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1 Introduction

1.1 New political developments

After the parliamentary elections on 29 September 2013, the new government presented its working programme for the period 2013-2018 on 16 December 2013. The main focuses of the programme include growth and employment and the promotion of innovation and sustainable development, investment in education, and also measures to safeguard the existence of the successful welfare state while taking fairness between the generations and sound state finances into account.

The Austrian welfare state traditionally has the effect of strengthening social cohesion with the aid of comprehensive access to benefits and services: whereas cash benefits predominantly strengthen the purchasing power of the population and mitigate poverty, benefits in kind – particularly in the fields of health care, education, support and nursing care – ensure that there is general access to key social services. Health care and education are generally accessible and free of charge. The entire range of benefits and services is characterised by incentives to promote employment, such as the linking of minimum income benefits with active labour market policy measures or the extension of (child) care and support facilities with a focus on the minimisation of personal obstacles to employment.

There are minimum income elements for the reduction of poverty in the field of pensions as well as in unemployment benefits. In the pension system, the so-called equalisation supplement provides a means-tested lower limit for pension payments. The annual adjustments of the reference rate of the equalisation supplement have been exempted from the budget consolidation of recent years. The amount of the means-tested minimum income is also oriented towards the net reference rate for the equalisation supplement. In order to extend the minimum-income function of unemployment benefit and unemployment assistance, higher supplementary amounts have been introduced for recipients of low incomes. In this way, a loss of purchasing power for recipients of these benefits has been avoided.

Due to these measures, in combination with the socially compatible design of the stability package of February 2012 – which also includes a labour market campaign until 2016 – it has been possible to cushion the effects of the crisis on growth, employment and the social situation relatively well until now. The relevant indicators continue to show stable social development. With an average unemployment rate of 4.8% in 2013, the labour market situation in Austria is still relatively good in an EU-wide comparison. Nevertheless, the low growth of the past two years has been accompanied by rising unemployment. In spite of simultaneously increasing employment levels, new measures for the current problem areas need to be taken to reduce the short- and medium-term negative effects on
revenues/incomes and pensions (see the National Reform Programme 2014 and the Austrian Stability Programme: updated for the period 2013-2018). ¹

These principles will continue to be applied in the new legislative period. Key issues are the promotion of employment, the further extension of child-care facilities, and support for families and education.

The previous strategies to combat poverty will also be continued in the coming years by means of a comprehensive approach which takes into account the multi-dimensional nature of the problem. The main focuses in terms of promoting affordable living are preventing and combating indebtedness and drawing up a master plan to fight energy poverty and to ensure affordable housing.

The government has committed itself to numerous measures to ensure an adequate and sustainable pensions system, and is determined to continue the implementation of the health reform adopted in 2013. In the field of care and support, the main focuses are on supporting the provision of care at home, on avoiding a need for long-term care, on training which meets the needs of the profession, and on better quality care provision.

It is also important that the necessary budgetary consolidation continues to be rigorously implemented by effectively combating tax fraud, by cutting back on administration, and via continuing reductions in subsidies. At the same time, targeted investment measures are planned (e.g. the expansion of child care, long-term care and research).

### 1.2 Impact assessment

As of 1 January 2013 a new impact assessment system (result-oriented impact assessment) was introduced in Austria as part of the 2013 Federal Budget Act. In nine areas of policy (so-called impact dimensions), the effects of draft legislation will have to be presented in a systematic and obligatory way for every draft law (e.g. the financial, overall economic, social and environmental policy effects, and also the effects on women and men, children, consumers and administrative costs). The impact dimension ‘social affairs’ is sub-divided into five core areas. One of these is intended to illustrate the effects of planned legislative measures on the group of persons at risk of poverty or exclusion as defined in the Europe 2020 Strategy. In order to make it possible to implement this, a web-based social reform micro-simulation tool (SORESI) was developed which facilitates a quantitative estimation of the impact of specific planned legislative measures on the income situations of the Europe 2020 social target group.

Apart from the issues related to the Europe 2020 social target group, there is also the opportunity to simulate various measures in the field of cash benefits, social insurance and other contributions and income taxes, and to calculate their effects on the risk of poverty, the distribution of income, and their fiscal consequences. These services are free of charge after registration in the internet.

¹ The Austrian Stability Programme: updated for the period 2013-2018 including the macroeconomic scenario was approved by the Council of Ministers on 29 April 2014.
1.3 Involvement of the actors – federal platform

In order to accompany the Europe 2020 Strategy from a social policy perspective, a federal platform was established in 2011 in which all of the important actors are involved, including people experiencing poverty. At the meetings of the platform, which take place at least twice a year, regular reports are given on developments in relation to the Europe 2020 Strategy and other generally relevant issues in European social policy in the field of the reduction of poverty. Numerous actors were requested to provide contributions for the elaboration of this National Social Report 2014 (see appendix), as was also the case for the 2012 report. These contributions offer an insight into countless activities, particularly at a regional and local level, and give an impression of the diversity of the measures.

2 Social inclusion

2.1 Europe 2020 indicators

In 2012, a changeover in methods for the underlying European Union Statistics on Income and Living Conditions survey (EU-SILC) was implemented in Austria.\(^2\) The information on income was, for the first time, taken from administrative data, which led to an improvement in data quality, but also to a substantial break in the series. The at-risk-of-poverty rate for 2012 calculated after the change of methods is around two percentage points above the earlier level at 14.4%. With the aid of a recalculation to the year 2011, which was also based on administrative data, the Austrian national institute for statistics (Statistics Austria) was able to prove that the level of poverty risk in Austria has not changed, given that a rate of 14.5% was calculated for that year.

Between 2008 and 2012 it can be seen that the size of the target group of severely materially deprived persons fell by 189,000. The number of persons in households with very low employment intensity remained largely constant over the same period, and decreased within the statistical range of variation by around 13,000 persons. In order to be able to portray and analyse a comparable and meaningful time series until the Europe 2020 base year of 2008 in the future, Austria will make extensive recalculations available for the relevant years by the start of 2015 at the latest, as the break in series currently prevents reliable monitoring of the quantifiable national poverty reduction target.

An overall view of the situation in 2012 results in the following picture: 18.5% of the Austrian population (1,542,000 persons) is at risk of poverty or exclusion according to the Europe 2020 definition. Austria is thus clearly below the EU-28 average (24.8%). The largest sub-group at 14.4% are persons at risk of poverty (1.2m persons). The proportion of persons in households with very low employment intensity is 7.7% (490,000 persons), and the sub-

\(^2\) For the changeover of methods see the EU SILC Methodology Report 2012 at: https://www.statistik.at/web_de/statistiken/soziales/armut_und_soziale_eingliederung/. All of the detailed results of EU-SILC 2012 can be found on the website of Statistics Austria.
group of severely materially deprived persons accounts for the lowest share at 4% of the Austrian population (335,000 persons).

As the three sub-groups form a total of four intersections, the choice of political measures has to take into account the specific composition of the Austrian target group. In Austria it can be seen that the overlap between the section of the population which is at risk of poverty and that of persons in households with very low employment intensity is largest. In addition, the focus is on those persons who are affected by at least two features. In 2012 this was the case for 5% of Austrians (411,000 persons).

2.2 National integration indicators

The national integration indicators are intended to ensure that social developments remain in the focus of political decisions over the long term. The national integration indicators were developed in a dialogue with state and non-state stakeholders within the framework of the Poverty Platform, and are regularly adapted.

There are a total of 20 national integration indicators which supplement the existing EU indicators and are designed to provide a reflection of the situation in Austria which is as broad as possible.

In the case of those indicators which contain income-based information, developments can currently only be shown for the years 2011 and 2012 (see Chapter 2.1) due to a changeover in methods to administrative data in the underlying EU-SILC survey.

In 2012 there was a slight decrease of the price-adjusted median income by 1.6% (from EUR 20,324 to 19,965) in comparison to the previous year, while the at-risk-of-poverty rate remained constant at a level of 14% during the same period.

However, this development does not affect all population groups equally: the constant at-risk-of-poverty gap between 2011 and 2012 indicates that most of the population which is at risk of poverty was not or only slightly affected by this reduction in living standards. In this context, the developments in terms of multiple risks of exclusion and severe payment problems are instructive: multiple risk of exclusion covers the portion of the social target group who are affected by at least two of the three Europe 2020 indicators: Here there is only a slight, non-significant rise by 0.1 percentage points to 4.9%. The number of persons with severe payment problems, on the other hand, rose continuously from 145,000 to 163,000 persons between 2008 and 2012.

Whereas the indicator overcrowding in multiple person households exhibited a continuous decrease between 2008 and 2011, the most recent data shows an increase in the number of those affected, although still below the level of 2008. The very high cost of housing is also a problem for many people, as currently 19.6% of households are affected. However, it is at a lower level than in 2008. The indicator registered homelessness shows those persons who are registered at accommodation for homeless people; it thus provides no indication of the

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3 See Appendix 1 - Results and Appendix 2 on the underlying definitions of the National Integration Indicators
numbers of homeless people who live on the streets. Between 2008 and 2012 there was a continuous increase to a total of 15,084 persons.

The figures in the field of employment show an unfavourable tendency, particularly related to the category of the long-term unemployed: between 2008 and 2012 there was an increase of 22,000 persons. Obstacles to employment due to care obligations were present in 2% of the population in 2012. This proportion has remained largely constant since 2008. The indicators for very low income from employment (13.9%) and for the rate of those furthest from the labour market (15.6%), on the other hand, have exhibited a positive downward trend since 2008.

The integration indicators for educational opportunities also reveal a thoroughly positive picture: educational activity rose by 4.5 percentage points between 2008 and 2012 and is now 38.7%. There was also a conspicuous rise in attending pre-school education by 5.7 percentage points to 47.7% in the same period. Since 2008, a decrease from 7.4 to 6.8 % can also be noted among young people who have little contact with education.

Two indicators were chosen for the area of health: Multiple health-related limitations (population over 16) have been decreasing since 2008, whereby this proportion fell most recently by one percentage point to 8.9%. Social differences in life expectancy (the difference between the highest and lowest standards of education), which is also shown here, exhibited a slight long-term increase and is currently 4.9 years.

2.3 Current social policy measures for social inclusion

The key measures with regard to the national poverty goal within the framework of the Europe 2020 Strategy are reported on in the National Reform Programme (NRP). In the following section, some measures which go beyond this are illustrated.

2.3.1 Measures for affordable housing

The latest available data from 2012 shows that according to the European System of Integrated Social Protection Statistics (ESSOSS), Austria is investing EUR 1.5 billion in the risk area of housing and social exclusion. This amount translates into around 0.5% of gross domestic product and 1.6% of total social expenditure in Austria. Both proportions remained roughly constant compared to the previous year of 2011.

The expenditure in this category includes the following elements:

- Benefits in the field of housing (EUR 400m = 27%)
- Cash benefits and services (social assistance and the minimum income (EUR 945m = 63%))
- Support for refugees (EUR 77m = 5%)
- Probation support and other social services (EUR 85m = 5%)
The figures given above do not reflect the entire commitment made by the public authorities, however: cash benefits are paid to a lesser extent in Austria, because a larger amount of money is invested in subsidies for housing construction. This is designed to ensure an adequate supply of affordable housing. Social housing will continue to be of significance in the coming years. For example, the Package for Growth and Employment adopted by the federal government in 2013 has earmarked an additional EUR 276m for the construction of around 14,000 flats.

Support for the homeless is wholly the responsibility of the provinces in Austria, whereby this problem is mainly encountered in the larger cities (particularly Vienna, Graz and Linz). The Ministry of Social Affairs regularly publishes figures of homeless persons within the framework of the national indicators for social integration, whereby the indicator registered homelessness does not comprehensively reflect the number of homeless people living on the streets. Between 2008 and 2012 there was an increase of 3,700 persons.

Important aspects of support for the homeless are the prevention of eviction, which combats the loss of living space at an early stage and steps in at specific key moments (e.g. release from detention), and low-threshold access to advisory services and overnight accommodation, as well as supportive housing. The objective of support for the homeless is rehabilitation as well as transition to an independent and affordable housing situation.

The Federal Working Group for Support of the Homeless (www.bawo.at) is an important actor at federal and EU level as well as being the representative of a large number of local associations. With the help of this institution, a permanent dialogue between local organisations, state institutions and European and international initiatives is ensured.

Vienna has had an integrated and differentiated range of facilities for homeless people for more than 20 years now. This extends from low-threshold drop-in facilities (day centres and night time accommodation) to long-term facilities for homeless people (social supported housing). Special attention is paid to the specific requirements of the respective target group (transitional apartment buildings, supportive housing in flats, target group housing and mother and child facilities). Around 64% of the places aim to lead homeless people towards living independently in their own flat.

The number of places has been constantly extended in recent years. Around 4,900 places were available in December 2013, and the capacity of low-threshold support is always increased during the winter. As part of this so-called winter package, in winter 2013/2014 an additional 480 sleeping places were made available on top of the approx. 291 all-year-round night-time sleeping places. This was achieved by means of the extension of existing structures, but also by opening temporary locations.

A paradigm shift is currently taking place in support for the homeless in Vienna. The previous doctrine of treatment first, i.e. support in institutions, is being extended by housing first approaches. Housing first means providing homeless people with direct access to their own flat. Support is then provided in the person’s new home, whereby the focus is on the
retention of their own flat, providing support in the use of social infrastructure in the fields of social services, health care and employment, the activation of social resources and inclusion in their residential environment. In a working group, experts from Viennese Assistance to the Homeless have taken up the internationally-debated criteria for the success of housing first and have developed their own model, which is oriented towards the needs of the clients of Vienna’s support for the homeless and the structural conditions in Vienna (housing first – the Viennese model). The concept which they have drawn up is currently being tested in an extended pilot scheme.4

Important evidence-based foundations for the further development of support for the homeless in Vienna are also offered by the evaluation study on its work which was completed in 2012. The City of Vienna is working on the conception and future realisation of possible courses of action together with the NGOs involved in supporting the homeless in a further development group set up within the Association of Viennese Social Services Facilities. The following aspects are being discussed: possibilities for improvements in the management of transition between the different elements of support for the homeless, the adaptation of its services for specific target groups (homeless young people, women and migrants), and guidelines for dealing with mentally ill homeless people.

Energy poverty

The amendments to the 2010 Energy Industry Act and the 2011 Gas Industry Act (in force since 3 July 2013) have created further measures against energy poverty:

- If the consumer invokes the universal supply obligation, the grid operator has to provide network services regardless of payment arrears existing until such time.

- With regard to the reminder procedure, it has been clarified that two reminders have to be issued by the supplier or grid operator – not only in the case of delayed payment, but also if an advance payment has not been made.

- There is an advance payment option whereby the customer can only obtain electricity or gas if he/she has topped up his/her credit balance. In this way the customer can continue to consume the amounts of electricity which are absolutely necessary for everyday life and is no longer exposed to the danger of being cut off. In addition, social institutions have to be involved in the deployment of this advance payment option (depending on the individual case). In any case, end customers have the right to pay their arrears (which have accumulated due to the consumption of electricity for their basis needs) over a period of six months.

- In addition, suppliers with over 49 employees and an annual turnover of over EUR 10m must establish a contact and advice office for their customers on issues related to electricity labelling (source of origin), changing suppliers, energy efficiency, electricity

4 The housing first approach has also been applied in Graz since December 2013.
costs and – in particular – energy poverty. Suppliers must make reference to the possibility of using these advice centres on every reminder sent.

2.3.2 Reduction of gender segmenting in the labour market and increasing the participation of women in the labour market

In order to interest more girls and young women for careers in non-traditional occupations and to break down barriers to their entrance to these sectors, targeted measures such as Girls’ Day in the federal civil service (www.girlsday-austria.at) and the campaign Find Your Own Way (www.findedeinenweg.at) were continued during the reporting period as part of the careers orientation programme for girls.

The current government programme includes measures to increase the proportion of women in technical and technology professions as well as the establishment of the online platform Girls and Women in Technology. Although many institutions provide a wide range of offers for girls and women to overcome barriers in access to scientific and technical training and occupations, there has not yet been a central and online source of information which has presented the diverse programmes. The aim of the planned online platform is therefore to provide simple and direct access to target group-specific information on offers in the field of girls/women and technology. In addition, the number of participants in various programmes and courses is to be increased. The target groups which are to be addressed include all those persons who wish to inform themselves about the relevant offers or to use them themselves – i.e. pupils, parents, teachers and adult women. Institutions and organisations such as NGOs or companies which want to participate in the initiative should also be among the future users of the online platform.

2.3.3 The support of persons with migrant backgrounds

Given that poverty is frequently accompanied by social exclusion, a low level of education and a poorer state of health, and that migrants provenly have a higher risk of poverty than the majority of the population, the Federal Government is working on facilitating the social advancement of persons with migrant backgrounds in Austria by breaking down structural and linguistic barriers. The aim is especially to reach the target group of children/young people as well as working women with migrant backgrounds. One of the focuses is on early language support.

As all of these fields influence each other considerably, and integration policy is a cross-ministerial issue, there is a need for cooperation between ministries and an intensive dialogue between the various relevant actors, particularly those in health, social, education and labour market policy, in order to achieve sustainable success. The goal is to raise the awareness of these actors for the needs of people with migrant backgrounds and to ensure that migrants as a target group are given stronger consideration in all activities. Due to the

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5 See also the NRP 2014
6 See also the NRP 2014: Using the labour market potential of persons with migrant backgrounds.
participation of the Federal Ministry for Europe, Integration and Foreign Affairs in the ‘framework health goals process’, this objective has already been successfully reached in the field of health.

The subsidisation of particularly low-threshold projects/programmes with an empowerment approach is intended to ensure that socially vulnerable sectors of the population and those with little contact with education and a poor knowledge of German are also reached. In order to sustainably improve the health situation of migrants, it is necessary to strengthen their health competence. This is being ensured via the training of well-integrated migrants to become facilitators and bridge-builders within their own community.

In the appendix there is an overview of integration projects in the fields of language and education, health and social affairs as well as children and young people.

2.3.4 Investments in children

- The means-tested minimum income makes an important contribution towards combating child poverty. At a regional level, such as in Vienna, financial support for children has been increased substantially.

- Increase of family allowance: the draft of an amendment to the 1967 Family Burdens Equalisation Act is currently being dealt with in Parliament. This proposes an increase in family allowance and will have a decisive effect on financial support for families. An increase in family allowance by 4% is planned from 1 July 2014, and from 1 January 2016 and 1 January 2018 by 1.9% respectively. The supplement for seriously disabled children will be increased from 1 July 2014 from EUR 138.30 to EUR 150 per month (and thus by 8.4%), and then again by 1.9% from 1 January 2016 and 1 January 2018. At the same time, the one-off payment at the start of school education and the supplement for children from multiple births will be maintained. The budget for these measures for the period 1 July 2014 - 31 December 2018 is almost EUR 830 million.

- Raising of the ceiling on additional earnings in the Child Care Benefit Act: for claim periods from 1.1.2014, the ceiling for additional earnings in income-dependent child care benefit as well as for the supplementary allowance for child care benefit was raised from EUR 6,100 to EUR 6,400. The increased ceiling on additional earnings makes it possible for working parents to continue work up to the marginal earnings threshold while claiming child care benefit.

- Extension of child care offers: due to the joint initiative of the federal government, the provinces and local authorities for a suitable extension of child care offers, more than 31,000 additional care places were created in the years 2008-2012, of which around 24,000 were for under-threes. From 2014 the extension of care offers is to be accelerated and initiatives taken to raise the quality of care. The main priorities are raising the care rate for under-threes to 33% (Barcelona goal), covering the higher demand in urban areas, closing regional gaps in care provision and extending the opening hours in the age group of 3-6 year-olds, and the further development of care
quality (also in the field of the qualifications of child minders and their social security situation).

- **Free compulsory nursery school and early language support**: the compulsory nursery school year which was successfully introduced in 2010-2011 is being supported with federal funding of EUR 70m per nursery school year. The introduction of a second compulsory nursery school year for 4 year-olds who require support and the extension of pre-school language support are currently being examined.

- The Mother and Child Pass programme was introduced in Austria in 1974 and has since been extended and adapted on numerous occasions. As of 1 November 2013, a one-hour advice session with a midwife between the 18th and the 22nd week of pregnancy was added to the Mother and Child Pass programme. The content of the advisory session covers issues like the course of pregnancy, birth itself, the post-partum period and breastfeeding, and health-promoting and preventive activities during all of these periods. In addition, the psychosocial environment of the pregnant woman is dealt with and – if necessary – advice is given on support possibilities. Unlike other examinations in the Mother and Child Pass programme, this advisory session is not a condition for the continued payment of the full amount of childcare benefit, and is thus voluntary.

- Specific measures for the targeted prevention of illnesses, particularly those which can be prevented by means of interventions in the case of children and young people, are currently one of the main focuses of health policy in Austria. In this context, importance is attached to being able to contact all of the relevant target groups. As an additional measure in this field, from February 2014 a vaccination against HPV (human papilloma virus) is being offered free for all children living in Austria who are in the fourth year of school (i.e. are nine years old) as part of the existing school vaccination programme. Austria is thus a pioneer in this field in Europe.

- In addition, in March 2014 Parliament implemented measures to make free corrective dentistry available for children and young people (from 1 July 2015), and in this way created an opportunity – particularly for socially disadvantaged persons – which can be of significance for their future health and careers.

### 2.3.5 The Federal Social Welfare Office’s employment campaign for people with disabilities

After the adoption of the National Action Plan for Disability 2012-2020 (NAP Disabilities) of the Austrian Government, thus implementing the UN Convention on Disability Rights (see Strategic Social Reporting 2013 – Austria), the National Labour Market Policy Programme (BABE) Disability-Training-Employment for 2014-2017 was adopted in 2013. At the same time as the beginning of BABE 2014-2017, the new subsidy period of the European Structural Fund of 2014-2020 is starting. BABE links the long-term Austrian strategy to implement the UN Disability Rights Convention embodied in the NAP Disability with the labour market policy measures for people with disabilities required for the implementation of the Disability
Employment Act. It also makes reference to the national and European objectives laid down by the cohesion policy, which likewise determine the work carried out on the basis of the Disability Employment Act.

Measures to promote integration into employment are oriented towards the personal need for support of people with disabilities. A specific need for support arises from special situations in life, from the person’s age and particular forms of limitation, or from the overlapping of disability and other background situations which may make integration into employment more difficult. In line with disability mainstreaming, people with disabilities have access to all of the measures offered by general labour market policy, and also to the corresponding support. Some disabilities, however, lead to a special need for support in the workplace or on the way to work.

As part of the federal government’s employment campaign, the Federal Social Welfare Office offers a broad range of support instruments including various project-based and individual subsidies or a combination of the two. An additional focus is prevention within the framework of the integration of people with disabilities into the labour market, which aims to preserve their ability to work for as long as possible.

In the field of project funding, the Occupational Assistance Network (NEBA) with its related services is particularly worthy of mention. It is the umbrella brand for a very wide-ranging system for the support of people with disabilities and those young people who are marginalised or at risk of marginalisation. In relation to the Federal Social Welfare Office’s target group, NEBA’s offers form an important part of Austrian labour market policy, and as a support structure for everyday working life they play a key role in the equality of people with disabilities and in the fight against poverty and exclusion. The NEBA programmes youth coaching, vocational training assistance, support in the workplace and job coaching represent – alongside fit for training and personal assistance in the workplace – the heart of the subsidy landscape of the Federal Social Welfare Office.

Individual subsidies are largely able to compensate for disadvantages due to disabilities, and thus enable people with disabilities to participate in the labour market. A new challenge for the subsidy and support policy of the Federal Social Welfare Office is the further development and improvement of the protection against discrimination of people with disabilities in the world of work which is laid down in the National Action Plan for Disability. The support policy of the Federal Social Welfare Office is designed to make equal treatment and the responsibility of employers into an issue in order to break down existing social barriers and prejudices against the integration of people with disabilities into employment.

3 Pensions

The current measures and reforms in this field are described in the National Reform Programme 2014.
4 Health

The current measures and reforms in this field are described in the National Reform Programme 2014.

In addition, however, we would like to refer to the following activities and measures:

The implementation of the health targets control system in partnership between the federal government, the provinces and the social insurance institutions within the framework of the 2012 Health Reform created important preconditions for a reconsideration and reorientation of Austrian health care provision and its health strategy.

At the beginning of 2013, phase 2 of the drawing up of a specific strategy- and measures concept for the framework health goals process was initiated. The cornerstones and the content of the health targets control system in partnership between the federal government and the provinces was agreed in accordance with Art. 15a of the Federal Constitution. The necessary amendments were made to the new Health Targets Control Act and to other federal laws.

The Federal Health Agency (BGA) is the main agency for the implementation and coordination of the health targets control partnership, particularly for the regional and cross-sectoral planning, control and financing of the health care system. The tasks of the BGA include – alongside the realisation of health targets control and the distribution of funding – service provision planning, drawing up quality specifications and guidelines and promoting the deployment of modern communications technologies. The institutions of the BGA are the Federal Health Commission (BGK) and the newly-established Federal Target Control Commission (B-ZK). The BGK consists of 36 members and is composed of representatives of the federal government, all of the provinces, the Federation of Austrian Social Insurance Institutions as well as various interest groups. The B-ZK, which has a key role in the implementation of Health Targets Control, contains four representatives each from the federal government, the provinces and the social insurance institutions.

The work on the financial restructuring of the health insurance funds, which was begun in 2009, was rigorously continued in 2012 and 2013 and has led to noticeable successes. In 2012, none of the regional health insurance funds had a negative balance sheet, and that is although not a single service was cut – on the contrary, services were actually extended, whereas in many European countries services were reduced due to the financial crisis. This is also due to the health insurance funds’ structural fund, which has rewarded increases in efficiency at the individual health insurance funds and has a budget of EUR 40m until the end of 2014.

Since 1990 the increase in public health expenditure (without long-term care) has been 5.2% p.a. on average and is thus higher than the rise in economic performance (GDP). As part of health targets control, a financial target of gradually aligning the rise in public health expenditure with the forecasted medium-term increase in nominal GDP of currently 3.6% was therefore agreed upon.
As a long-term perspective, the aim is to keep public health expenditure as a proportion of GDP stable at around 7%. In this way there will be no savings, but continuing moderate growth of health expenditure is planned. In order to achieve this financial target, upper limits on expenditure and a cost containment schedule have been set to ensure high-quality health care and its sustainable financing. In the first period – up to 2016 – cost containment effects totalling EUR 3,430bn can be achieved, whereby EUR 2.058bn is to be accounted for by the provinces and EUR 1.372bn by the social insurance institutions.

**Specific reform plans:** In 2014, the federal government, the provinces and the social insurance institutions will press ahead with the health reform. In this way, optimal health care structures and more services for the coming generations will be ensured. The following objectives are some of those which will be pursued in the coming years:

- A further increase of the age at which people are still in good health
- Ensuring high-quality treatment
- A considerable strengthening of patient safety
- The extension of interdisciplinary primary care
- Ensuring cross-sectoral treatment processes

On the basis of the framework health targets, the strengthening of health promotion and the development of a health promotion strategy have been set for 2014. The priorities are the National Action Plan for Nutrition, the preventive strategy for nutrition (EUR 11.5m has been made available for the period 2011-2014 for the financing of nationally significant prevention programmes) and the health strategy for children and young people. This process began with the children's health dialogue, in which over 180 experts drew up a strategy which for the first time looks at the needs of children, young people and their families in an overall context. In addition, it was agreed as part of the partnership for health targets control that in the years 2013-2022 an additional total of EUR 150m would be made available within the framework of the Provincial Health Fund. The Federal Target Control Commission has to set principles and targets for the use of this funding.

In addition, in accordance with the current government programme measures were also taken for “health equality and fairness” for children and young people, such as corrective dentistry for children and young people as a service paid for by the health insurance funds (from 1. 7. 2015).  

**Early Aids** is an overall concept including measures to promote health and targeted interventions in early childhood (from pregnancy until the start of school) which takes the specific situations and resources of families into account and is networked with a wide range of approaches, programmes, structure and actors. As part of a ground-breaking project with the goal of improving the structural and professional prerequisites for the realisation of Early

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7 See also Chapter 2.3.4.
Aids in Austria, the following reports were drawn up: *The Point of Departure for Early Aids in Austria, Evidence on the Networking of Early Aids and the Accessibility of the Target Groups*, and *Evidence on the Legal and Content-Related Conception of a Universal Basic Programme*. The website www.fruehehilfen.at was set up for people interested in support and to provide further information.

Apart from this, on 1 January 2014 a programme for the **early detection of breast cancer** for women (between the ages of 45 and 69) began throughout Austria. The social insurance institutions invite women to an appointment every two years, and it is no longer necessary for them to have a referral from a doctor. The risk of contracting breast cancer rises with increasing age. Around 80% of all women who are diagnosed with breast cancer are older than 50. The programme is therefore particularly oriented towards this target group. The breast cancer early detection programme is an important step towards improving women’s health.

In 2013 a national **patient safety strategy** was adopted which is intended to make a general contribution towards increased patient safety, and which is particularly directed towards improving the health competence of the public.

The measurement of **outcome quality** is currently being developed and is based on data sources from international indicators (EU, OECD and WHO), the measurement of routine data (A-IQI – Austrian Inpatient Quality Indicators) and the results of quality registers. The first Austrian evaluations were published at the end of 2013.

A further focus in the field of **quality assurance** is the future training of doctors. A training commission has drawn up proposals for improvements such as the compulsory introduction of a 48-week clinical training year as part of the final year of studies and a redesign of the content of the training of specialists and general practitioners. These measures are designed to increase the value of the medical profession and to make it more attractive. **Quality reporting** is a further focus. This is intended to ensure that decision-makers and interested members of the public obtain meaningful and comprehensible information on quality levels in the Austrian health care system.

## 5 Long-term care

The current measures and reforms in this field are described in the National Reform Programme 2014.

In addition, however, we would like to refer to the following activities and measures:

As a necessary step towards an **administrative reform** in the field of long-term care and a customer-friendly and high-quality reorganisation of the administration of long-term care benefit, the *Long-term Care Benefit Reform Act 2012*, which came into effect as of 1 January 2012, transferred the competence for legislation and execution from the provinces to the federal government, thus concentrating responsibility for long-term care benefit there. In
the course of this reform there was a considerable reduction of decision-making bodies from more than 280 provincial bodies and 23 federal bodies to a mere seven entities.\(^8\)

This reduction to seven decision-making bodies has also led to a standardisation of the assessment of stages of long-term care benefit for children and young people. For the first time, uniform assessment guidelines for children and young people – care needs corresponding to their ages and typical care measures for children – have been worked out and summarised in the revised consensus paper on standardised assessment according to the Federal Long-term Care Benefit Act.

With effect from 1 January 2014, the number of decision-making bodies according to the Federal Long-term Care Benefit Act (BPGG) was again reduced, so that now there are only five (instead of seven) which are responsible for the execution of the BPGG. This additional streamlining of competences has created an even simpler and more efficient structure in the field of long-term care benefit decision makers.

**Care leave/part-time work for carers**

Until now, in order to look after family members who were in need of care, employees had been able to take time off work to provide care or claim that they were prevented from working for personal reasons and thus continue to receive their pay.

Within the framework of the 2013 Employment Law Amendment Act (ARÄG 2013), the legal possibility of agreeing upon care leave or part-time work for carers was laid down as of 1 January 2014. This can be agreed upon in writing if the employment relationship has existed without interruption for at least three months. The goal of care leave/part-time work for carers is to make caring and work more compatible and to offer employees the opportunity – when a situation arises where a close family member needs care – to take on care obligations at short notice and to organise a long-term solution. A further condition is the need for care of a family member, which must at least be at long-term care benefit stage 3 (or at long-term care benefit stage 1 in the case of minors and proven sufferers of dementia). Care leave and part-time work for caregivers can be agreed upon for a duration of 1-3 months, whereby part-time work for caregivers can reduce weekly working hours to a minimum of 10 hours per week.

In principle, employees can apply for a care leave/part-time work only once for each dependent. However, in the case of a significant increase in the need for care by at least one long-term care benefit stage, a new agreement is possible for a maximum of three months.

In order to provide financial support for caregivers, it was laid down in the Federal Long-term Care Benefit Act (in the course of the 2013 Employment Law Amendment Act) that when care leave or part-time work for caregivers is agreed, there shall be an entitlement to care leave benefit for the duration of the measure.

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\(^8\) See also the National Social Report 2012.
Those persons are entitled to care leave benefit who

- have either made an agreement on care leave or part-time work for caregivers, or
- are taking family hospice leave or family hospice part-time work (to care for a dying close family member or to look after severely ill children), or
- have withdrawn their registration for unemployment benefit or unemployment assistance in order to take care leave or family hospice leave.

In order to be entitled to care leave, an employee must have been fully insured for three months without interruption in their current employment relationship.

In addition, in the case of care leave or part-time work for caregivers the employee must declare that he/she will provide most of the care and support for the duration of their leave (this is not applicable to family hospice leave).

In the case of care leave or part-time work for caregivers, a close family member can claim care leave benefit for between one and three months depending on the agreement made with the employer. Care leave benefit can principally be paid for up to six months per family member in need of care (provided that at least two close family members take care leave or part-time work for caregivers).

If the need for care increases significantly – by at least one long-term care benefit stage – care leave benefit can be again claimed for up to six months if a new agreement for care leave or part-time work for caregivers is made concerning the same family member (if it is claimed by at least two close family members, but not simultaneously).

The total time during which care leave benefit is claimed may therefore not exceed a total of twelve months for the same family member who requires care. In the case of family hospice leave, there is an entitlement to care leave benefit for the duration of the measure.

The basic amount of care leave benefit is dependent on income and is principally paid at the same level as unemployment benefit (55% of the daily net income – its calculation is carried out analogously to the regulations of the Unemployment Insurance Act on the basis of the average gross wage of the calendar year which is used for the calculation), but it is at least the amount of the monthly marginal earnings threshold. Child supplements are paid for children who are entitled to maintenance. In the case of part-time work for caregivers, care leave benefit is paid on a pro-rata basis.

If family hospice leave is taken and certain conditions are fulfilled (financial distress), there is the possibility to receive an additional supplement (family hospice leave hardship compensation).

For persons who take leave from their work in order to care for a close family member, to look after a close relative who is dying, or to care for a severely ill child, health insurance and pension insurance contributions are paid by the federal government.
Further measures

For more than 12 years now, **quality assurance measures for care at home** have been realised, resulting in 140,000 home visits being made to recipients of long-term care benefit, around 20,000 of them in 2013, with a focus on information and advice. More than 130 qualified nurses are available for this work.

There have been further improvements in the field of **support measures for caregiving relatives**: 9

- Persons who require all of their available time to care for a disabled child living in the same household, so that they are unable to work, have the opportunity for pension self-insurance free of charge. Since 1 January 2013, this so-called self-insurance scheme can be taken advantage of under certain circumstances for periods of caring for a disabled child which can be backdated for up to ten years (but not earlier than 1988). This is conditional on receipt of increased family allowance.

- Persons who care for a disabled child living in the same household and who fulfil the conditions for free pension insurance contributions for the duration of their care of the disabled child can also have their health insurance contributions paid free of charge if they are in need of social protection and provided that they are not subject to compulsory insurance or are co-insured with a family member. The insurance contributions are wholly paid by the federal government.

In the National Social Report 2012, it was reported that qualified nurses can also be deployed for high-quality **long-term care benefit assessments** from 1 January 2012 (alongside doctors). Experience to date shows that the quality of their reports is consistently high, and in particular that the specialist advice they offer about nursing care during the assessments is viewed very positively by the persons in need of care and their family members.

Against this background, it will be examined whether qualified nurses are also suited to assessing the need for care in the case of applications for an increase of long-term care benefit (in cases where there is an existing need for care of 120-180 hours), and which differences there are between the evaluation of the need for care by a doctor and by a nurse.

In spring 2014 a pilot scheme will be carried out by the pension insurance institution in three provinces on the extension of assessments by qualified nurses in cases where long-term care benefit is already granted at stage 3 or 4. Persons in need of care who receive long-term care benefit due to a diagnosis-based award of a specific minimum stage are exempted from this.

The drawing up of a **dementia strategy** by the end of 2014 was agreed upon in the working programme of the Austrian federal government for 2013-2018. Due to the constant increase in life expectancy in Austria and the rise in dementia-related conditions, it is important to

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9 Cf. See also the National Social Report 2012.
adapt support and care structures to the changing requirements. Alongside the structural adjustment of various care offers, it is important to actively provide information to encourage greater acceptance of these conditions and their effects on dealing with everyday life, support and care. Work on drawing up a concept and preparing a project for this dementia strategy is already being carried out with the involvement of experts, scientists, stakeholders and those affected.

6 The thematic focus 2014: young people in Austria who are not in employment or in formal training

Young people are traditionally an important target group of the Austrian package of social policy measures. The following information describes the situation of young people with regard to their integration into the labour market and their access to social protection, whereby particular reference is made to the group of NEETs (not in education, employment or training). It also illustrates more recent legal provisions on young people who wish to obtain experience by doing voluntary work.

Since the training guarantee for young people in Austria has proven to be a successful strategy for the inclusion in the labour market of this sector of the population which has been severely affected by the continuing difficult labour market situation, Austria has pressed for the European-wide introduction of a youth guarantee. Nevertheless, a study on NEET young people in Austria in the period 2006-2011 showed that the problem of youth unemployment in Austria also requires specific approaches with regard to the target group of NEETs.

Expressed in figures, in the above-mentioned period an average of 78,000 young people between the ages of 16 and 24 had NEET status in Austria. Of these, just under half (37,000) were not in employment or training for at least six months.

The number of NEET young people is highly dependent on the state of the economy, as noticeable peaks in the crisis years 2009 and 2010 reveal. This leads to very high economic costs (Eurofound calculated for 2012 that the annual economic costs resulting from the NEET group in Austria was EUR 3.17bn) – but even more importantly, the social consequences, such as constantly repeated episodes of unemployment, social exclusion and social insecurity, call for action.

Early school leavers in particular have an increased NEET risk, as do (female) young people with care obligations, young people with first-generation migrant backgrounds, young

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10 Within four months of them becoming unemployed or leaving school, all young people should be offered a high-quality job or a further education/training programme or a high-quality training place or internship.

11 Cf.: Support of ‘NEETs’ as a labour market policy target group (ISW, IBE, JKU 2014), http://www.sozialministerium.at/site/Soziales/Statistische_Daten_und_Studien/Studien/Arbeitsmarkt_und_Arbeitswelt_Studien.
people whose parents have low levels of education, young people in cities and those with health-related limitations. The group of NEETs is thus very heterogeneous and the underlying problem situations are correspondingly diverse.

Offers and programmes for NEET young people have to take the heterogeneity of this group into account, and the wide range of needs of this target group have to be covered by means of individual approaches. Relationship work with these young people and long-lasting reference persons are probably the most important factors for success. For this to succeed, the personnel providing support and advice need to be suitably qualified and fit naturally into their roles. For a part of these young people, alternative forms of learning, particularly in combination with practical activities, can represent an attractive way of remaining in the education/training system or returning to it. One-stop shop solutions, where young people not only receive advice and support with regard to employment and education/training opportunities, but are advised in a holistic way, are also viewed as meaningful. In order to also reach those NEET young people who have already been in a NEET situation for a longer period, are losing touch with society and have no trust in traditional institutions, it is recommended that they are actively approached by youth and social workers.

**Early school leaving** has been identified as the most important cause. Austria is still in a relatively ‘good’ position here – statistically the proportion is 7.6% (2012) – thanks to factors like the system of dual vocational training or the internationally recognised system of supra-company apprenticeships as an important element of the training guarantee for young people up to the age of 18, or measures which contribute towards avoiding the breaking off of training or education.

An analysis of the distribution of risk with regard to dropping out of school shows, however, that this group is highly specific. Young people whose parents are unemployed have a risk of dropping out of the education system early which is almost four times higher than those with employed parents. If parents have only completed compulsory schooling at most, the risk that their children will end their education prematurely is five times higher than for children who have passed the school leaving/university entrance examination or have a university degree.

The risk of leaving school early is almost four times higher among migrants than for young people who, like their parents, were born in Austria. Dropping out of school usually occurs due to an increasing distance to the education/training system for personal, social, economic, geographical, pedagogic or family reasons. Frequently, however, the problem can be traced back to a lack of orientation and inflexible curricula.

**Measures to prevent early school leaving and to foster the integration of young people who are already distanced from the system** are being taken, reflecting the increased awareness of the problem of NEET young people in Austria. These measures include the avoidance of early school leaving, support and information offers at the interface between school and work (youth coaching), (re-)integration measures and employment programmes.
Keeping young people in the education/training system for longer and at the same time reaching those young people who have turned away from the existing education and labour market systems are important goals of labour market policy for young people in Austria in order to significantly and sustainably improve their opportunities in the labour market.

The current government programme thus aims to increasingly promote the social integration of young people, their education/training and their integration into the labour market.

With preventive offers against early school leaving on the one hand and diverse, low-threshold programmes for young people who are not ready to begin an apprenticeship on the other, the intention is to lead more young people towards sound vocational training (whether it is in a company or a state-run training workshop). Existing activating measures are thus being continued and extended:

- Continuation of the training guarantee: for the training year 2013-14: EUR 173m (of which EUR 151m is from the Public Employment Service (AMS)); around 11,000 training places.
- Youth coaching: pupils in the ninth school year and NEET young people are already given advance support in dealing with problems at school by youth coaches who motivate them to continue attending school or to begin an apprenticeship. In 2013, youth coaching was implemented nationwide and in 2014 around 30,000 young people are set to benefit from this advice and support, at a cost of EUR 26m.
- Coaching for apprentices and for companies which train apprentices: this project, which was piloted in 2012 and is now being offered throughout Austria, aims to accompany apprentices as well as the companies training them, to enable apprentices to pass their final examinations and to reduce the number of those dropping out. In 2013, 470 participants were able to benefit from coaching for apprentices. For 2014, funding for this programme again amounted to up to EUR 3m.
- AusbildungsFit (Fit for training): this is a low-threshold, standardised programme for disadvantaged young people which is designed to integrate them into vocational training or into the labour market via individual subsidies. Nationwide coverage is planned for the medium term. In the pilot phase in 2014, over 700 young people in seven provinces (EUR 12m) will benefit from this programme.
- Production schools: here, young people can gain experience of the processes and requirements of the world of work, and can find out how working life functions. The goal of the production schools is to offer stability, increase motivation, provide specialist knowledge and a basic qualification – all of which will ideally be put into practice via (re-) integration into the labour market, particularly in the form of taking up an apprenticeship. In 2014, around 3,000 young people in 24 production schools throughout Austria will benefit from this.
The existing active labour market policy programmes offered to young people – such as the training guarantee and youth coaching – will therefore not only be continued in order to ensure the (re-)integration of those who have slipped out of the system, but also continuously extended.

The extension of the range of offers will ultimately lead to compulsory training for young people up to the age of 18 which is planned in the government programme. According to available estimates, this would reduce the number of NEETs in Austria by around a third. 12

**The access of unemployed young people to social protection**

Every recipient of benefits from unemployment insurance is covered by health insurance. These periods are counted as insurance periods in pension insurance. Entitlement to benefits from unemployment insurance is based on a specific minimum insurance period:

- For the first claim, at least 52 weeks of work subject to compulsory unemployment insurance within a period of 24 months is required.
- For young people under the age of 25, a job subject to compulsory unemployment insurance lasting at least 26 weeks within a period of twelve months before the claim is made is sufficient.
- Persons who have already claimed a benefit from unemployment insurance must have been employed in a job subject to compulsory unemployment insurance for 28 weeks (or a total of 52 weeks in the past 24 months) in order to be able to claim again.

In the pension insurance scheme, voluntary self-insurance is possible if there is no statutory pension insurance. Other conditions are that the person is sixteen years old and are resident in Austria. The monthly contributions amount to EUR 52.68 for students and EUR 55.79 for marginal part-time workers (with an income below the marginal earnings threshold of EUR 395.31), and otherwise EUR 602.49 if the person has not yet been subject to compulsory insurance.

Health insurance cover can be obtained via co-insurance with family members: Up to the age of 18, children (young people) are principally considered to be members of a family. This status continues for a period of up to two years if the young person is unemployed. This can also be seen as a special rule for unemployed young people. Co-insurance up to a maximum age of 27 is also possible for young people in education and training.

Furthermore, unemployed young people can opt for voluntary health insurance (self-insurance) according to Art. 16 of the General Social Insurance Act (ASVG) as long as they are resident in Austria. This, however, is not a special regulation for young people – anyone can opt for self-insurance if they fulfil the conditions (domestic residence). For 2014, the monthly contribution for self-insurance according to Art. 16 para. 1 ASVG is EUR 377.85. In practice, however, young people will increasingly benefit – although it is not a special regulation for them – from the cheaper self-insurance according to Art. 16 para. 2 ASVG

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12 See also the NRP on the planned compulsory training.
(self-insurance for students). The monthly contribution for self-insurance according to Art. 16 para. 2 ASVG is EUR 57.68.

An additional option to obtain cover under health insurance legislation is the receipt of the means-tested minimum income (BMS). In this context, it should be noted that this is also by no means a special arrangement for young people – recipients of BMS are covered by statutory health insurance regardless of their age if they have no other health insurance cover (e.g. from unemployment insurance or co-insurance).

Young people and young adults who have no income due to unemployment can principally claim BMS (= social assistance) if they fulfil the conditions. BMS has a strong component of integration into the labour market, so that unemployed recipients of this benefit who are capable of work have to make an effort to integrate themselves into the labour market – also with the support of the Public Employment Service (AMS). This is a general principle of BMS.

Due to the trend which can be observed in recent years that the number of young people and young adults claiming BMS is rising, the mandate laid down in the current government programme to increasingly focus on the social integration, training and integration into the labour market of young people also has particular significance in this field.

The Federal act on the promotion of voluntary work came into effect on 1 June 2012. It forms the legislative basis for the conditions and structures for the promotion of voluntary work in Austria and for the carrying out of the Voluntary Social Year (FSJ), the Environmental Protection Year, Holocaust Memorial Service and Peace and Social Service Abroad. The Voluntary Social Year and the other programmes are open to participants aged 17 and over, and in exceptional cases from the age of 16, and last from 6 up to a maximum of 12 months.

Young people who take part benefit from social protection (such as health insurance, accident insurance and pension insurance and continuing receipt of family allowance) and additional entitlements (e.g. pocket money). In addition, the coming into force of the law has also made it possible for participants in the European Voluntary Service to receive family allowance. These programmes are based on two pillars – educational and careers guidance and voluntary work. Neutrality with regard to the labour market is a key aspect of the law. This means that the deployment of voluntary workers must not lead to a reduction of the number of employees in the place where they are used (i.e. that they do not displace existing workers), and that the organisers are obliged to report on this aspect. Due to the pedagogic support provided to the participants for 150 hours and the requirements for labour market neutrality, a line is drawn between these schemes and profit-orientated programmes for young people who displace existing employees and do not offer support and guidance. Since the law came into effect around 500-600 young people per year throughout Austria have taken part.

The organisers of these programmes are selected according to a strict licensing process and
have to be able to provide evidence of at least 15 locations where young people are deployed. These have to be distributed throughout the country and cover various fields (e.g. help for the disabled and for elderly people, child care etc.). Since 1 October 2013 it is also possible to take part in a Voluntary Social Year with a recognised organiser in the field of ambulance services (until 31.12.2017).

The entry into force of the amendment to the Civilian Alternative Service Act on 1 October 2013 made it possible to count a voluntary year (which complies with the Volunteers’ Act) towards statutory civilian alternative service. This is conditional on the voluntary work lasting for twelve consecutive months and being carried out with a recognised organisation.
## APPENDIX 1: National indicators for social inclusion in Austria 2008-2012

<table>
<thead>
<tr>
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</thead>
<tbody>
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<td></td>
<td>in 1.000</td>
<td>in %</td>
<td>in 1.000</td>
<td>in %</td>
<td>in 1.000</td>
</tr>
<tr>
<td>1) Multiple risk of exclusion</td>
<td>400</td>
<td>4,8</td>
<td>411</td>
<td>4,9</td>
<td>391</td>
</tr>
<tr>
<td>2) Standardised, price-adjusted median income</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3) Income gap</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4) Consolidated multiple risk of exclusion</td>
<td>211</td>
<td>2,6</td>
<td>217</td>
<td>2,7</td>
<td>211</td>
</tr>
<tr>
<td>5) Severe payment problems</td>
<td>-</td>
<td>-</td>
<td>145</td>
<td>n.a.***</td>
<td>151</td>
</tr>
<tr>
<td>6) Overcrowding in multiple-person households</td>
<td>583</td>
<td>7,1</td>
<td>567</td>
<td>6,9</td>
<td>453</td>
</tr>
<tr>
<td>7) Very high accommodation costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>8) Precarious housing quality</td>
<td>294</td>
<td>3,6</td>
<td>292</td>
<td>3,5</td>
<td>273</td>
</tr>
<tr>
<td>9) Stress due to the residential environment</td>
<td>768</td>
<td>9,3</td>
<td>859</td>
<td>10,4</td>
<td>842</td>
</tr>
<tr>
<td>10) Registered homelessness</td>
<td>11.399</td>
<td>0,1</td>
<td>12.309</td>
<td>0,2</td>
<td>12.266</td>
</tr>
<tr>
<td>11) Rate of those furthest from the labour market</td>
<td>750</td>
<td>17,2</td>
<td>665</td>
<td>15,3</td>
<td>747</td>
</tr>
<tr>
<td>12) Household income from employment below the at-risk-of-poverty threshold</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13) Wages below 2/3 of the gross median wage</td>
<td>462</td>
<td>15,2</td>
<td>446</td>
<td>14,9</td>
<td>417</td>
</tr>
<tr>
<td>14) Obstacles to employment due to care obligations</td>
<td>78</td>
<td>1,9</td>
<td>85</td>
<td>2</td>
<td>82</td>
</tr>
<tr>
<td>15) Long-term unemployment</td>
<td>54</td>
<td>n.a.***</td>
<td>58</td>
<td>n.a.***</td>
<td>59</td>
</tr>
<tr>
<td>16) Educational activity</td>
<td>2.347</td>
<td>34,2</td>
<td>2.438</td>
<td>35,3</td>
<td>2.520</td>
</tr>
<tr>
<td>17) Attendance of pre-school facilities</td>
<td>167</td>
<td>42</td>
<td>175</td>
<td>44,4</td>
<td>179</td>
</tr>
<tr>
<td>18) Young people who have little contact with education</td>
<td>7.251</td>
<td>7,4</td>
<td>7.410</td>
<td>7,6</td>
<td>6.926</td>
</tr>
<tr>
<td>19) Multiple health limitations</td>
<td>677</td>
<td>9,0</td>
<td>631</td>
<td>9,1</td>
<td>630</td>
</tr>
<tr>
<td>20) Social differences in life expectancy</td>
<td>4,2 years</td>
<td>4,9 years</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For definitions of the indicators see the appendix.

**No comparisons for years before 2011 are currently available for the national integration indicators based on annual income data from EU-SILC (i.e. 1-4, 7 and 12).

***Not available
**APPENDIX 2: Definitions of the National indicators for social inclusion**

<table>
<thead>
<tr>
<th>1) Multiple danger of exclusion</th>
<th>Two or all three of the following characteristics of risk of poverty or exclusion (Europe 2020 indicators) are present: risk of poverty, persons who live in jobless households or households with low employment intensity, severe material deprivation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Standardised price-adjusted median income</td>
<td>Total of the price-adjusted net incomes of all household members over the whole year, needs-weighted according to the EU equivalence scale (including percentage increases compared to the previous year).</td>
</tr>
<tr>
<td>3) Income gap</td>
<td>Sum of the amounts which separate households at risk of poverty from the at-risk-of-poverty threshold (in million euros and as a percentage of GDP).</td>
</tr>
<tr>
<td>4) Consolidated multiple risk of exclusion</td>
<td>Consolidated multiple risk of exclusion: disadvantaged in at least two of the three indicators for risk of poverty or exclusion for (at least) two years in succession.</td>
</tr>
<tr>
<td>5) Severe payment problems</td>
<td>Persons with payment problems according to the credit reference data of the Kreditschutzverband von 1870 for private loans; i.e. with legal action, loans called in etc.</td>
</tr>
<tr>
<td>6) Overcrowding in multi-person households</td>
<td>Proportion of persons in multiple-person households in which the surface area of less than 16m$^2$, where each person has less than 8m$^2$ or the number of rooms is too small compared to the number of persons in the household.</td>
</tr>
<tr>
<td>7) Very high accommodation costs</td>
<td>Proportion of persons whose accommodation costs exceed a quarter of their annual disposable household income (minus housing benefits). All expenditure on rent, service charges, heating, energy and maintenance as well as interest payments on loans to create or renovate accommodation are taken into account.</td>
</tr>
<tr>
<td>8) Precarious housing quality</td>
<td>Proportion of persons affected by two or more of the following housing problems: no toilet or bathroom in the accommodation, damp or mould formation, dark rooms, no washing machine or laundry.</td>
</tr>
<tr>
<td>9) Stress due to the living environment</td>
<td>Proportion of persons who feel stressed by at least two of the following problems in their residential environment: crime, noise and pollution.</td>
</tr>
<tr>
<td>10) Registered homelessness</td>
<td>Number of persons registered over the course of a year as homeless in a certain area or in a facility for the homeless.</td>
</tr>
<tr>
<td>11) Rate of those furthest from the labour market</td>
<td>18-59 year olds, who are employed full-time for a max. of 20% of the year (without students or women covered by the legal protection for expect/nursing mothers, persons on parental leave or pensioners)</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Household income from employment below the at-risk-of-poverty threshold</td>
<td>Persons in employed households in which the total net income from employment (incl. family benefits) is below the at-risk-of-poverty threshold (without pensioners’ households and students).</td>
</tr>
<tr>
<td>Wages below two thirds of the gross median wage</td>
<td>Employees with wages below two thirds of the gross median wage (without apprentices)</td>
</tr>
<tr>
<td>14) Obstacles to employment due to care obligations</td>
<td>18-59 year olds who are not employed, or only part-time, because they do not have any suitable care facilities for children or adults who require their care.</td>
</tr>
<tr>
<td>15) Long-term unemployed</td>
<td>The duration of registered unemployment, search for apprenticeship places and participation in training courses exceeds 365 days. An interruption of 62 days ends long-term unemployment (longer illness or taking on a job; AMS courses do not count as interruptions).</td>
</tr>
<tr>
<td>16) Educational activity</td>
<td>Proportion of the population over 16 which over the course of a year has taken part in school education, initial or further vocational training, or leisure-related courses.</td>
</tr>
<tr>
<td>17) Attendance of preschool education facilities</td>
<td>Proportion of all children up to the age of four accounted for by those who attend a nursery school, a crèche or care facilities which look after an extended range of ages.</td>
</tr>
<tr>
<td>18) Young people with little contact with education</td>
<td>Proportion of young people who are not in education/training and who completed compulsory schooling in the previous year (proportion in relation to the entire school year).</td>
</tr>
<tr>
<td>19) Multiple health limitations</td>
<td>At least two of three characteristics: chronic illness, a very poor general state of health, or limitations in everyday activities.</td>
</tr>
<tr>
<td>20) Social differences in life expectancy</td>
<td>Difference in age-adjusted life expectancy at the age of 35 between persons with no more than compulsory schooling and those with a degree.</td>
</tr>
</tbody>
</table>
APPENDIX 3: contributions of the stakeholders to the Austrian Platform to Accompany the Implementation of the Europe 2020 Poverty Target

As part of the federal platform to accompany the implementation of the national Europe 2020 targets to combat poverty and social exclusion, the actors were requested to make contributions to the National Social Report. The contributions are listed in the table below. The contributions do not provide a complete picture of the activities going on and the opinions held in Austria, but they do reflect the variety of issues and approaches very well without wishing to anticipate a comprehensive description of the measures by the national and regional bodies which are responsible for them. The contributions of the actors can be viewed (in German) on the website of the Ministry of Social Affairs:

<table>
<thead>
<tr>
<th>Contribution from</th>
<th>Thematic area/main focuses</th>
<th>Specific measures</th>
</tr>
</thead>
</table>
| Federal Ministry for Europe, Integration and Foreign Affairs (BMEIÄ) | Integration projects in the fields of language and education, health and social affairs, as well as children and young people | • Help in paying rent for recipients of low pensions  
• Considerable increase of financial support for children  
• Vienna Mobile Pass (e.g. price reductions for public transport)  
• Vienna Energy Support (e.g. replacement of old and energy-intensive appliances)  
• Step2Job advice and support service  
• The Arbeitsraum employment project |
| City of Vienna | Means-tested minimum income:  
• Standardisation of the legislation on social assistance  
• Improved access to the benefit  
• Combating poverty and social exclusion  
• Increased orientation towards work | • Initiation of a process with broadly-based participation in which specific proposals for the realisation of the improved inclusion of people with disabilities are drawn up.  
• Carrying out a study on the situation of people with disabilities in Vienna. |
<p>| People with disabilities |  | • Development of indicators for the 1st equality monitoring system |
| Equality |  | • The Gender Matters project: Gender training for staff of the |</p>
<table>
<thead>
<tr>
<th>Contribution from</th>
<th>Thematic area/main focuses</th>
<th>Specific measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province of Upper Austria</td>
<td>Dementia reform pool, “conception of integrated (cross-sectoral) care for people suffering from dementia in Upper Austria”</td>
<td>Vienna Homeless Support service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Objectives:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improved quality of life thanks to integrated care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduction of the strain on nursing staff and other carers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remaining at home for as long as possible</td>
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<tr>
<td></td>
<td></td>
<td>Pilot project in two districts accompanied by an evaluation in 2014</td>
</tr>
<tr>
<td></td>
<td>Coordination of support and nursing care</td>
<td>The goals include the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Access to needs-orientated services for clients of the networking within the district</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Optimisation of the processes</td>
</tr>
<tr>
<td>Province of Salzburg</td>
<td>Means-tested minimum income</td>
<td>Establishment of a clearing office for BMS recipients</td>
</tr>
<tr>
<td>City of Graz</td>
<td>Case management by social workers</td>
<td>Possibility to make applications online</td>
</tr>
<tr>
<td>City of Salzburg</td>
<td>Means-tested minimum income</td>
<td>Establishment of emergency overnight accommodation for women: for women aged over 18 who suddenly find themselves with nowhere to live; for a maximum of 2 years</td>
</tr>
<tr>
<td>City of Klagenfurt</td>
<td>Homelessness</td>
<td></td>
</tr>
<tr>
<td>Town of Eferding</td>
<td>Support for persons with low incomes</td>
<td>Christmas vouchers for equalisation supplement recipients and other people affected by social hardship</td>
</tr>
<tr>
<td>Austrian Economic Chamber (WKÖ)</td>
<td>Measures to support the choice of training and careers and to thus prevent NEETs</td>
<td></td>
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<td></td>
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<td>e.g.</td>
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<td></td>
<td></td>
<td>• Talent Check programme of the Vienna Economic Chamber: guidance for pupils in year 8 on their strengths and weaknesses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• START grants for young migrants</td>
</tr>
<tr>
<td>Caritas</td>
<td>Integration/education</td>
<td>Study cafés. Free learning support and afternoon care for disadvantaged pupils still of compulsory school age; at 29 locations throughout Austria</td>
</tr>
<tr>
<td></td>
<td>Combating youth unemployment</td>
<td>The tag.werk youth employment project for a low-threshold approach to coming closer to the labour market (participants are frequently NEETs)</td>
</tr>
<tr>
<td></td>
<td>Poverty among children and families</td>
<td>• Social-pedagogic support for families in crisis situations in Tyrol</td>
</tr>
<tr>
<td>Contribution from</td>
<td>Thematic area/main focuses</td>
<td>Specific measures</td>
</tr>
<tr>
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</tr>
<tr>
<td>Social security</td>
<td></td>
<td>The Easy as Child’s Play scheme: a programme to provide advice and support for the children of parents with dependency problems</td>
</tr>
<tr>
<td>Social security</td>
<td></td>
<td>Social and general legal advice: free and low-threshold for the clients of Caritas facilities (in the dioceses of Graz-Seckau, St. Pölten and Vienna)</td>
</tr>
<tr>
<td>Pro mente Austria</td>
<td>Social integration in the field of youth and discrimination</td>
<td>Freiraum project: the promotion of social integration for young people with psychosocial impairments</td>
</tr>
<tr>
<td>Pro mente Austria</td>
<td>Social integration in the field of youth and discrimination</td>
<td>Sprungbrett project (with Caritas): leading young people aged 15-23 towards measures to integrate them into employment and/or the labour market</td>
</tr>
<tr>
<td>Pro mente Austria</td>
<td>Social integration in the field of youth and discrimination</td>
<td>Interventions in families with a mentally ill parent</td>
</tr>
<tr>
<td>Federal Working Group for Homeless Support (BAWO)</td>
<td>List of demands in the field of homelessness</td>
<td></td>
</tr>
</tbody>
</table>