geographical distribution and statistical data is published in the Social Reports, which are published annually (in

Gemran):https://www.salzburg.gv.at/soziales_/Documents/Publikationen/Sozialbericht_2019.pdf

Specific action put in place to promote users empowerment, representation and consultation on questions concerning organisation of the various social services

- Funding of interest groups, peer organisations and initiatives for self-determined living.
- Involvement of persons with disabilities in planning and legislative processes.
- Persons with disabilities are members of the Inclusion Advisory Board.
- Participation assistance institutions elect self-advocates.
- The focal point as the point of contact and coordination mechanism with regard to the implementation of the UN Convention on the Rights of Persons with Disabilities. Involvement of persons with disabilities in various planning stages. Recommendations and ideas of experts are taken into consideration (e.g. establishment of a working group (*Begleitgruppe*) accompanying the elaboration of the *Land* Action Plan).

Nursing and care

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 (*Salzburger Sozialhilfegesetz, S.SHG*).

Considering the local and regional needs and situations and the general conditions (neighbourhood, housing, traffic and transport) 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 nursing;
- family assistance;
- household support;
- care for persons needing support in their household;
- 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;
- 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. The provision of social services with supplements granted under the S.SHG are stipulated in the Ordinance governing Social Services (*Soziale Dienste-Verordnung, SD-VO*).

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 and the family is not sufficiently able to take care of those needs.

Only specialised staff (skilled nurses, healthcare assistants) is employed in the field of home care; family assistance is provided by trained family assistants and household support by homecare workers and persons who receive appropriate training by the corresponding organisation.

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, more specifically by members of the advanced-level service for health and nursing (*gehobener Dienst für Gesundheits- und Krankenpflege*) and social support workers.

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. Detailed information (legislation, facts and figures, year-over-year comparisons, geographical distribution in the *Land* of Salzburg) can be found in the annual Salzburg Social Report available (in German) at:

https://www.salzburg.gv.at/soziales_/Seiten/publikationen-soziales.aspx#sozialberichte

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.

Data protection

The protection of personal data is stipulated in the Salzburg Social Assistance Act (SSHG). Personal data may be processed for the purposes set out by the law. The data protection provisions are laid down in Sections 50a – 50e S.SHG.

Styria

In the *Land* of Styria, social services are enshrined in Section 16 of the Styria Social Assistance Act (*Steiermärkisches Sozialhilfegesetz, SHG*), State Law Gazette no. 29/1998. They primarily consist of home nursing, family assistance, help to continue with household duties, meals-on-wheels services, preventive health care, general and specific counselling services and

residential care in social assistance homes (nursing homes, homes for senior citizens and nursing stations) or similar facilities or appropriate flats.

Social services are provided by the integrated social and health entities (*Integrierte Sozial- und Gesundheitssprengel, ISGS*). The ISGS are organised in merged municipalities and entrusted with the statutory obligation to provide needs-based social services.

Social services under the Social Assistance Act

According to Section 16 SHG, the municipalities have to ensure that the following social services are provided:

- Work with the elderly, families and people with disabilities as well as accompanying persons with disabilities and home care.
- Health and nursing services other than the services provided in residential facilities, e.g. home nursing.
- Meals-on-wheels services.

The Styria Government supports the municipalities in ensuring mobile nursing and care/home nursing. Through standard costs funding, 44.5% of the costs are covered by the *Land*, 22% by the municipalities, and 2.5% by the health insurance institutions - under the heading of home care for the ill under the General Social Insurance Act (*Allgemeines Sozialversicherungsgesetz, ASVG*). And 31% of the costs are funded by the clients themselves. The share payable by clients is graded depending on social background and is calculated based on an individual's income. Specific maintenance payment rights and obligations are taken into account, while long-term care benefit does not count as income. Long-term care benefit is usually paid to clients to pay for care and nursing costs.

Customers who - due to their need for nursing and care and their need for financial help - are unable to sufficiently cover reasonable living costs despite financial funding are additionally entitled to a supplement for mobile nursing and care services under Section 9 SHG. The maximum amount of the supplement corresponds to the maximum amount of the benefit paid out to help with the costs for residential care.

In Styria, mobile nursing and care services/home nursing services make 1.6 million home visits to 18,300 clients per year.

Under the Social Assistance Act, every municipality in Styria is obliged to make sure that there are meals-on-wheels services in their municipality.

Persons who temporarily need help, or care-giving relatives who need support in caring for elderly or ill family members or family members with disabilities, can apply for family assistance. Family assistance, as defined in the SHG, was provided to a total of 117 families in 2018. This service was co-funded by the Styria Government with an amount of EUR 130,000.

Care in nursing homes

According to Section 13 SHG, persons who are in need of care in a nursing home and persons in need of financial help are entitled to have the costs for their nursing home covered, to the extent these costs cannot be covered from their own income (including long-term care benefit). If a person has been granted at least level 4 long-term care benefit, they qualify as in need of care in a nursing home; persons whose long-term care benefit level is lower have to

provide evidence that they need to be accommodated in a nursing home by submitting an expert opinion by a qualified medical, nursing or social work professional.

Persons in need of help can freely choose their place in one of the 223 nursing homes in Styria. According to relevant statistics for 2018, on 31 December 2018, there were 14.364 nursing home beds and places available. Styria provides nursing home care for 17,045 persons per year (2018 Styria Care Statistics, 2018 reference period).

Major changes since the submission of the last report in 2015 include the Federal Government the abolishment of recovering nursing care costs from the assets of persons in residential care: According to the amendment, persons receiving care in nursing homes no longer have to use their own assets to cover the costs. As a result, the number of persons covering their own costs went down drastically to approximately 3%.

Case and care management

A pilot project for case and care management was launched in three districts of Styria in 2018. The objective of this project was to review to which extent counselling and case management services would be accepted by persons in need of care and their families and relations.

The plan was to offer case and care management in each district of Styria after successful completion of this pilot project. On 8 August 2019, the Styria Government decided to expand the scheme to cover all of Styria, a project that was fully rolled out by 1 April 2020.

Day-care centres

Day-care centres aim to make a substantial contribution to providing relief to care-giving relatives and/or communities. According to the 2018 Styria Care Statistics, 27 day-care centres offer a total of 339 places. To expand the day-care centres offering, quality standards were developed and the infrastructure was supported with funding provided by the European Union (with EAFRD funds) and the *Land* of Styria. The clients pay a means-tested contribution to cover part of the costs for day care from their own income.

Assisted living facilities

The aim of assisted living facilities (*Betreutes Wohnen*) is to enable persons in need of care to live a self-determined life. In 2018, a total of 115 facilities offered 1,427 flats (2018 Styria Care Statistics) with care being co-funded by public funds.

Assistance for people with disabilities

The *Land* of Styria strives to provide assistance to persons with disabilities in line with international and supranational agreements and to implement corresponding regulations on a *Land* level. This includes Art.14§1 ESC and its requirement to ensure the effective exercise of the right to benefit from social welfare services. To meet the related requirements and to ensure the right of the individual to benefit from social services, it is essential that services are offered adequately and that they are accessible. Assistance services offered to persons with disabilities in Styria include a broad range of services, from low-threshold services/benefits to highly specialised social services.

The Styria Persons with Disabilities Act (*Steiermärkisches Behindertengesetz, StBHG*), (State Law Gazette no. 26/2004 as amended by State Law Gazette no. 35/2020) aims at supporting persons with disabilities to ensure they can participate in social life the same way as persons without disabilities and live a self-determined life to the greatest extent possible. This goal

essentially corresponds to the intention of Art. 14§1 ESC which requires social welfare services to “contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment”.

Section 1a StBHG defines persons with disabilities as persons who - due to a non-temporary impairment of their physical functioning, intellectual functioning, mental health or sensory functioning - are disadvantaged when it comes to participating in social life.

The services stipulated in the Styria Persons with Disabilities Act are available to all persons with disabilities who meet the requirements set out in Section 2 StBHG. Access is subject to the following criteria: primary residence in Styria, citizenship of either a member state of the European Economic Area or a residence title pursuant to Section 8 Para. 1 nos. 1 to 8 of the Settlement and Residence Act (*Niederlassungs- und Aufenthaltsgesetz, NAG*) or status of recognised refugee or status of ‘holder of subsidiary protection status’ pursuant to Section 8 Asylum Act (*Asylgesetz, AsylG*).

Persons with disabilities have a legal title to all support services set forth in the Styria Persons with Disabilities Act (cf. Section 3 StBHG). As a result, applications by persons with disabilities have to be decided by way of an administrative decision (within six months at most). For many benefits or services, the Act requires the involvement of an expert association (Section 42 StBHG) to assess the need for support of the individual person on a case-by-case basis depending on the capabilities, skills and needs of the applicant.

The administrative decision, which is issued by the District Administration Authority having jurisdiction over the place where the relevant person with disabilities has their primary residence, can be contested by filing a complaint (*Beschwerde*) with the *Land* Administrative Court. What is important for and while making the application is that the person with disabilities has access to relevant information regarding the benefits and services offered under assistance services for persons with disabilities. Therefore, the assistance services for persons with disabilities offer forms and information leaflets also in plain and intelligible language. In 2018 and 2019, a counselling centre for persons with disabilities was established on a regional level. This is a pilot project for the time being, but the objective is to establish - in each region of Styria - corresponding counselling centres affiliated with the ombuds office for persons with disabilities.

Before elaborating on specific social welfare services, i.e. support services under the assistance services for persons with disabilities, the structure of the Styria Persons with Disabilities Act as regards the types of support services will be explained in more detail. Pursuant to Section 4 StBHG, assistance and support is provided in various forms: residential (e.g. living facilities), semi-residential (e.g. daytime care), non-residential (mobile services) services or monetary benefits. Support services are specified not only in the Styria Persons with Disabilities Act itself, but mainly in the associated Ordinance governing benefits and charges (*Leistungs- and Entgeltverordnung, LEVO-StBHG*) 2015. The Ordinance provides detailed information on the benefits or services and the requirements for receiving them. The LEVO-StBHG sets forth in detail the accommodation and day-care services, mobile services and the benefit referred to as Personal Budget, including staffing requirements and the extent or type of care offered. Special attention is paid to the qualification of care workers. As a standard in assistance services for persons with disabilities in Styria, support services are provided by well-trained, qualified staff in multiprofessional teams to ensure that the needs of persons with disabilities can be met in the best possible way.

While persons with disabilities have a legal title to support services under Section 3 StBHG as such, they are not entitled to a specific form or extent of any benefit or service.

To achieve the objectives of the Styria Persons with Disabilities Act, various services are offered in various areas of life:

Accommodation

Depending on the nature and severity of disability, the StBHG provides for numerous housing options for persons with disabilities. The services offered include assisted living (Section 18 StBHG - living facilities) as well as mobile services which provide assistance to people living in their own home (Section 21 StBHG - independent living support). As a rule, mobile services are to be preferred over residential care (cf. Section 4 Para. 1 StBHG). The assistance to persons with disabilities also includes co-funding for the adaptation of living space (Section 25a StBHG – subsidies for necessary building adaptations) and subsidies for living costs for persons with severely limited mobility, if more space is needed due to the disability (Section 20 StBHG – rental assistance). In certain cases, persons with disabilities can be admitted to nursing homes with the assistance services for persons with disabilities covering all costs (Section 19 StBHG - coverage of costs for nursing homes).

Education

Starting from a young age, children with disabilities receive targeted support by early intervention programmes, which is available in a special form also for children with visual and hearing impairments. Educational support is later provided at nursery school (remedial education groups) and at schools for children of all ages (Section 7 StBHG - education and schooling).

Day-care services

There is a broad range of offers ranging from day-care centres (Section 16 StBHG - day-care facilities) to participation in the world of work (Section 8 StBHG – participation in employment and occupation).

Health care

To meet the needs of persons with disabilities, funding is provided for medical treatment subsidies (Section 5 StBHG - medical treatment) and the supply of aids (Section 6 StBHG - provision of artificial limbs, orthopaedic aids and other aids). Furthermore, persons with disabilities are entitled to supplements to help cover the costs of sign language interpreters outside of work and training courses for the blind and visually impaired. Ordinance LEVO-StBHG 2015 was amended by State Law Gazette no. 47/2020 and now also includes speech-to-text reporters as a service eligible for funding.

Mobility

Transport costs for travelling to and from facilities and services, and costs incurred in connection with assistance services for persons with disabilities, are covered. Persons with disabilities who own a vehicle can apply for a grant to support the adaptation of the vehicle to the needs of those persons (Section 24a StBHG – subsidies for adapting vehicles to the needs of persons with disabilities).

Help to secure the necessities of life (subsistence)

Persons with disabilities on a low or no income receive financial assistance to help them cover their necessary living costs (Section 9 StBHG - help to secure the necessities of life) (cf. statements on Art. 13).

Family and leisure

The StBHG provides for services to relieve relatives of persons with disabilities allowing them to temporarily “escape” their care duties (Section 22 StBHG - family relief) and support for persons with disabilities to pursue leisure activities (Section 21a StBHG - leisure activities).

Self-determined living

State Law Gazette no. 62/2011 amending the StBHG stipulated the legal basis for the Personal Budget, referred to as “Personal Assistance” in other *Laender*. The objective of this benefit is to guarantee that persons with sensory impairments and/or severe locomotor disabilities but with adequate competencies and organisational skills can live a life which is as independent as possible. Personal Budget is a monetary benefit for funding personal assistants to allow persons with disabilities to live independently outside of residential care facilities.

In this context mention is to be made that benefits not paid out directly to persons with disabilities (monetary benefits) are usually provided by private welfare organisations and service providers, which must hold an authorisation under Section 44 StBHG. Care services provided to persons with disabilities can be invoiced to the Styria Government only where an invoicing agreement has been concluded between the private service provider and the *Land* of Styria (Section 47 StBHG).

These private institutions and services are reviewed by the Styria Government on an ongoing basis, with checks relating to the quality of service provision, staffing, qualifications of care staff, etc.

Like any other legislation, the laws concerning assistance services for persons with disabilities are not static but constantly evolving. In light of the UN Convention on the Rights of Persons with Disabilities (CRPD), which was ratified by Austria in 2008 and which is also reflected in the laws of the individual *Laender*, Styria is striving to develop its already very comprehensive range of assistance services for persons with disabilities even further. Styria was the first *Land* of Austria that, in 2012, designed a specific action plan for implementing the CRPD on a *Land* level, which provided for a large number of individual measures. At the moment, the Action Plan is in its phase 3, which will be finished at the end of 2020. The Action Plan created important and sustainable structures, allowing persons with disabilities to participate in political decision-making processes. The Partnership for Inclusion (*Partnerschaft Inklusion*) - which defines itself as a board where a large number of organisations are represented and which is founded on mutual trust, is participatory, dynamic and solution-oriented - was set up to further develop assistance services for persons with disabilities in Styria. The Partnership for Inclusion comprises persons with disabilities and/or self-advocates, representatives of relatives, representatives of the social department of the *Land* of Styria, of the monitoring committee of the Styria Government, the ombuds office for persons with disabilities, the umbrella organisation Sozialwirtschaft Steiermark of organisations providing assistance services to persons with disabilities, representatives of care workers and the Austrian Association of Cities and Towns (*Städtebund*) and the Austrian Association of Municipalities (*Gemeindebund*).

In recent years, the Partnership for Inclusion has launched numerous projects aiming to promote the best possible participation of persons with disabilities in various areas of life.

Work and disabilities: This area includes testing new benefits or services aimed at enabling persons with disabilities who do not receive assistance from the Public Employment Service (AMS) or the Service Centre of the Ministry of Social Affairs (SMS) to find employment opportunities in the primary labour market allowing them to earn a real income instead of mere pocket money. This includes full coverage by health, accident and pension insurance.

New forms of living: In the approach to housing, assisted living is generally preferred over residential accommodation. Even persons with more severe disabilities should receive care in the form of mobile services rather than residential care. In recent years, several pilot projects have been launched and EU funds from the EAFRD have been used to build inclusive homes.

Independent living: At the moment, Styria is testing a very flexible benefit: the Community-oriented Assisted Budget (*Lebensraumorientiertes begleitetes Budget*). This benefit is comparable to the Personal Budget: Persons with learning disabilities and mental illnesses and disabilities have a certain sum at their disposal, which they can spend on organising support services or support networks. The clients using the services in this pilot project are supported by case managers.

One-to-one teaching assistance scheme: Inclusive education requires new, needs-based models for providing adequate care and education to children and young persons with disabilities. Within the scope of one-to-one teaching assistance, various projects were carried out that revealed the great potential and various options of support for pupils and students with disabilities, all of which will contribute towards making the best possible impact.

In 2020, also based on the Partnership for Inclusion, working groups were established on “ageing and disability” and on the prevention of violence.

The well-planned expansion and design of assistance services for persons with disabilities in Styria is based on the 2015 Requirement and Strategy Plan (*“Bedarfs- und Entwicklungsplan 2015”*) for the non-psychiatric field. A requirement and strategy plan for social psychiatric professions is being developed.

More detailed information and explanations of benefits and services can be found at the following links:

Styria Persons with Disabilities Act (Act) (in German):

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrStmk&Gesetzesnummer=20000434>

LEVO-StBHG (Ordinance and Annex 1 to 4) (in German):

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrStmk&Gesetzesnummer=20001224>

Social services under the Social Assistance Act

According to Sections 16 and 20 SHG, the municipalities have to ensure that the following social services are provided:

- Work with the elderly, families and people with disabilities as well as accompanying persons with disabilities and home care.

- Health and nursing services other than the services provided in residential facilities, e.g. home nursing.
- Meals-on-wheels services.

The Styria Government has supported the municipalities in ensuring home nursing by establishing a Styria-wide system. Costs are shared between the *Land* (39%), the municipalities (22%) and the clients themselves (36%) with the individual client's contribution being calculated based on the individual's income or long-term care benefit. Three percent are funded by the social insurance institutions under the heading of home care for the ill under the General Social Insurance Act (*Allgemeines Sozialversicherungsgesetz, ASVG*).

If clients have insufficient funds to sustain themselves despite the funding provided, they can apply for social assistance and receive funding on a case-by-case basis up to the net costs of residential care.

This system provides care to 17.000 clients in Styria per year. There are 1.5 million home visits per year and 1.2 million hours of care provided.

Under the SHG, every municipality in Styria is obliged to make sure that there are meals-on-wheels services in their municipality and that they are accessible for a reasonable financial contribution.

Persons who temporarily need help, or care-giving relatives who need support in caring for elderly or ill family members or family members with disabilities, can apply for family assistance. The services provided by family assistants are limited to 14 days of 8 hours maximum per year. During that time, the family assistants care for family members who are ill or in need of care or help in the household.

Family assistance, as defined in the SHG, was provided to a total of 59 customers in 2015. Of there, 5.1% paid for the services themselves. Customer figures increased by 28.3% (13 persons) from 2011 to 2015. In 2015, customers received care provided by 27 caregivers (three full-time equivalents).

This service is co-funded by the Styria Government with an amount of EUR 150,000. The rest is funded by the municipalities and the clients themselves.

See Care Report (*Versorgungsbericht*) 2015:

https://www.gesundheit.steiermark.at/cms/dokumente/12638757_142418678/6d287e2c/v_ersorgungsbericht_2015_internet.pdf

COVID-19

Vorarlberg

Reference is made to previous reporting and to the statements on Article 13 RESC.

As a general rule, Austrians and EEA citizens as well as third-country nationals have equal access to the various social welfare services. Counselling is provided to anyone seeking help irrespective of their nationality.

COVID-19

Social services were largely maintained, to the extent possible in compliance with statutory requirements. Contacts in person were kept to a minimum or replaced by counselling via telephone or videoconference; working hours were extended (including services such as case

management, various psychosocial counselling services in Vorarlberg, mobile services provided on a case-by-case basis, children and youth ombudsperson, etc.). All the measures and precautions can be implemented again, should any such crisis arise in the future.

Upper Austria

Reference is made to previous reporting.

COVID-19

To protect persons with impairments, COVID-19-related recommendations were made for providing services under the Upper Austria Equal Opportunities Act starting with 13 March 2020. This resulted in the provision of services to a limited extent.

During the COVID-19 crisis, communication and information on safety and hygiene measures necessary to prevent the spreading of the virus was intensified. Institutions were requested to make sure that the language used was easy to understand.

Living facilities

In March/April 2020, there were hardly any outdoor activities in the living facilities and visits were not allowed. Starting from June, the residents of living facilities with part-time or full-time care were allowed to leave the facilities for walks, shopping, etc. with or without an accompanying person depending on their need for support. Residents received instructions on infection control and hygiene on a regular basis. Facilities were also advised to ask and record the contacts of residents outside the facilities.

Residents were allowed to stay overnight with their families. As regards the conditions for longer periods of absence from the facilities, Upper Austria referred to the Recommendations governing the relaxation of COVID-19-related restrictions in *Laender* facilities and programmes of assistance services for persons with disabilities (*Empfehlungen zur Lockerung der COVID-19-bedingten Einschränkung in den Einrichtungen und Programmen der Behindertenhilfe der Länder*) issued by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection on 29 May 2020.

Persons who left the facility for a longer period of time had to take measures to verify their health status, including the following:

- health check, e.g. by measuring body temperature;
- contact monitoring during the period spent outside the facility;
- active symptom monitoring over the 14 days after that (measuring body temperature every day).

Those measures had to be tailored to the general condition of residents and were not allowed to be excessive.

In analogy to the Federal Government's Recommendations governing the adaptation of visiting regulations in hospitals, rehabilitation facilities and sanatoriums (*Empfehlungen zur Anpassung der Besuchsregelungen in Krankenanstalten, Rehabilitationseinrichtungen und Sanatorien*) and recommendations to the Upper Austrian hospitals, visits in the rooms of residents of residential care facilities have again been allowed provided there are no suspected or confirmed cases of COVID-19.

- One visitor per resident is allowed for one hour per day. Visiting times are specified by the individual facilities and scheduled in the afternoon. The management of the facility can provide for exceptions in emergencies and critical or life-threatening situations to give close family members the opportunity to see dying relatives to say goodbye.
- As previously, appointments have to be made and visits continue to be recorded under the same standards as before (filling out a visitor's form).
- When entering or leaving, visitors are advised to directly go to the designated visitor's areas or the room of the person who they came to see.
- The general hygiene standards have to be complied with.
- Information on hygiene rules and rules of conduct should be prominently displayed in the facility and information leaflets should be handed out if necessary.
- In compliance with basic hygiene requirements and after careful consideration of benefits and risks, residents living in separate areas of the home can visit each other.

Residents had access to technical resources allowing them to stay in touch with their social environment.

Furthermore, residents have been allowed to attend abilities-based activities since early June 2020. Since end of June 2020, regular operation has largely been resumed, duly complying with the applicable protection and hygiene measures.

To avoid infections in the facilities, reference was made to the Recommendations governing the relaxation of COVID-19-related restrictions in *Laender* facilities and programmes of assistance services for persons with disabilities issued by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection. Instructions on those measures had to be given to both service providers and persons to whom the services are provided. Given the heterogeneity of assistance service facilities for persons with disabilities (e.g. size, spatial and structural conditions, garden, neighbourhood, infrastructure), the individual facilities are responsible for developing protection and safety precautions that suit them best.

If there is a suspected case of COVID-19, the public health authorities must be contacted immediately. The specific requirements are defined by the public health authorities.

In addition, the facilities maintained regular contact with persons in domestic care.

Day-care structures and workshops/occupational qualification

From 16 March to 30 April 2020, these services were reduced to an emergency mode. During that time, services were provided only to persons who could not be cared for during the day either in a facility or (by their family) at home. Starting in early May 2020, persons who received daytime care at home were allowed to return to the workshops. Since end of June 2020, regular operation has largely been resumed, duly complying with the applicable protection and hygiene measures.

To avoid infections, the following hygiene and protection measures have to be taken in workshops, abilities-based activities, occupational therapy, day-care structures, occupational qualification programmes in accordance with the Federal Government's recommendations:

- If possible, a distance of 1 metre should be maintained also in corridors and other public areas within the facility and during breaks by taking appropriate precautions such as by applying markings on the floor.
- Wherever necessary and possible, persons receiving care are to wear a face mask that covers mouth and nose.
- Wherever necessary and possible, caregivers are to wear surgical masks when providing services to healthy persons.
- Adjustment, based on objective criteria, of the maximum number of persons permitted during activities in closed rooms to meet applicable physical distancing requirements. The recommended value is 10 m² per person in the room (including caregivers).
- The individual facilities decide, based on customised solutions, whether a person is admitted to an activity or not. Specific persons can be prioritised based on objective criteria whenever required.
- When deciding whether persons in part-time assisted living schemes are admitted/can participate, case-by-case solutions must be found making sure that persons in assisted living programmes are not discriminated against.
- If possible in compliance with appropriate hygiene and protection measures, a transport service is to be arranged (as provided for by the Ordinance governing transport services issued by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (*Verordnung des Bundesministeriums für Soziales, Gesundheit, Pflege und Konsumentenschutz zum Personentransport*)).

In addition to that, on 2 June 2020, the Upper Austria Government published the following recommendations:

- Contacts between persons living in different flat-sharing groups and external persons should be avoided.
- Persons who are part of the high-risk group as defined in the Ordinance governing the definition of the group of persons at higher risk of severe COVID-19 (*COVID-19-Risikogruppe-Verordnung*), Federal Law Gazette II no. 203/2020, should not participate.
- If persons need repeated instructions or help with implementing the protection and hygiene measures, their caregivers are responsible for making sure that those measures are indeed complied with.

Transport service

In terms of transport services, reference is made to the provisions of the Ordinance of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection:

- Persons who do not live in the same household are allowed to use a shared vehicle only if all of them wear face masks and only if there are only two persons per row (driver included).
- The maximum number of persons who can use a bus according to these requirements depends on the type of vehicle and the number of seats and rows in the bus. Examples:
 - vehicle with 5 seats: 3 passengers maximum
 - vehicle with 9 seats and 3 rows: 5 passengers maximum

- vehicle with 9 seats and 4 rows: 7 passengers maximum
- Should this be impossible due to the number of special needs children/pupils/students/persons to be transported, exceptions can be made in very specific cases.
- Drivers, accompanying persons and passengers must wear masks. The obligation to wear masks does not apply to children under the age of 6 and persons who are exempted for health reasons (Section 11 Para. 3 of the above Ordinance). People are responsible for bringing their own masks.
- When drivers or accompanying persons support passengers, for instance when helping wheelchair users to get on and off the bus, reference is made to the rules on exceptions as set out in Section 11 Para. 2 no. 2 of the Ordinance which stipulates that the requirements and restrictions of the Ordinance (in particular as regards distancing) do not apply when providing care or assistance to persons in need of support.

Personal assistance/early intervention/therapies

For those services, the Recommendations governing the relaxation of COVID-19-related restrictions in *Laender* facilities and programmes of assistance services for persons with disabilities issued by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection on 29 May 2020 apply.

Measures taken in the field of (part-time) assisted living in flat-sharing communities, in the field of early intervention and therapeutic services:

- Needs-based provision of masks and personal protective equipment (PPE) to mobile care workers.
- Ensuring that care workers have the opportunity to appropriately disinfect themselves and change their PPE after attending an infected client or after having provided care involving close physical contact outside the infected client's home before providing services in other facilities/residential units.
- Daily pre-shift health assessment of care workers (e.g. by measuring body temperature).
- When accompanying clients for necessary activities outside the home (appointments at authorities, grocery shopping, assistance with leisure activities, etc.) a 1-metre distance should be maintained whenever possible (Section 11 Para. 4 of the Ordinance governing the relaxation of COVID-19-related restrictions).

Psychosocial counselling centres

The Upper Austria Government recommended that counselling centres stop providing face-to-face counselling and switch to telephone or digital counselling. Starting from 15 May 2020, these recommendations were repealed subject to compliance with the following measures:

- A notice on protective measures is to be prominently displayed in the entrance area of the counselling centre (sample text provided).
- Masks must be worn (clients must bring their own) or appropriate protection installed (such as mechanical barriers in the form of acrylic glass panes).

- Masks must be worn outside counselling rooms at all times. Counsellor and client can decide on whether the mask can be taken off during the counselling session or whether there are alternative ways to prevent infection.
- A distance of at least 1 metre (at least 2 metres without mask) must be maintained.
- Counselling can take place upon prior appointment only. Clients are to be seen at the building entrance and led into the counselling room. Clients should not meet other clients while in the counselling centre.
- Hand disinfection for clients and employees must be provided.
- Surfaces in lavatories must be cleaned thoroughly.
- Counselling room and waiting area must be aired for several minutes after each session.
- As for home visits or client contacts outside counselling centres, reference was made to the general recommendations of the Federal Government.

Parts of the financial social benefits within the scope of basic welfare support (*Grundversorgung*) were temporarily paid out by wire transfer rather than in cash. Some contracted service providers temporarily replaced face-to-face contact with telephone counselling to provide social support/counselling services. Clients were able to receive counselling and support at any time. In particularly important cases, face-to-face counselling was offered.

The *Land Service Centre (Landesdienstleistungszentrum)* had to restrict its opening hours.

Necessary social welfare services were maintained during the COVID-19 crisis and service disruptions in 24-hour care (particularly due to entry restrictions) were compensated by extending the service periods of individual 24-hour caregivers, by resorting to mobile nursing services and also by admitting patients to replacement care facilities.

Measures taken in view of future crises

Based on the requirements defined by the *Land* and set forth as service and quality standards in the agreements entered, skills in accessible and appropriate communication were acquired and implemented by the service providers already before the COVID-19 crisis.

Requests and suggestions from interest groups and from persons with impairments and their relatives are integrated into the recommendations regarding COVID-19-related measures.

Wien

Reference is made to previous reporting.

COVID-19

Reference is made to the information provided under Article 13.

Burgenland

Reference is made to previous reporting.

Paragraph 2 – to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

a) Please provide information on user involvement in social services (“co-production”), in particular on how such involvement is ensured and promoted in legislation, in budget allocations and decision-making at all levels and in the design and practical realisation of services. Co-production is here understood as social services working together with persons who use the services on the basis of key principles, such as equality, diversity, access and reciprocity.

Social services are in the responsibility of the *Laender* and are offered by them along with municipalities and free welfare associations; the aim of the Federal Government is to ensure the highest quality in the care sector and that people in need of care or support receive optimal services. Further development can only take place in a closer dialogue with the *Laender*, municipalities and a broad involvement of all stakeholders.

In 2020, the Federal Minister of Social Affairs, Health, Care and Consumer Protection already started a dialogue tour, where he met involved parties such as employees, volunteers, nurses, critical doctors, trade unionists and NGOs. In addition, a comprehensive digital survey on the care reform was carried out in August 2020. From September 2020 onwards a discussion process is planned with hundreds of institutions, employees and those affected in all regions of Austria. In autumn, a task force with various working groups will be established. To this end, experts from NGOs and, in a further step, the civilian population are also planned to be involved. It will be the goal of the task force to work together on the challenges. The task force will offer various options for contributing experience, knowledge and perspectives.

The Austrian Federal Act on the Quality of Health Care (Health Care Quality Act – *Gesundheitsqualitätsgesetz – GQG*) comprises several important objectives and principles for the Austrian health care system. Patient orientation is one of these principles.

The legal definition is as follows:

“Patient orientation”: geared towards improving the quality of their lives, the persons concerned should be the focus when rendering decisions and taking action; they need to be empowered in order to take on the role as active participants in decision-making processes.

To ensure that patient orientation / user involvement are established at all levels in the Austrian healthcare system, mandatory provisions as well as recommendations can also be found in the Austrian Quality Strategy, the Austrian Patient Safety Strategy and the two "Vereinbarungen gemäß Art. 15a B-VG" (Agreement according to Art. 15a B-VG on target-based health governance and Agreement on the organisation and financing of the health system).

One practical example for user involvement is the Patient Safety Advisory Board (based on the Patient Safety Strategy), where patient organisations are nominated as members. Another example is that a public consultation is required before a quality standard can be finalised and published.

By way of example of the situation in all nine *Laender*, reference is made to the statement provided by Upper Austria

Persons with impairments are involved in designing, amending and implementing legal provisions concerning persons with impairments (such as the Upper Austria Equal Opportunities Act (*Chancengleichheitsgesetz, Oö. ChG*), standard costs policy guidelines, framework policy guidelines, etc.) as part of the following organisations:

- Advocacy Advisory Board (*Interessenvertretungsbeirat*) (= organisation representing the interests of persons with impairments all over Upper Austria);
- Advocacy groups for persons with impairments in institutions under the Oö. ChG;
- Regional expert conferences (once a year to ensure implementation of the Oö. ChG);
- Assistance conferences (for recipients of services under the Oö. ChG - by legal representatives, peer counselling and persons with impairments themselves);
- All information for persons with impairments as well as administrative decisions on the granting of benefits or services or cost contributions are in plain German to make them easy to understand;
- The Oö. ChG provides for a Planning Advisory Board (*Planungsbeirat*) to support and advise the *Land* Government in all policy matters relevant for persons with impairments in Upper Austria. The Planning Advisory Board consists of representatives of persons with impairments nominated by the Advocacy Advisory Board. The term of office of the Planning Advisory Board corresponds to the term of office of the Upper Austria Government. Meetings are held at least once a year.

Social services department - social assistance and long-term care

In accordance with Section 56 of the Upper Austria Social Assistance Act (*Oö. Sozialhilfegesetz*) 1998, a Social Planning Advisory Board (*Beirat für Sozialplanung*) has been established within the Upper Austria Government to advise the Government on all social policy matters relevant in Upper Austria and to make suggestions and statements on those matters. Pursuant to the Act, the Government must consult the Advisory Board before adopting social welfare programmes or other ordinances.

The Advisory Board consists of:

- the Government member responsible for social services as the chairperson;
- the head of the department in charge of social assistance services at the Office of the *Land* Government as the deputy chairperson;
- five members to be appointed by the political parties represented in the Government, with each party being entitled to appoint one member; if the *Land* Government is composed of less than five political parties, the strongest party/parties who did not appoint the chairperson, can appoint another member;
- two representatives to be appointed unanimously by the social assistance associations as well as one representative to be appointed unanimously by the cities or towns with a regional government;
- one representative each appointed by the Upper Austrian Association of Municipalities and the Austrian Association of Cities and Towns, Upper Austria regional association;
- three experts to be appointed by the Government, in particular from the employees of the Office of the *Land* Government;

- five experts to be appointed by the Government as representatives of the private welfare organisations, provided that the Government has the right to make suggestions with regard to two representatives of the *Land Working Group of Private Welfare Organisations (Landesarbeitsgemeinschaft freie Wohlfahrt)* and one representative of the Platform for Upper Austrian Social Projects (*Plattform der öö. Sozialprojekte*). One of the representatives must be affiliated with a legal entity working in the field of residential care facilities (Section 15) and one in the field of services provided under Section 12 Para. 2 nos. 2 to 4;
- four representatives of organisations for senior citizens operating in Upper Austria to be appointed by the Government.

The Advisory Board can also consult with other experts and informants.