

ANNEX

Requested by the EMPL committee



# Ageing policies – access to services in different Member States

---

Annex I - Country study on Austria



Policy Department for Economic, Scientific and Quality of Life Policies  
Directorate-General for Internal Policies  
Authors: Norman MUKASA, Ronald SCHOENMAECKERS  
PE 662.940 - October 2021

EN



# Ageing policies – access to services in different Member States

---

## Annex I - Country study on Austria

### **Abstract**

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Austria. It focuses on six areas: active ageing, economic participation, social participation, healthcare, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

This document was provided by the Policy Department for Economic, Scientific and Quality of Life Policies at the request of the committee on Employment and Social Affairs (EMPL).

This document was requested by the European Parliament's committee on Employment and Social Affairs.

## **AUTHORS**

Norman MUKASA, ICON-INSTITUT Public Sector GmbH, Germany; Senior Researcher  
Ronald SCHOENMAECKERS, ICON-INSTITUT Public Sector GmbH, Germany; Senior Researcher

## **ADMINISTRATOR RESPONSIBLE**

Helen HOFFMANN

## **EDITORIAL ASSISTANT**

Roberto BIANCHINI

## **LINGUISTIC VERSIONS**

Original: EN

## **ABOUT THE EDITOR**

Policy departments provide in-house and external expertise to support European Parliament committees and other parliamentary bodies in shaping legislation and exercising democratic scrutiny over EU internal policies.

To contact the Policy Department or to subscribe for email alert updates, please write to:

Policy Department for Economic, Scientific and Quality of Life Policies  
European Parliament  
L-2929 - Luxembourg  
Email: [Poldep-Economy-Science@ep.europa.eu](mailto:Poldep-Economy-Science@ep.europa.eu)

Manuscript completed: October 2021

Date of publication: October 2021

© European Union, 2021

This document is available on the internet at:

<http://www.europarl.europa.eu/supporting-analyses>

## **DISCLAIMER AND COPYRIGHT**

The opinions expressed in this document are the sole responsibility of the authors and do not necessarily represent the official position of the European Parliament.

Reproduction and translation for non-commercial purposes are authorised, provided the source is acknowledged and the European Parliament is given prior notice and sent a copy.

For citation purposes, the publication should be referenced as: Mukasa, N., Schoenmaeckers, R., 2021, *Ageing policies – access to services in different Member States. Country study on Austria (Annex I)*, Publication for the committee on Employment and Social Affairs, Policy Department for Economic, Scientific and Quality of Life Policies, European Parliament, Luxembourg.

© Cover image used under licence from Adobe Stock

## CONTENTS

<b>LIST OF TABLES</b>	<b>4</b>
<b>LIST OF ABBREVIATIONS</b>	<b>5</b>
<b>EXECUTIVE SUMMARY</b>	<b>6</b>
<b>1. INTRODUCTION</b>	<b>8</b>
<b>2. ACTIVE AGEING IN NATIONAL POLICY</b>	<b>10</b>
2.1. Cost-effectiveness and affordability of active ageing programmes	11
2.2. The participation of public/private/non-governmental sectors in implementation of active ageing policy and programmes	11
2.3. Territorial differentiation and prerogatives	11
2.4. Innovations and good practices	12
2.5. Challenges to the active ageing policy brought about by the COVID-19 pandemic and how it affects policy towards older people	14
2.6. Utilisation of ESF and Resilience and Recovery Funds	15
<b>3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE</b>	<b>17</b>
3.1. Economic participation	17
3.1.1. Assessment of effectiveness of policies supporting labour market participation of people 50+, 65+	18
3.1.2. Future plans and priorities; Use of ESF and Resilience and Recovery Funds	18
3.2. Social participation	19
3.2.1. Territorial and rural vs. urban division in access to social participation	19
3.3. Health and well-being	19
3.3.1. Coverage of older people with healthcare services and health promotion	20
3.4. Long-term care	21
3.4.1. Quality management and impact of COVID-19	22
3.4.2. Utilisation of ESF+ and Resilience and Recovery Funds	24
3.5. Supportive environments	24
3.5.1. Housing	24
3.5.2. Transportation	25
3.5.3. Financial independence	26
<b>4. RECOMMENDATIONS FOR THE EU-LEVEL</b>	<b>27</b>
<b>REFERENCES</b>	<b>28</b>
<b>ANNEX 1: FOUR POLICY GOALS OF THE 2012 VIENNA MINISTERIAL DECLARATION, MECHANISMS IN THE NATIONAL POLICY AND INITIATIVES UNDERTAKEN</b>	<b>31</b>

## LIST OF TABLES

Table 1:	Population forecast for Austria, 2019 - 2100	8
Table 2:	Demographic characteristics of COVID-19 and all deaths by April 2020	15

## LIST OF ABBREVIATIONS

<b>EP</b>	European Parliament
<b>ESF</b>	European Social Fund
<b>EU</b>	European Union
<b>GDP</b>	Gross Domestic Product
<b>LTC</b>	Long-Term Care
<b>MIPAA</b>	Madrid International Plan of Action on Ageing
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PP</b>	Percentage points
<b>UN</b>	United Nations
<b>VIPAA</b>	Vienna International Plan of Action on Ageing
<b>WHO</b>	World Health Organisation

## EXECUTIVE SUMMARY

This report presents the landscape of ageing policies and access to services by older people in Austria. It is largely a desk-review of several aspects of the active ageing related policies in the Austrian context. It focuses on evolution of active ageing policies, economic participation, social participation, health care, long-term care, and supportive environments (housing, transportation, and financial independence) – and provides some final recommendations for the EU-level.

The study observes that demographic indicators of Austria point to an ageing population crisis with a high impact on public expenditure. According to the official statistics of the Austrian government, out of 8.89 million people in Austria 14.4 % are below 15 years, 66.5 % are 15 and 64 years and 19.0 % are 65 years and over while the average life expectancy is 81.77 years (79.5 years for males and 84.2 years for females). The percentage of older people grew in 2018 by 1.4 % registering the highest relative increase among the age groups (children: +0.4 %, working age persons: +0.2 %). The total fertility rate was 1.46 children per woman in 2019, which is below the "replacement level" of approx. 2 children per woman. Austria's expenditure on social benefits goes largely to the old age function (EUR 51.2 billion or 45 % of the net state tax income); at a level of around EUR 30.3 billion sickness/health care function was the second with a share of 27 %; other functions are: family/children (9 %), disability as well as survivors (6 % each) and unemployment (5 %), housing and social exclusion (2 %). Therefore, more than 70 % of social expenditure (by 2019 statistic) was spent on old age and health care benefits. The national policy and programmes of active ageing for Austria are built on the pillar of encouraging and balancing personal responsibility (self-care), age-friendly environments and intergenerational solidarity. In the first place, it requires active planning and preparation for old age by ensuring positive personal health practices at all stages of life. Additionally, there is need for supportive environments to make healthy choices. Policy-wise, several reforms of early retirement schemes and general pension reforms have been adopted to increase the effective retirement age. Since Austria has a high level of public pension expenditure of almost three quarters of the social benefit spent on the old age and the health care function, the first half of the new millennium has targeted improving the ability of older workers to work and their active ageing has become a main policy priority in Austria.

It is therefore logical to promote active ageing policies — active ageing is a process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age. However, actions are slow, and several initiatives are decentralised which has created fragmentation. The Austrian government has developed a number of measures to address the steadily increasing unemployment rate with special attention to low participation and employment rates of older workers. The following measures are critical concerning active ageing: 1) Maintaining and improving the ability to work and the employability of older workers through integration of preventive and health promotion elements in labour market programmes; 2) The introduction of a special subsidy programme for phased retirement schemes in the year 2000; 3) Gradual adjustment of the retirement age of women every year by 6 months between 2024 and 2033 until it is equal to the 65 year pensionable age for men.

Among several impacts of COVID-19 on older people, loneliness and anxiety have been noted in grey literature. The potential limitation of visits, isolation of older people within residents may have psychosocial and mental effects. However, robust studies on these effects of the pandemic on older people are lacking. Older people have fewer digital competencies; therefore, home office and online shopping could be a challenge. Additionally, several organisations are to change with the pandemic, but the most likely victims of falling in unemployment are the vulnerable groups, including older people — this can happen directly or indirectly when their family members lose employment. There



is indication that the COVID-19 lockdown is increasingly restricting older people's participation in work, social engagements, and independence to manage their normal life needs like visiting the doctors, accessing medical facilities such as pharmacies, and shopping; thus, affecting their wellbeing in terms of active ageing and health status.

## 1. INTRODUCTION

Based on 2018 estimates, Europe has approximately 101 million older people — aged 65 years or over (European Commission, 2019). The Austrian total population was 8.87 million people (2019) and is slightly more than 9 million in 2021; out of this the older people (65+ years) constitute 19.4% of the total population (Statistics Austria, 2020). By comparison, in 2020, the EU number of people aged 65 years or over was 20.6%. The highest shares of older people were in Italy (23.2%), Greece and Finland (22.3 % each), Portugal (22.1 %), and Germany (21.8 %) while the lowest shares were recorded in Ireland (14.4 %) and in Luxembourg (14.5 %)¹. The current (2021) life expectancy of Austria is 81.77 years [male at 79.5 years and female at 84.2 years]. Like other EU member states, Austria faces a challenge of increasing pension expenditure as a percentage of GDP at 13.9% in 2020 and projected to increase to 14.9 of the GDP by 2040. In comparison, Austria's expenditure on pension as a percentage of GDP is higher than the EU member states average of 12.7% of GDP, and ranks fourth after Greece, Italy and France².

Table 1: Population forecast for Austria, 2019 - 2100

Year (2019 -2100)	Population Structure			
	Total Population (million)	0-19 years	20-64 years	65 + years
2019	8.87	1,717,820 (19.3 %)	5,478,294 (61.7 %)	1,681,523 (18.9 %)
2020	8.92	1,723,164 (19.3 %)	5,549,982 (61.5 %)	1,707,643 (19.1 %)
2021	8.96	1,729,466 (19.3 %)	5,492,410 (61.3 %)	1,738,977 (19.4 %)
2022	9.0	1,736,291 (19.3 %)	5,485,990 (61.0 %)	1,774,131 (19.2 %)
2023	9.02	1,742,441 (19.3 %)	5,475,851 (60.6 %)	1,818,482 (20.1 %)
2024	9.059	1,748,197 (19.3 %)	5,460,982 (60.3 %)	1,849,507 (20.4 %)
2025	9.09	1,753,280 (19.3 %)	5,442,480 (59.9 %)	1,892,214 (20.8 %)
2050	9.61	1,778,518 (18.8 %)	5,173,762 (53.9 %)	2,653,646 (27.6 %)
2100	10.07	1,874,553 (19.86 %)	5,210,393 (51.7 %)	2,984,213 (29.6 %)

Source: STATISTICS AUSTRIA, 2020, available at: <https://www.statistik.at>.

<sup>1</sup> Data extracted from the Federal Ministry of Finance report entitled: "Austrian Country Fiche on Public Pensions". Available at: [https://ec.europa.eu/info/sites/default/files/economy-finance/final\\_country\\_fiche\\_at.pdf](https://ec.europa.eu/info/sites/default/files/economy-finance/final_country_fiche_at.pdf).

<sup>2</sup> These figures are based on eurostat statistics— "Social protection statistics - pension expenditure and pension beneficiaries". Available at: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social\\_protection\\_statistics\\_-\\_pension\\_expenditure\\_and\\_pension\\_beneficiaries](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Social_protection_statistics_-_pension_expenditure_and_pension_beneficiaries).

This study presents the context of active ageing policies and access to services by older people in Austria. It focuses on the following areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments (housing, transportation and financial independence). It also identifies the gaps and provides practical recommendations. The findings of this report can therefore be viewed as a country context review, but it is important to note that it does not claim to present an exhaustive picture of progress to date.

The main sources of data for this study include recent scientific studies done on Austria and the EU; reports and other forms of grey literature produced by the EU and the Austria government entities. The data was collected through internet search on the framework for active ageing policy in Austria and EU, such as Ministerial Declarations and legislation on active ageing; reports on older people's social, economic participation; supportive environment and long-term care. The study identifies recommendations for policy direction and decision making based on the findings from the review of literature and interviews. An interview with the executive director of the European Centre for Social Welfare Policy and Research, (Vienna, Austria) Dr. Kai Leichsenring, was conducted to fill the information gaps identified during literature review.

## 2. ACTIVE AGEING IN NATIONAL POLICY

The study considers the definition of active ageing by the World Health Organisation (WHO): "active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002:12). In this case, the word "active" does not merely mean the ability to be physically active or to participate in the labour force but includes continued participation in social, economic, cultural, spiritual and civic affairs (Boudiny, 2013)). There is therefore justifiable economic and moral rationale for enacting policies and seeking programmes that promote active ageing in terms of increased participation and reduced costs in care and others<sup>3</sup>. The continued increase in the number of older people implies a shrinking labour force with a high likelihood of financially unsustainable pensions, healthcare and long-term care systems risk for a country (EU, 2019). In response, active ageing policies and programmes are built purposely to encourage and balance personal responsibility (self-care), age-friendly environments and intergenerational solidarity. It requires an individual and/or family's active agency to plan and prepare for old age by ensuring positive personal health practices at all stages of life (Rudawska, 2010). There is also an increasing need for supportive environments to make the right healthy choices (WHO, 2002).

In Europe, the changes in the national policies for ageing have been evolving over the years<sup>4</sup>. Particularly, the Austrian ageing policy has evolved based on two milestone documents of global policy on ageing: First, the 1982 Vienna International Plan of Action on Ageing (VIPAA) is the first international instrument on ageing. It is a guide to ageing policy and programmes formulation, suggesting policy actions in seven sectorial areas specific to ageing individuals: health and nutrition; protection of older people consumers; housing and the environment; the family; social welfare; income security and employment; and education<sup>5</sup>. On the other hand, the 2002 Madrid International Plan of Action on Ageing (MIPAA) is aimed at societal transformation achieved through policy efforts within three priority directions: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments (Sidorenko, 2015).

With the above background, the most outstanding changes in the active ageing policy in Austria followed the 2012 Austrian federal government and parliament moved to adopt an active ageing policy mainstreamed under the Federal Plan for Senior Citizens: "Ageing and Future" ("Alter und Zukunft"). The "Ageing and Future" Federal Plan for Senior Citizens published in Vienne 2012<sup>6</sup> the main goal and primary objective and issues tackled are:

The main goal of this plan is "to safeguard and/or to improve the quality of life of all senior citizens and/or individual groups among them."

The primary objective of the plan is "to minimise inequalities and empower senior citizens, enabling them to lead active lives." The fundamental principle to achieve active ageing is

<sup>3</sup> Other benefits include fewer premature deaths in the highly productive stages of life, fewer disabilities associated with chronic diseases in older age, more people enjoying a positive quality of life as they grow older, more people participating actively as they age in the social, cultural, economic, and political aspects of society, in paid and unpaid roles and in domestic, family and community life, lower costs related to medical treatment and care services (WHO, 2020:12).

<sup>4</sup> The international milestones driving ageing policies include: 1982 First World Assembly on Ageing, Vienna, April 2002 Second World Assembly on Ageing, Madrid September 2002 UNECE Ministerial Conference on Ageing, Berlin, November 2007 UNECE Ministerial Conference on Ageing, León, September 2012 UNECE Ministerial Conference on Ageing, Vienna also labelled the European Year of Active Ageing and Solidarity between Generations.

<sup>5</sup> The United Nations Department of Economic and Social Affairs Ageing provides a report of the World Assembly on Ageing, hosted in Vienna between 26 July to 6 August 1982. Available at: <https://www.un.org/development/desa/ageing/resources/vienna-international-plan-of-action.html>.

<sup>6</sup> The Ageing and Future Federal Plan for Senior Citizens is drafted in cooperation with the Federal Senior Citizens' Advisory Council and available for download at: <http://ageing.at/en/artide/ageing-and-future>.

optimising health, safety and participation to promote ageing citizens' quality of life. The Federal Plan for Senior Citizens has several fields of action which are linked to the four policy goals of the 2012 Vienna Ministerial Declaration (see Annex 1).

The key issues of the plan are: Social and political participation; economic situation; older workers and "work" in old age; health promotion and health situation; education and lifelong learning; age and gender-based issues; intergenerational ties and intergenerational relations.

## **2.1. Cost-effectiveness and affordability of active ageing programmes**

Despite the general high costs of population ageing, older people provide significant economic and societal benefits – particularly if they are healthy and active (Cylus et al., 2019). Increase in cost for health care is correlated not merely with age but also factors such as proximity to death, poor health, and long-term care costs (Cylus et al., 2019:15).

## **2.2. The participation of public/private/non-governmental sectors in implementation of active ageing policy and programmes**

According to the information gathered from the United Nations Economic Commission for Europe and the report of Winkler and Spreitzer (2016) on the Ageing for the Population and Volunteering Policies Unit of Federal Ministry of Labour, Social Affairs and Consumer there are several organisations — public, private and non-government involved in implementing the active ageing policy and programmes. For instance: First, organisations of senior citizens have shaped senior citizen policy via the Federal Senior Citizens' Advisory Council. Relatedly, in 2012 NGOs organised their own NGO Forum; also contributing to the 3rd UNECE Ministerial Conference on ageing that took place in Vienna. Secondly, states like Styria have been involved in promoting equal rights through the "Charter for Living Together in Diversity" a programme adopted in 2011 and the "Styrian Women's and Gender Equality Strategy" of 2020 as well as the establishment of "10 advisory centres for women aged 55 and over and girls. Lastly, jointly public, private and non-government organisations have been organising health promotions for older persons, such as: the "Healthy Community" in Salzburg that promotes senior citizens' museum days and drama groups. In addition, there are the annual awareness campaigns such as the "SENaktiv" fairs organised in the Tyrol and in Carinthia the platform for "Active Ageing" in Carinthia was formed in 2012.

According to Dr. Leichsenring at European Centre for Social Welfare Policy and Research, there is no established working group on active ageing, but a reform project on long term care that is currently being implemented. Further, individual partnerships at local and regional levels, as well as voluntary platforms have been established and are active, even if not directly under the title of active ageing, these partnerships and platforms are related to the subject of active ageing.

## **2.3. Territorial differentiation and prerogatives**

This section examines whether active ageing policy is implemented mainly at the national, regional, and / or local administrative level.

The availability of better transport systems for the older people leads to great social participation opportunities. There is limited evidence of territorial differentiation apart from the fact that Vienna, as the capital, and a totally urban location, offers more accessible transport and housing thus greater social, economic participation of older people in urban areas as compared to those in other provinces/states in rural settings.

## 2.4. Innovations and good practices

Austria has been at the forefront of active ageing policy debates in the European Union right from the 1990s after the First World Assembly on Ageing held in Vienna in 1982. This report highlights a number of innovations and good practices in Austria, sourced from the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK) in its presentation on the Austrian work programme part II for active ageing (2012): This work programme for active ageing intervenes in the following four priority areas of 2012: work environment, participation, healthy and dignified ageing, intergenerational relations.

An overview of major initiatives, projects and events base on the report by Winkler and Spreitzer (2016) for the Federal Ministry of Labour, Social Affairs and Consumer Protection is given in the following text:

- Introduction of 50+ Employment Initiative by the Public Employment Service as an innovative element in the long-term support system for workers aged 50 years and more, who wish to change occupation mainly for health reasons. This initiative focused on awareness and increasing employment for workers aged 50 and above. The public employment service (AMS) provided funding to companies as a way of enhancing hiring of older workers. For instance, Winkler and Spreitzer, 2016:5 notes that in 2016, the funds allocated to workers above the age of 50 were increased from 150 to 250 million Euros. The country wide initiative also involves a campaign to raise awareness for the potential of workers in the 50 and above age group to reduce prejudice;
- Incentives of labour market policy to promote longer working lives. For instance, the stimulus programme of the Public Employment Service contributes to the increase in the employment rate of older workers – through rising the actual retirement age<sup>7</sup>;
- Establishing a legal and financial framework for fit2work and case management. The "fit2work" started in 2010 as a "low-threshold counselling programme" to reduce two health driven issues: (long-term) sick leaves and early withdrawal from the working life. Since 2013, the "fit2work" programme has been rolled out in all the federal states of Austria. The "fit2work" project enhances (re-)integration of older workers in gainful employment in the following ways: offering support to overcome psychological stress and mental health, giving consulting opportunities to individuals and businesses on appropriate processes of reintegrating older workers (Winkler and Spreitzer, 2016:4).;
- Involving expert social partners on labour law, labour market policy, and pension insurance in talks;
- Guiding on ageing-appropriate work for enterprises "Healthy Ageing on the Job" for instance, prioritised campaigns to motivate companies to conduct "age structure analyses", to identify age-critical work processes and impacts as well as to create ageing-friendly work conditions<sup>8</sup>;
- Labour market policies pursued by the Public Employment Service, e.g., health-promoting elements in measures, labour market integration subsidy, flexibility, and qualification counselling;

<sup>7</sup> The Public Employment Service provides stimulus programmes aimed at productive ageing in terms of safeguarding older persons employment and making efforts to raise the actual retirement age. Available at: <http://www.ams.at>.

<sup>8</sup> "Healthy Ageing on the Job" (Alter(n)sgerechte Arbeitsgestaltung – Mit Arbeit gesund älter werden!) is available at: [https://www.arbeitsinspektion.gv.at/Zentrale\\_Dokumente/Gesundheit\\_im\\_Betrieb/alter\(n\)sgerechte\\_arbeitsgestaltung\\_.pdf](https://www.arbeitsinspektion.gv.at/Zentrale_Dokumente/Gesundheit_im_Betrieb/alter(n)sgerechte_arbeitsgestaltung_.pdf).

- Combating age discrimination at work – the Department for Pensioners of the Austrian and Trade Union Federation offer information about age discrimination, possible measures to take action against it on a legal basis<sup>9</sup>;
- The BMASK award of a NESTORGOLD Quality Seal<sup>10</sup>. Since 2010, the Federal Ministry of Labour, Social Affairs and Consumer Protection awards "the NESTORGOLD seal of quality" upon enterprises and organisations which integrate "intergenerational age-management". The enterprises or organisations "undergo a four-stage process supporting the creation of age-appropriate structures, management and culture" (Winkler and Spreitzer, 2016:6). Networking dialogues, expert support and guidance in self-evaluation of intergenerational age-management are provided with the aim of raising awareness of the potentials and needs of older workers;
- Chamber of Labour, Federation of Austrian Industrialists and Trade Unions creating a "Toolbox" for creating an ageing-appropriate work environment. This is an "Information folder" (including checklists and proposals) for specific areas (e.g., production, office, etc.) about key issues such as management, organisation, qualification, and health; target group: companies (SMEs) and members of works councils;
- The Federal Chancellery examining complaints about alleged discrimination (e.g., on grounds of age) under the Equal Treatment Act; making available to those affected an unbureaucratic and free procedure subject to relatively few formal requirements<sup>11</sup>;
- The Federal Economic Chamber offers a package of information and measures regarding health promotion, especially for SMEs; establishing health promotion as part of the corporate culture; addressing the economic dimension of preventive healthcare and health promotion<sup>12</sup>;
- The Austrian Senior Citizens' Council organises several awareness and mind-set changing initiative, for instance; to reduce prejudices towards the older people, the council organises award prizes to the media in the category of "Senior Citizens' Rose" and "Senior Citizens' Nettle" for positive and negative examples in journalism, advertising and media images. The "Rose" media award enhances good reporting on older persons while the "Senior Citizen Nettle" award discourages discriminatory portrayal of older people (Winkler and Spreitzer, 2016:11). Secondly, the council offers a barrier-free, older people-friendly and interactive platform by and for older persons with the aim of digital integration of seniors into state-of-the-art information and communications technologies;
- The Austrian Red Cross development of an interdisciplinary curriculum for persons active in health promotion programmes for older persons includes; the development of a manual; networking between relevant stakeholders; and, further development of the health-RO older people guidelines;

<sup>9</sup> This includes a checklist to identify characteristics of age discrimination.

<sup>10</sup> The Federal Ministry of Labour, Social Affairs and Consumer Protection organises the NESTORGOLD award; it targets enterprises and organisations. Information is available on [www.nestorgold.at](http://www.nestorgold.at).

<sup>11</sup> The Federal Chancellery is involved in several initiatives including counselling support of people considering themselves discriminated against on grounds of age, running the equal treatment commission, organising dialogue of generations at work etc. More information is available at: <https://www.bundestkanzleramt.gv.at/agenda/frauen-und-gleichstellung.html>.

<sup>12</sup> Federal Economic Chamber and other partners including Austrian industrialists offer a "Toolbox" for creating an ageing-appropriate work environment. Available at: [www.profitnessaustria.at](http://www.profitnessaustria.at).

- Information and counselling in the framework of the Hilfswerk Family Tour involves 52 stops within the country to handle counselling on ageing care and preventive measures, among others. For instance, an information kit: the free "Service Package for Senior Citizens" is distributed free of charge during the Family Tour or is sent to interested persons by mail free of charge; and
- Developing and organising events in all 9 federal provinces as well as an event at federal level on the topic "Solidarity between Generations" for pensioners, activists and young people/confidential councillors for young people.

The observation of the expert interviewed is that the policy of later retirement age could lead to a critical mass of people above 50 years re-integrating or staying in workforce; this could affect the current family care system which benefits from some family member taking the responsibilities of caring for their relatives. Thus, older people will tend to retire earlier due to caring responsibilities if there are no other (say, voluntary) structures to support care. According to the experts: *"There might be the possibility of abolishing retirement age entirely because it will abolish itself/regulate itself at some point. Alternatively, the expert points to the best practice of contracting older people as consultants, as it is the case in Sweden"* (Winkler and Spreitzer, 2016:11ff).

## **2.5. Challenges to the active ageing policy brought about by the COVID-19 pandemic and how it affects policy towards older people**

Austria has been credited as one of the first European countries to respond to the COVID-19 viral outbreak with early protective measures at the end of February 2020. Yet our analysis based on the official statistics link for Austria ([www.statistik.at](http://www.statistik.at)) reveals that: mortality in Austria rose noticeably at the peak of the COVID-19 outbreak, which is during the first half of April 2020 when the number of deaths was about 16 % higher than the average for the years 2015 to 2019. According to Roller-Wirnsberger et al. (2020), by mid-June 2020, 22 % of the total confirmed cases (16,868) of COVID-19 as well as 94 % of the deceased COVID-19 patients in Austria were aged 65 years and above. The risk of death was higher among older people who had comorbidities such as high blood pressure, diabetes, heart disease or kidney disease. COVID-19 deaths affected men (55.1 %) more often than women; the COVID-19 mortality of men was almost twice as much as women based on age-standardised rates (9.1 per 100,000 men vs. 4.7 per 100,000 women)<sup>13</sup>. Table 2 below presents statistic of death due to COVID-19 disaggregated by age group and compared to all the death in April 2020.

---

<sup>13</sup> More COVID-19 data on sociodemographic characteristics of dead persons due to COVID-19 and regional difference are available at: [https://www.statistik.at/web\\_en/press/123862.html](https://www.statistik.at/web_en/press/123862.html).



Table 2: Demographic characteristics of COVID-19 and all deaths by April 2020

Age groups	COVID-19 deaths			All death in April 2020	
	Total	Men	Women	Absolute (in %)	COVID-19 Deaths in % of all deaths
	Absolute (in %)	Absolute (in %)	Absolute (in %)		
Under 64 years	34 (5.8 %)	26 (8 %)	8 (3.1 %)	2,197 (14.6 %)	3.3
65-69 years	37 (6.3 %)	27 (8.3 %)	10 (3.8 %)	860 (5.7 %)	4.3
70 -74 years	61 (10.4 %)	39 (12 %)	22 (8.3 %)	1,379 (9.1 %)	4.4
75-79 years	92 (15.6 %)	56 (17.3 %)	36 (13.6 %)	2,047 (13.6 %)	4.5
80 and older	365 (61.9 %)	176 (54.3 %)	188 (71.2 %)	8,624 (57.1 %)	4.2

Source: STATISTICS AUSTRIA, 2020, Sociodemographic characteristics of persons who died due to COVID-19, March/April 2020. Available at: [www.statistik.at/web\\_en/statistics/PeopleSociety/health/causes\\_of\\_death/123862.html](http://www.statistik.at/web_en/statistics/PeopleSociety/health/causes_of_death/123862.html).

According to the discussion of Heidinger & Richter (2020:3) "comparative analysis showed a slight, but significant increase in loneliness among the older people of Lower Austria during COVID-19 safety measures". Although the studies on loneliness of older people and its effects have not been robust, there is indication that COVID-19 lockdown restrictions have increased the feeling of loneliness in older people. Other risks associated with lockdown include mental health issues and psychosocial imbalance. First, limiting in-person social encounters negatively affects the social connectedness of the older people. Secondly, the increase in loneliness during COVID-19 disproportionately affects groups of the already vulnerable older people. Although old-age loneliness was a concern for public health experts long before the outbreak (Victor et al., 2005), COVID-19 restrictions with focus on social distancing particularly affected older people, and thereby steadily reduced their mental and physical health and safety (Heidinger & Richter, 2020).

## 2.6. Utilisation of ESF and Resilience and Recovery Funds

The European Social Fund (ESF) funding in Austria is focused on education, training, and social inclusion measures in order to increase participation in the labour market. The government is using ESF funding from the European Commission to integrate older people into work, boost equal opportunities and help more women find jobs.

The "Operational Programme Employment Austria (2014-2020)"<sup>14</sup> had a budget of EUR 876 million (of which EUR 442 million was from the EU budget as ESF) the purpose of this budget line was to support creating jobs and strengthening social cohesion in Austria. According to the policy analysis by ZSI - Centre for Social Innovation and other organisation in 2017, the Operational Programme Employment Austria addressed three areas of concern to better the Austrian labour market "increase of the employment rate of older workers, enhancement of equal opportunities and participation of

<sup>14</sup> The thematic priorities of the programme include: technical Assistance, education and training, employment and labour market, social inclusion. More information about the programme is available via: [https://www.esf.at/wp-content/uploads/2020/08/ESF\\_OP\\_4.0.pdf](https://www.esf.at/wp-content/uploads/2020/08/ESF_OP_4.0.pdf).

women in the labour market and improvement of education outcomes of vulnerable young people including those with a migrant background (48 % of the fund)"<sup>15</sup>. Specifically, the programme had the following approaches to the older people:

- Around 4,900 companies would receive advice on how to create better conditions to allow older persons to stay in employment and to promote equal opportunities for women and men at the workplace;
- ESF supports initiatives to keep people in the labour market, in particular when workers are getting older: 7 % of ESF participants were over 55 years old; and
- ESF supported business creation, creation of social enterprises and self-employment by providing training to women, older people, people with disabilities and other disadvantaged groups.

The European Commission endorsed Austria's "Recovery and Resilience Plan"<sup>16</sup> on 21 June 2021. The aim is to support the implementation of crucial investment and reform measures outlined in Austria's recovery and resilience plan, and thus help Austria emerge stronger from the COVID-19 pandemic.

---

<sup>15</sup> The Synthesis Report on Policy Niches and Benchmarking in the Danube region authored by Katharina Handler, Irina Vana, Wolfgang Michalek, Helga Pokluda, Lisa Bliberger and published by the ZSI - Centre for Social Innovation in October 2017. Available at: [http://www.interreg-danube.eu/uploads/media/approved\\_project\\_public/0001/11/1acc885eed6285abd682c5d259be38cddc514c23.pdf](http://www.interreg-danube.eu/uploads/media/approved_project_public/0001/11/1acc885eed6285abd682c5d259be38cddc514c23.pdf).

<sup>16</sup> The Austrian recovery and resilience plan forms part of an unprecedented, coordinated EU response to the COVID-19 crisis, to address common European challenges by embracing the green and digital transitions, to strengthen economic and social resilience and the cohesion of the Single Market. More details available at: [https://ec.europa.eu/info/system/files/austria-recovery-resilience-factsheet\\_en.pdf](https://ec.europa.eu/info/system/files/austria-recovery-resilience-factsheet_en.pdf).

### 3. ASSESSMENT OF ACCESS TO SERVICES FOR OLDER PEOPLE

#### 3.1. Economic participation

According to the OECD publication of the key policies to promote older workers (Austria, 2018), since the mid-1980s, the pension reforms have focused on extending old people's economic participation through limiting the access to early retirement pensions and reduction in benefit levels, for instance: In 1993, the pension reforms ushered in restrictions and cuts, and structural improvements for women — notably a maximum of 48 months per child raising periods was introduced, which is calculated cumulatively, independently of any simultaneous insurable employment. Between 2003 - 2004, pension reforms targeted harmonisation "of all pension schemes" in a way that didn't only tighten the access criteria for all early retirement pensions but also reduced the amount of benefit levels. In 2012, a comprehensive reform of disability pension was implemented; it offered entitlement of persons with temporary disability to medical or labour market rehabilitation, coupled with either a "rehabilitation benefit" paid for by the health insurance scheme or a "retraining benefit" paid from unemployment insurance. In 2016, the government of Austria introduced a partial retirement scheme (Teilpension) to employees who are already entitled to the "corridor pension" introduced in 2004 would have flexible entry into the public pension system between the ages of 62 and 68 – could reduce their working time by 40-60 % with partial wage compensation. Lastly, the government also introduced a new pension account model, which from 1 January 2014 standardised pension calculations for all insured people (born from 1955 onwards) to use one clear retirement account system (Mairhuber et al., 2015; Austria, 2018).

According to Mayrhuber et al., (2020: 60-61), during COVID-19, three factors are central to the risk of long-term unemployment, namely: formal qualifications, age and state of health. The COVID-19 pandemic has affected many areas of the economy, especially in the service sectors with comparatively high fluctuation in employment; namely, in accommodation and catering and construction. Foreign nationals are much more likely than people with Austrian citizenship to be unemployed—most of the foreigners are employed in hotel and restaurant industry, construction and temporary employment.

Several promotions have encouraged employers to retain and hire older workers and have also improved the economic welfare of those with older age. In the public sector, the government is preventing discrimination in employment based on age, but even though in the labour market, participation of workers aged over 55 has grown steadily since 2000, compared to the 55.3 % employment rate for older workers aged 55-64 years in EU countries in 2016, Austria's employment rate for the same group is lower by almost 6 pp (Mairhuber et al., 2015). Austria introduced a special subsidy program for phased retirement schemes in the year 2000. In the downside, this can lead to a form of early retirement, however, it is intended to address the problem of low participation and unemployment rates of older workers. Some studies have observed that older people are most likely to prefer part time employment designs, however, the labour demand is inflexible and does not provide enough part-time jobs; in such a case, the voluntary work programmes become a good alternative (Sidorenko, 2015:51 [6]).

The expert interviewed by this study observed that promotion of active ageing and labour market reintegration of older people have taken the route of vigorous awareness campaigning and re-training measures especially focusing on companies. However, according to the expert interviewed, the political will to undertake long-term structural changes regarding active ageing is necessary: *"there needs to be a complete CV perspective, planned over the whole life span and not just filtering out target groups for short-term campaigns... plans need to be established for a perspective of 20*

*years and above to solve the issue well for individuals as well as for society...but that does not fit so well in the day-to-day political business....."* Keeping that in mind, there is a question of sustainability of individual initiatives and it was of concern of our interviewed expert, who notes: *"There are a lot of individual actions taking place for older employees, but it is a question whether this is sustainable."* [Leichsenring, European Centre for Social Welfare Policy and Research].

### 3.1.1. Assessment of effectiveness of policies supporting labour market participation of people 50+, 65+

Existing policies and programmes have a strong focus on targeting women and disadvantaged groups who face higher risks in the labour market and social exclusion. Despite continuous reforms and changes of policies over the last decade, very little was done to foster training and upgrading of skills of the workforce. Consequently, the urgent need for more research and regular policy discussions that involve multiple sector holders is eminent.

The pension age for Austria is 65 years for men and 60 for female. The female retirement age will be increased to 65 between 2024 and 2033. Early pension is possible at age 62 (men) or age 57.5 (women) but gradually converging on standard pension age by 2017. There are other early pension entitlements for physically demanding labour. Based on the OECD publication of the key policies to promote older workers (Austria, 2018), the use of disability benefits as a route to early retirement is highly restricted. As an alternative, the age neutral employment measures are promoted to enhance employment and/or subsidies to active labour market programmes focused on older workers, such as strengthening the older workers' workplace safety, physical and mental health. A law called "the balanced approach to employment protection" was enacted in July 2017 as an age neutral measure intended to avoid older workers' labour market exclusion due to the protections available to them, for instance the rule protecting workers aged 50 and above from being dismissed from the time they are hired up to at least two years of time of employment in the company and the financial unemployment insurance system based on age related exemptions were abolished by 2013 in favour of a stability package for new cases (Austria, 2018).

Some labour market promotion policies implemented in Austria however show low efficiency and effectiveness. According to Wrinkle and Spreitzer (2016)'s analysis of various labour market policies targeted at specific groups, the introduction of a bonus-malus-system<sup>17</sup> for older workers was controversial; its aim was to raise the employment rates of people aged 55 years and above but involved a substantial level of administrative workload with limited impact on employment.

### 3.1.2. Future plans and priorities; Use of ESF and Resilience and Recovery Funds

There is a lack of convincing evidence that older people are withdrawing from the labour market due to COVID-19. However, due to the fact that old-aged people and also older people belong to the high risk groups for COVID - those who were able to do so had to do home office to reduce their risk of infection. That in turn caused many problems for those with less experience in regularly using ICT equipment and therefore less digital skills.

<sup>17</sup> The **Bonus-Malus-System** is a federal government initiative towards companies with the aim to increase the number of older employees. The new Bonus-Malus-System became applicable on January 1st 2018, the ministry for social affairs calculates for each sector the rate of employees aged over 55 years. Companies, which do not fulfill their related rate are affected by the Malus regulation: The employer has to pay the double termination fee ("Auflösungsabgabe"). In contrast, companies which fulfill this rate receive a bonus. They have to pay only 3.8 % instead of 3.9 % employer's contribution to child benefit fund ("Familienlastenausgleichsfond"). The new Bonus-Malus-regulation is only applicable for companies which employ at least 25 fully insured employees.

The ESF+ (January 2021) and other recovery funds have enabled the Austrian government to put forward several measures to promote older people's (re-)integration into the labour market. The range of measures include: significant reduction in supplementary cost of enterprises, direct support for integration of older workers and encouragement of part-time employment schemes that incentivise older workers' continued employment.

## 3.2. Social participation

A combination of social capital and physical activities lead to improved physical health and the alleviation of loneliness among older people. There are several good practices in Austria (see annex 1) augmenting social capital and physical activities for older people. This study observed several multi-actors' initiatives for older people, including: investment in education and training to improve communication skills, enhancement of self-confidence, improve job prospects and give older people access to better housing, better nutrition and better health. Additionally, promotion of volunteer work and provision of social support has led to improvement of older people's socioeconomic status, social network and competence on subjective well-being.

The interviewee Leichsenring highlights that: social participation initiatives, projects and programs are being implemented by numerous organisations such as NGOs and local organisations in addition to those of the nationwide welfare organisations such as CARITAS.

It appears; therefore that improving the ability of older people to work and their employability is a major policy priority in Austria. For instance, "lifelong learning" has been adopted in all local communities of Austria ever since it was adopted as a strategy in 2011 with an aim of establishing a countrywide resource for education and training for older people too.

### 3.2.1. Territorial and rural vs. urban division in access to social participation

The ability of older people to participate meaningfully in society is affected by discrimination and social exclusion. The risks of territorial and rural – urban divide hinge on social disadvantages such as poverty, deprivation, and social exclusion, physical, mental, and social wellbeing. The available statistics show that 57.3 % of the population of Austria is urban (5,129,574 in 2019). What is lacking in the studies reviewed is that they do not differentiate social participation in terms of territory and rural vs urban setting. Therefore, the need for disaggregated information on social participation of age groups by regions and level of urbanisation is key.

## 3.3. Health and well-being

The Austria (2018) key facts report shows that the federal structure and system of the federal states enforced a compulsory health insurance system in Austria largely made up of complex interaction between actors from the different legislative and administrative levels (Austria, 2018 and OECD, 2017). In this structure, the ministry of Labour, Social affairs, Health and Consumer Protection is responsible for, among other things; the general health policy issues, protecting the health of the population, regulation of direct stakeholders (like health professions, pharmacies, and medicines), as well as legislation, and the supervision of the social insurance funds. At regional level, health care provision is a responsibility of the provinces that work with the local authorities, especially to promote pre-clinical care that is relevant to maintain active ageing of old people.

While Austrians are living longer, older people live with chronic diseases and disabilities than the EU average. Heart diseases and diabetes are the leading cause of death. Behavioural risk factors are a major driver of morbidity and mortality – especially poor diets (Obesity at 15 %), smoking (24 %) and

alcohol consumption (11.8 litres per year). Social inequalities (like education, income and living conditions) affect the life expectancy — for instance, the association between education and longevity is partly explained by higher exposure of people with low levels of education to various risk factors like higher smoking rates (27 % without secondary level education compared to 15 % of tertiary education) and worse nutritional habits (20 % of people without secondary level are like to be obese as compared to 10 % with higher education).

The possibility of older people aged 65 and over to return to work and/or have an active lifestyle is associated with improved health and mental wellbeing. In most of the EU, including Austria, there is a shift from a focus on clinical care for the older people to managing numerous diseases and symptoms through addressing lifestyle, individual relations, physical and mental health over the life course of older people. This integration of health and social care for older people reduces the cost of health care and increases health outcomes. Research shows that as people age, they are likely to develop multiple disease conditions that are often chronic, implying that if these conditions are not handled by robust care coordination, the old people are prone to hospitalisation and higher risk of death (de Carvalho et al., 2017).

### 3.3.1. Coverage of older people with healthcare services and health promotion

Austria's near-universal population coverage and accessibility of care is relatively high given Austria's low rate of self-reported unmet medical needs compared to other EU countries (Austria, 2018). The social insurance in Austria is based on three principles, namely "mandatory insurance, solidarity, and autonomy". The Austrian social insurance is primarily financed by employers, employees, and the pay as you go contribution system. These options guarantee coverage for all, even though those with high income may afford better and additional care offers. The official reports<sup>18</sup> showed that the eligibility criteria for social cash benefits are determined by individual's activity and income status. Meanwhile, the social insurance benefits for old people were at 57 % in 2012. Pension benefits are disbursed by the statutory pension scheme, which eliminates competition, but there are factors to consider when it comes to coverage of social health insurance such as occupation and/or place of residence. As an approach health promotion plays an important role in ensuring healthy and active ageing because reports show that old age diseases are preventable through remaining active and having a feeling of independent management of old age<sup>19</sup>.

According to the State of Austria Country Health Profile Report (OECD, 2019) and Austria (2018), the country spends substantially more on inpatient care than most countries in the EU and has a high number of physicians and hospital beds. The push factors for high inpatient care is linked to "high hospital admission rates for chronic diseases like asthma and chronic obstructive pulmonary disease (COPD) and diabetes which suggests among other factors: low effectiveness of primary care services, possible weaknesses in the decentralised planning such as fragmentation and inadequate, despite its benefits decision making relevant to local needs, but often also leads to coordination (Austria (2018).

According to the "State of Health in EU" report (OECD, 2019), the Austrian performance of acute care is high, and the mortality from treatable causes is lower than the EU average. Further, Austria provides a more comprehensive health benefit package than the average rate of EU members.

<sup>18</sup> See Austria Report (2014). Social protection in Austria features of social policy in Austria. Sozial Ministerium; Austria (2005). Ageing and employment policies. Austria Vierlissement et politiques de l'emploi: OECD publishers; Eurostat (2019). Ageing Europe. Looking at the lives of older people in the EU. Batiment Joseph Bech, Luxembourg. Among others.

<sup>19</sup> The Healthy Ageing project report published in 2006 brings together information from the Healthy Ageing project: literature on intervention, statistical data, examples of good practice and facts about policies and strategies for healthy ageing. Report is available at: [https://ec.europa.eu/health/ph\\_projects/2003/action1/docs/2003\\_1\\_26\\_frep\\_en.pdf](https://ec.europa.eu/health/ph_projects/2003/action1/docs/2003_1_26_frep_en.pdf).

In terms of health system resilience, the State of health in EU report (OECD, 2019) reports that Austria's public spending on health care and long-term care are projected to increase from 7 % of GDP in 2016 to 8.3 % by 2070 and from 1.9 % to 3.8 % of GDP respectively (Austria, 2018). This therefore means that if there are no structural reforms the health system's ability to adapt to new challenges could be impaired.

COVID-19 increases pressure on hospital beds. Even before computing the COVID-19 effect, Austria had a high number of acute care beds (of 7.4 per 1,000 population) compared to the EU average (5.1 per 1,000). It had the third highest number of hospital discharges (256 discharges per 1,000 population representing in EU approximately one out of four Austrians discharged from a hospital every year (Austria, 2018). The high discharge rate means that probably the number of inpatients in Austria could have been reduced by a functioning disease management programme with a gatekeeping system to reduce high hospitalisation rates and thereby reduce the health spending.

### 3.4. Long-term care

Until the early 1990s popular perception as well as politicians saw long-term care (LTC) in Austria mostly as being the responsibility of the family. In general, the Austrian long-term care system is a combination of benefits in cash and in kind. The cash benefits make the Austrian long-term care different from other European countries. The core part of care allowance program at federal and provincial level. It is made up of three sectors: social insurance, social protection, and social assistance. The social insurance is based on mandatory contributions accessible for sickness, pension, and accident insurance. Social protection is a state direct responsibility to coverage special groups like war victims. Social assistance is a financial provision under the need-based safety net for special cases when other benefits are unavailable or inadequate for the individual.

The European Commission thematic reports of Austria (2015, 2018)<sup>20</sup> give a background to the Austrian long-term care (LTC) regime, which is characterised by a rather large sector of informal care. The two LTC systems' main elements are derived from the legislation adopted in 1993: The first main element of the LTC regime in Austria is the LTC cash benefit (Pflegegeld), which is granted without testing of one's income or assets. The second main element is institutional inpatient, ambulatory, semi-outpatient and outpatient (including at-home) care services. Therefore, it can be summarised that: the Austrian long-term care system is a combination of benefits in cash and in kind. All persons in need of care can receive benefits in cash according to the Federal Long-term Care Allowance Act (Bundespflegegeld). Persons in need for assistance, but not covered by this law (handicapped or recipients of social assistance) can apply for benefits in cash provided by the provinces (Landespflegegeld).

The LTC programme is highly fragmented with the nine federal provinces (Bundesländer) mandated to establish and upgrade services and most of the decisions are made as provincial administration level. There are three types of public support available for the care of the sick older people, namely:

- Cash benefits to specific groups and circumstances;
- Institutional care, either in residential homes and nursing homes or in mixed institutions; and
- Social services in the municipalities limited to nursing care.

<sup>20</sup> Marcel Fink, January 2015, ESPN Thematic Report on Social Investment Austria. Available at: <https://ec.europa.eu/social/BlobServlet?docId=13808&langId=en>; and <https://ec.europa.eu/social/BlobServlet?docId=19837&langId=en>.

Access to formal LTC benefits is in kind and not free of charge in principle: the special safety net is covered at federal provinces if the LTC cannot be financed via a person's own resources. The relatives of people in need of LTC have other instruments of accessing support such as the leave scheme for relatives to take time off employment to offer care is available. However, there are challenges of monetary allowances given for long term care, namely:

- Irregularity adjustments of the monetary value of the allowance;
- the true costs of or the expenditure for long-term care in Austria is hard to estimate; and
- lack of transparency over eligibility criteria for several services provided via the welfare system.

Eskesen (2002 [18]) showed that long-term care in Austria is less institutionalised as it is in other comparable countries. Families play a relatively larger role in caring for their older people relatives and a significant share of the older people receiving long-term care lives at home. The central and local governments are responsible for the provision of transfers or services to ensure that the older people and others in need can receive the necessary care. Informal care work is disproportionately linked to gender: more than 60 % of those responsible for informal care are women. In 2010, about 33 % of all women and 23 % of all men aged 15–64 who were regularly taking care of friends/relatives, were out of the labour force. The access to care, particularly in case of family homes and home nursing care promotes independent living. COVID-19 has an impact on the availability of nurses and mobility during lockdown and additional safeguard. There is no relevant literature on the changes brought by COVID-19 in the coverage of older people with long-term care services.

### 3.4.1. Quality management and impact of COVID-19

The Long-Term Care system in Austria heavily relies on informal care takers who provide more than 70 % of all care or European immigrant personal care givers who cover about 6-7 % of people in need of carers<sup>21</sup>. Generally, the model of "24-hour care" provision by live-in migrant carers in Austria is under test by COVID-19, however this model needs debate in most European countries, including Greece, Germany and Italy due to need to improve the working conditions and social security of care workers. As reported by Schmidt et al. (2020), most of the migrant care workers commute from neighbouring countries; namely; Bulgaria, Czech Republic, Hungary, Romania, or Slovakia to provide "24-hour care" in Austria.. *"They usually live in the house of the person they care for over a certain period – typically half a month – and return to their home country for the rest of the month"* (Schmidt et al., 2020:6 ). Unlike other European countries, since 2007, the Austria government has embarked on regulating for instance working conditions, social security, quality competences and for migrant care workers and their brokering agencies.

---

<sup>21</sup> Many of the immigrants that support the LTC systems care are from neighbouring Slovak and Czech Republics, but increasingly also from Romania and Bulgaria.



Leichsenring discussed in detail the 24-hours home care design before and during COVID-19, saying: *"most of this [24-hour] care was covered by carers from eastern Europe, usually 2 persons covered 1 old person, each working 14 days 24 hours and then going back to their home country and family for 14 days."* During the COVID-19 lockdown extra flights were organised to ensure the 24 hours care remained available, which the expert notes: *"was difficult, but in the end worked... with restrictions, [for instance] those carers who were in Austria stayed and worked not only 14 days but longer because they could not take turns.....the others who could not enter lost a lot of money because they could not work...bringing problems for their families due to loss of money."*

Even before COVID-19, the older population needed more health care and a larger proportion of public spending on health and long-term care. Even without numbers of the COVID-19 impact, the Austrian public spending on long-term care was projected to double as a share of GDP, from 1.9 % to 3.8 %, exceeding the EU average by nearly 1.1 pp (EU, 2019). Austria must ensure sustainability of the health and long-term care sector.

Although the Austrian LTC system is under enormous pressure to protect the older people from COVID-19, the evidence suggests that at the start of COVID-19, it was not considered as part of an important area of intervention as masks and security gear were scarce and often missing in care homes and especially in home care. Fortunately, as compared to other countries, cases and deaths in care centers was not high (Schmidt et al., 2020: 2).

At the start of COVID-19 nursing homes were considered to have high transmission rates for infectious diseases for reasons like crowding, sharing facilities, group activities, as well as low preparedness for infection control. *A Critical appraisal of SARS-COVID-19 pandemic in nursing homes in Austria* by Roller-Wirnsberger et al., (2020) revealed that even when special situations arose from the SARS-COVID-19 pandemic, there were still admissions to acute care from nursing homes because of lack of resources to manage clinical deterioration. This was due to a lack of management plan immediately at the beginning of the COVID-19 crisis. Secondly, older people with reduced mental capacity and the intrinsic need to move suffered from the restraints during social distancing in the COVID-19 crisis in Austria. Thirdly, COVID-19 affects the psychological wellbeing of citizens and health and social care staff all over the country. Staff have provided care but reported back that they often felt left behind and not heard. Fourth, SARS-COVID-19 pandemic highlighted the dilemma of splitting social and health care in Austria, and neither was the nursing home setting spared. Fifth, care organisations experience high workloads during the COVID-19 due to individualised service delivery during isolation of clients / residents. Lastly, the authors continue to note that lacking therapeutic interventions from physiotherapists and occupational therapists leads to reduced physical capacities and increases physical instability and hereby increased risk of accident.

Schmidt et al., (2020) argues that the COVID-19 crisis has exposed weaknesses of Austria's long-term care system such as: a) the reliance on low-cost alternative employees from Eastern Europe and/or b) limited number of health and social workers. The system is faced with low wages and long working hours as a symbol of organisational and structural shortcomings in the long-term care system. Other countries in Europe face the same problems with shortage of health workers and migrant workers employed in the 24-hour care system, such as for example Germany. One observation is that there is limited collection of and access to data in the long-term care sector; this affects the ability to understand the impact of COVID-19.

On a good side, the Ministry of Health has COVID-19 emergency guidelines for care facilities: for instance, care homes move residents of care homes where infection entered the facility into other facilities (hospitals, only if necessary) or created isolation wards for COVID-19 patients, where possible. Additionally, the Austrian government has taken some steps to address expected shortages in care provided to people in their own home, either by migrant care workers or by family carers (Schmidt et al., 2020). The government has earmarked EUR 100 million to support the long-term care sector in the following ways:

- 1) a one-off payment of EUR 500 for migrant personal carers who decided to stay in Austria in order to continue caring;
- 2) regional governments provision of care from migrant care workers; and
- 3) subsidies from hardship fund to support personal carers who were in their home country during this period. (Schmidt et al., 2020 [19]).

### 3.4.2. Utilisation of ESF+ and Resilience and Recovery Funds

The ESF (January 2021) has been used to combat social exclusion and poverty in Austria. The older people in marginalised category, some disabled, are helped to integrate into society and work life. According to the projections on this fund, 230,000 people would have been moved out of poverty by 2020. It is however unclear whether that target of the ESF was met with an unplanned pandemic that affected most of the economy and social life since February 2020. In terms of operation, the ESF approach involves working with companies to adapt working practices in order to create job opportunities for those with disabilities or health problems, like helping the older workers participate in normal working life and lead independent lives. According to the Austrian report, in a special way, the older workers and women receive advice and guidance from some 4,900 companies on how to extend careers and help balance work and family responsibilities.

The Age and Employment Network (TAEN) organised a conference on 24 November 2020, the proceedings claim that those over 50 years were at risk of redundancy in the current downturn and were the target group of a number of ESF projects. As a long-term fund, the ability of the ESF projects to tackle innovative responses is critical to answering concerns, such as: what skills will be needed for older people? What are the particular issues for an ageing workforce as technology and career paths change? What can public policy do to anticipate change and help older workers thrive in the future?

June 2021, European Commission gave a positive assessment to Austria's recovery and resilience plan, which will be financed by EUR 3.5 billion in grants. The key measures to reinforce Austria's economic and social resilience have two aspects of benefit to the older people, these are:

- **The Fairer pensions:** to minimise the risk of old age poverty by offering incentives for early entry into working life on one side while giving disincentives to early retirement. In addition, splitting equally pension benefits obtained during parental leave between the two partners as a way to reduce the pension gap between men and women;
- **Lifelong learning:** about EUR 277 million was allocated to reskilling people who become unemployed during the crisis.

## 3.5. Supportive environments

### 3.5.1. Housing

According to Dr. Leichsenring, older people usually wish to stay at home as long as possible.

It can be observed that especially in town (e.g. Vienna) older people live in huge apartments because rent is cheaper than moving to smaller flats, additionally they do not want to move and leave their homes for a new place in another area of town or even new town. A general problem that is also affecting older people is the increasing cost of housing, such as rent. Measures taken by the government include large shares of public subsidised housing that is not only targeting the older people, but for the benefit of all poor citizens in need.

Other sources show that the older people spend a large part of their income on housing, health products and services plus food, but relatively less on recreation, education, clothing, and transport. The report by the ING Economics Department (2019) suggests that: first, the demand for older people care and home support will grow by 3.5 % per year until 2030 for eleven EU states, including Austria. Secondly, the estimate of senior housing demand is growing fast and will reach 5.5 % potential growth per year due to the growth of the population over 75 years. Thirdly, the demand for housing of older people is driven by increase in ageing, increase in income of older people, and the older people spend more on housing and care than young people. The conditions of housing for older people have a relationship with the income level and pension allowance. In the OECD countries, figures below presented by International Labour Organisation (2014:3), the greater the coverage by public pensions the greater the share of public pension in older persons' incomes, the less poverty there is. Austria is among those countries where the share of public transfers in older persons' income is above 80 % which corresponds with a low number of elders in a poverty margin (less than 14 %). (International Labour Organisation, 2014:3).

Due to increased participation of older people, including women in the labour market, the incomes of older people in Austria and France are one of the highest in the EU. This is also marked by a wealthier generation of old people (65-74 years) compared to the older people of 74 plus years (ING, 2019 [22]). Lastly, in the same ING 2019 report, the survey done in Europe, including Austria, shows that only one in three seniors in EU states are receptive to senior housing. Particularly, in Austria only 4 % of people 55 years plus live-in special housing, like residential complexes with centralised support cares or apartments built for older people. The majority of older people live in family houses and regular apartments.

There is no clear information on the impact of COVID-19 on the housing of older people. There is a need for robust studies on the challenges and change in housing policy and housing affordability brought by the coronavirus pandemic.

### 3.5.2. Transportation

Disability of the older people is critical to transport planning and housing for this age group. The older people are more likely to develop impairments which affect mobility as age advances. Fiedler (2007:18[22]) shows that in the EU only 10 % of people 45-54-year-olds suffer from locomotor disabilities as compared to 20 % in the 65-74-year-old and 50 % of persons aged 85 and beyond. Transport for older people to health centres, pharmacies and social care points among other mobility needs like going to a supermarket largely affect older people in rural areas, where transportation systems are not much connected, and most services are often concentrated in large cities. Some of the old people might have limitations in physical capacity.

Austria has a very developed and efficient railway infrastructure. It is ranked among the top European countries regarding the perception of its transport infrastructure and by 2016 had one of the highest shares of renewable energy used in transport of 10.6 % (EU, 2019). Public transport is important to maintain the mobility of older people: It is a comfortable alternative to overcrowded streets and will contribute to maintain independency when age-related constraints make driving difficult in later life

(Fiedler, 2007). Fiedler (2007:58) studied constraints to older persons' mobility of older people, and observes the following barriers, fears and stress of older people regarding public transport:

- Lack of suitable (public) transport prevents them from enjoying activities or meeting friends and relatives. Thus, a good public transport keeps older people active, maintaining their social relations, organising their life independently and participating actively in society;
- The physical accessibility of stations and vehicles is important to older people;
- Older people are concerned about the behaviour of staff and other passengers and safety issues (e.g. fear of falling down inside the vehicle or at leaving it);
- Many old people find it difficult to get the right information, to cope with ticketing machines or unclear network plans. Information should not only be available in different formats but also understandable;
- The convenience of the environment is crucial. Seniors complain of long distances to walk and lack of toilets, shelters, lighting and seating; and
- Many older people would appreciate finding more approachable staff at vehicles and stops. This would help to address many of the issues raised by older people (Fiedler, 2007:58ff).

According to Leichsenring, public transport in rural areas is poorly developed. It is better in cities, but even in cities, not all public transport facilities are old-age-friendly.

However, mobility of the older people is improving steadily through political activities for handicapped people of working age – where old people are also beneficiaries.

### 3.5.3. Financial independence

There is a need for financial consumer protection of older people in the context of COVID-19. According to an evaluation report on financial consumer protection and ageing populations by (OECD, 2020: 11ff); first, older people have a higher risk of developing serious complications that affect their ability to act on financial matters. Second, the development of illness in old age has the potential to significantly deteriorate their mental functioning and physical health status. Third, the COVID-19 stronger confinement measures are directed at older people may affect their day-to-day lives and restricting their independence, including financial independence. These challenges are heightened for those in poor health, living alone or in long-term care, or caring for a family member. Lastly, the older people are affected by the heightened use of digital solutions during COVID-19, for instance, to abide by the need to reduce use of cash due to sanitary precautions, online financial transactions and shopping, mobile applications and contactless payments were promoted during the COVID-19 lockdowns. The OECD report mentions that: "COVID-19 pandemic is also impacting the financial services industry and the way that people interact with financial products and services. Such impacts, which may be particularly relevant to older people, include closures of bank branches, or reduced opening hours or service levels, as a result of COVID-19 lockdowns" (OECD, 2020:11).

However, Dr. Leichsenring emphasised that to a large extent old people are financially independent; especially during COVID-19 where many people lost their jobs, pension payments continued to be paid; thereby giving old people more opportunities to save. According to Leichsenring, the Austrian pension system and social security are better (higher) compared to other European countries like Germany. Leichsenring does not see an increased risk of poverty in old age due to COVID-19.

## 4. RECOMMENDATIONS FOR THE EU-LEVEL

- The EU could support Austria to develop a robust framework for publicly funded agencies (probably at regional level) to monitor and train workers aged 50 years and above for long work life, and support companies to offer a suitable environment for re-integration of older people into employment.
- Given the high dependence of the LTC system on migrant care takers, the EU could suggest to the federal government of Austria to re-structure the LTC provision system with standardised allowances, safety nets for care takers, and offer measures of LTC quality.
- Response to long term effects of the COVID-19 pandemic should be integrated and incorporated more in ageing programmes. The EU might support Austria to provide incentives to companies especially geared towards increasing the employment of the older people and their pension benefits—such interventions need to be revised to meet territorial and rural-urban differentiated needs of the older people in a pandemic restricted environment.
- Companies and organisations which recruit and employ more old people might be disproportionately affected by low productivity, especially among older workers during COVID-19 because of the increased vulnerability of older people to adverse effects of COVID-19 infection. Therefore, the EU could encourage multisector interventions to design specific training for older people regarding the home office and provide required infrastructural changes—such investment could be undertaken by companies through government subsidies in terms of exemptions of taxes and other wage bill subsidies projected beyond the pandemic times.
- Most of the older people live in family houses or regular apartments and are less open to complexes and apartments built with centralised support for older people, the EU could suggest housing policies that promote construction and re-structuring of family houses to meet the needs of active ageing. Thus, subsidies on modification of housing for old age needs must be prioritised.
- The decentralised nature of the long-term care system in Austria creates a fragmented health system. Although the system gives the decentralised unit power and ability to contextualise services, it complicates management and national goals. The EU could support efforts by Austria to reinforce coordination and cooperation between the key three stakeholders; the federal government, nine regional governments and the social insurance funds, especially focusing on increasing the institutional capacity for governance and monitoring the structure of provision, process of care and outcomes of the health care system.
- The COVID-19 pandemic is also impacting the financial independence of older people, especially the services industry and the way people interact with financial products and services. For instance in the particular case of older people, the COVID-19 lockdowns led to closures of bank branches reduced opening hours and cut down of some physical services.. Therefore, the EU could offer support to the Austrian government to adopt digital awareness and training for older people for them not to risk or lose their financial independence.
- COVID-19 has exposed the loopholes in the pension and labour systems, all over Europe, care givers do not get adequate pay or coverage for working conditions and safety nets. Therefore, the EU could suggest a comprehensive labour market package needed to tackle employment needs in care homes, for example in terms of employment subsidies.

## REFERENCES

- Austria, 2018, *Key policies to promote longer worker lives*. Publication for OECD, Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (2019). The Austrian Health Care System, Key facts. BMASGK. Available at: [https://www.sozialministerium.at/dam/jcr:6102a229-7b92-44fd-af1f-3aa691900296/BMASGK\\_The-Austrian\\_Health-Care-System\\_KeyFacts\\_WEB.PDF](https://www.sozialministerium.at/dam/jcr:6102a229-7b92-44fd-af1f-3aa691900296/BMASGK_The-Austrian_Health-Care-System_KeyFacts_WEB.PDF).
- Boudiny K., 2013, 'Active ageing': from empty rhetoric to effective policy tool. Publication in *Ageing and society*, 33(6), 1077–1098. Available at: <https://doi.org/10.1017/S0144686X1200030X>.
- Cylus J. et al., 2019, *The economics of healthy and active ageing series. Sustainable health financing with an ageing population: implications of different revenue raising mechanisms and policy options*. Publication for the European Observatory on Health Systems and Policies and the WHO Centre for Health Development. Available at: [https://www.euro.who.int/data/assets/pdf\\_file/0006/384054/PolicyBrief\\_will-ageing-spell-the-end-of-welfare-state.pdf](https://www.euro.who.int/data/assets/pdf_file/0006/384054/PolicyBrief_will-ageing-spell-the-end-of-welfare-state.pdf).
- De Carvalho, I. A., et al., 2017, *Organising health-care services to meet older people's needs*. Publication in the *Bulletin of the World Health Organisation*; Type: Policy & practice Article ID: BLT.16.187617.
- Eskesen, L. L., 2002, *Population ageing and long-term fiscal sustainability in Austria*. IMF working paper. Available at: <https://www.imf.org/en/Publications/WP/Issues/2016/12/30/Population-Aging-and-Long-Term-Fiscal-Sustainability-in-Austria-16209>.
- EU, 2019, *Ageing Europe: looking at the lives of older people in the EU*. Publication by the Publications Office of the European Union. Available at: <https://ec.europa.eu/eurostat/documents/3217494/11478057/KS-02-20-655-EN-N.pdf>.
- European Commission, 2019, *Mobility and Transport: Transport in the European Union Current Trends and Issues*. Publication by the European Commission, Directorate-General Mobility and Transport, B-1049 Brussels. Available at: <https://ec.europa.eu/transport/sites/default/files/2019-transport-in-the-eu-current-trends-and-issues.pdf>.
- Fiedler, M., 2007, *Older people and public transport. Challenges and changes of an ageing society. Final report*. Available at: [https://socialprotection-humanrights.org/wp-content/uploads/2015/07/social\\_protection\\_in\\_austria.pdf](https://socialprotection-humanrights.org/wp-content/uploads/2015/07/social_protection_in_austria.pdf).
- Heidinger, T., Richter, L., 2020, *The effect of COVID-19 on loneliness in the elderly. An empirical comparison of pre-and peri-pandemic loneliness in community-dwelling elderly*. Publication in *Frontiers in Psychology*, 11, 2595. Available at: [https://www.frontiersin.org/articles/10.3389/fpsyg.2020.585308/full?utm\\_source=Email\\_to\\_authors&utm\\_medium=Email&utm\\_content=T1\\_11.5e1\\_author&utm\\_campaign=Email\\_publication&field=&journalName=Frontiers in Psychology&id=585308](https://www.frontiersin.org/articles/10.3389/fpsyg.2020.585308/full?utm_source=Email_to_authors&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field=&journalName=Frontiers%20in%20Psychology&id=585308).
- ING, 2019, *Elderly care and housing demand in the EU Golden opportunities, but mind the cultural gap*. Publication by the ING Economic Department. Available at: [https://think.ing.com/uploads/reports/ING\\_-\\_Elderly\\_care\\_and\\_housing\\_demand\\_in\\_the\\_EU\\_-\\_May\\_2019\\_1.pdf](https://think.ing.com/uploads/reports/ING_-_Elderly_care_and_housing_demand_in_the_EU_-_May_2019_1.pdf).

- International Labour Organisation, 2014, *Social protection for older persons: key policy trends and statistics*. Publication in Social protection policy paper. No. 11, ISSN: 1020-9581; 1020-959X. Available at: [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_310211.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_310211.pdf).
- Keuschnigg, C., Keuschnigg, M., 2004, *Ageing, labour markets and pension reform in Austria*. Publication in Public Finance Analysis, 60(3), pp. 359-392. Available at: <https://www.jstor.org/stable/40913047>.
- Mairhuber, I. et al., 2015, *Understanding employment participation of older workers: Creating a knowledge base for future labour market challenges. Research Report*. Publication for the Federal Ministry of Labour and Social Affairs (BMAS) and Federal Institute for Occupational Safety and Health (BAuA). Available at: [https://www.researchgate.net/publication/285523205\\_Understanding\\_employment\\_participation\\_of\\_older\\_workers\\_UEP](https://www.researchgate.net/publication/285523205_Understanding_employment_participation_of_older_workers_UEP).
- Mayrhuber, C., et al., 2020, *Analysen zur sozialen Lage in Österreich. Bestandsaufnahme und Ausblick in der COVID-19-Pandemie. WIFO Studies*. Available at: [https://www.wifo.ac.at/jart/prj3/wifo/resources/person\\_dokument/person\\_dokument.jart?publikationsid=66737&mime\\_type=application/pdf](https://www.wifo.ac.at/jart/prj3/wifo/resources/person_dokument/person_dokument.jart?publikationsid=66737&mime_type=application/pdf).
- OECD, 2017, *State of Health in the EU, Austria, Country Health Profile 2017*. Available at: [https://ec.europa.eu/health/sites/health/files/state/docs/chp\\_at\\_english.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/chp_at_english.pdf).
- OECD, 2019, *State of Health in the EU, Austria, Country Health Profile 2017*. Available at: <https://www.oecd-ilibrary.org/docserver/fe6121d2-en.pdf>.
- Plasser, F., Sommer, F., 2018, *Wahlen im Schatten der Flüchtlingskrise: Parteien, Wähler und Koalitionen im Umbruch*. Published in Facultas. In English SGI (2020:20). Available at: [https://www.sgi-network.org/docs/2020/country/SGI2020\\_Austria.pdf](https://www.sgi-network.org/docs/2020/country/SGI2020_Austria.pdf).
- Roller-Wirnsberger, R., et al., 2020, *Nursing home care in Austria during SARS-COVID19 pandemia 2020*. Publication in Jour Nursing Home Res 2020;6:50-52. Available at: <https://www.jnursinghomeresearch.com/2310-nursing-home-care-in-austria-during-sars-COVID-19-pandemia-2020.html>.
- Rudawska, I., 2010, Active ageing and its impact on labour market. *Economics & Sociology*, 3(1), 9. Available at: [https://economics-sociology.eu/files/E&S\\_3\\_1\\_guest.pdf](https://economics-sociology.eu/files/E&S_3_1_guest.pdf).
- Schmidt, A. E., et al., 2020, *The impact of COVID-19 on users and providers of Long-Term Care services in Austria*. Publication for the European Centre for Social Welfare Policy and Research. Available at: <https://www.euro.centre.org/publications/detail/3737>.
- Sidorenko, A., 2015, *Adjusting to population ageing: evidence for policy action*. Publication in Population Horizons, 12(2), pp. 50-61.
- Statistic Austria, 2020, *Population forecast for Austria 2019-2100*. Available at: [https://www.statistik.at/web\\_en/statistics/PeopleSociety/population/demographic\\_forecasts/population\\_forecasts/index.html](https://www.statistik.at/web_en/statistics/PeopleSociety/population/demographic_forecasts/population_forecasts/index.html).
- Victor, C. R., et al., 2005, *The prevalence of and risk factors for, loneliness in later life: a survey of older people in Great Britain*. Publication in Ageing and Society, 25(6), pp. 357-375. Available at: <https://discovery.ucl.ac.uk/id/eprint/1639/1/cambridgeUP.pdf>.

- Winkler, E., Spreitzer, H., 2016, *Ensuring a society for all ages: Promoting quality of life and active ageing National Report Austria. 3<sup>rd</sup> review and appraisal of the implementation of the Madrid International Plan of Action on Ageing 2002. (2012 – 2016)*. Publication for the Federal Ministry of Labour, Social Affairs and Consumer Protection 1010 Vienna, Stubenring. Available at: [https://unece.org/DAM/pau/age/country\\_rpts/2017/AUT\\_report.pdf](https://unece.org/DAM/pau/age/country_rpts/2017/AUT_report.pdf).
- World Health Organisation, 2002, *Active ageing: a policy framework*. Available at: <https://apps.who.int/iris/handle/10665/67215>.



## ANNEX 1: FOUR POLICY GOALS OF THE 2012 VIENNA MINISTERIAL DECLARATION, MECHANISMS IN THE NATIONAL POLICY AND INITIATIVES UNDERTAKEN

Goals	Actions (mechanisms in national policy framework to improve access)	A highlight of selected activities/measures/events
1.1 Longer working life is encouraged and ability to work (work environment)	<p>(a) Promoting and supporting healthy lifestyles and wellbeing in work</p> <p>(b) Achieving higher employment rates of older men and women through appropriate incentives</p> <p>(c) Developing evidence-based labour market policies</p> <p>(d) Making the transition to retirement more flexible and providing incentives for staying longer in the workforce</p> <p>(e) Carrying out pension reforms to adapt to demographic changes</p> <p>(f) Promoting the role of older workers as transmitters of knowledge and experience</p> <p>(g) Combating ageism</p> <p>(h) Promoting easy access of young and older persons to information and education</p> <p>(i) Improving the collection and sharing of data, statistics and qualitative information</p> <p>(j) Taking into account the diverse needs of a growing number of older persons among ethnic minorities and migrants</p>	<p>1 Jan. 2011 passed a Labour and Health Act (Arbeit- und- Gesundheits-Gesetz /AGG). It established a legal and financial framework for <b>fit2work</b><sup>22</sup> and case management. The Federal Ministry of Labour, Social Affairs and Consumer protection (BMASK) is directly in-charge</p> <p>Gradually establishing counselling services and awareness raising—the focus is on measures of secondary prevention of occupational diseases</p> <p>BMASK and social partners—discuss and proposal incentive systems (measures) to raise the actual retirement age, such as: labour market policy to promote longer working lives, health-promoting, introduction of "senior pools"</p>
1.2 Participation, non-discrimination and social inclusion of older persons are promoted (participation)	<p>(a) Reducing material deprivation, poverty and social exclusion</p> <p>(b) Taking measures to combat discrimination</p> <p>(c) Empowering people to realise their potential for physical, mental and social well-being throughout the life course</p> <p>(d) Ensuring lifelong access to various forms of high-quality education and training</p> <p>(e) Facilitating participation of older persons, particularly women, in political, economic, cultural and social life</p> <p>(f) Facilitating participation of older persons, particularly women, in decision-making</p>	<p>BMASK working towards "Safe Internet for Senior Citizens" and the guide for trainers of internet courses for the older people</p> <p>Projects for "Living Space"</p> <p>Federal Plan for the Older people is active within the BMASK presented 05/2012. See: <a href="https://ec.europa.eu/social/main.jsp?langId=en&amp;catId=89&amp;newsId=1337&amp;furtherNews=yes">https://ec.europa.eu/social/main.jsp?langId=en&amp;catId=89&amp;newsId=1337&amp;furtherNews=yes</a>.</p>

<sup>22</sup> The main objective of fit2work is to maintain and sustainably improve the capacity for work and employability of employees as well as to pre-vent early retirement for health reasons. This goal is to be achieved by early intervention through suitable measures. Available at: <https://fit2work.at/>.

	<p><i>processes at all levels</i></p>	<p>Promoting "Older people friendly municipality 2012 through a cooperation between Volkshilfe Österreich, Pensionistenverband and BMASK</p> <p>Removing barriers for older people to use digital information and communication, the Senior Citizens' council promotes barrier-free, older people-friendly and interactive platform by and for older persons</p> <p>Volunteering—it is sensible to consider greater participation of senior citizens in voluntary work and taking on social tasks and responsibility- In this light, research is conducted to model for planning and evaluating voluntary projects for older persons as a form of informal learning. See: <a href="http://www.rotekreuz.at/wien/forschung/sinstitut-des-roten-kreuzes">www.rotekreuz.at/wien/forschung/sinstitut-des-roten-kreuzes</a>.</p> <p>Continuing training for trainers active in adult education for the older people.</p>
<p>1.3. Dignity, health and independence in older age are promoted and safeguarded (health and dignified ageing)</p>	<p><i>(a) Safeguarding the dignity of older persons, particularly those with disabilities</i></p> <p><i>(b) Strengthening measures of health promotion, care and protection</i></p> <p><i>(c) Giving special attention to preventive measures, early diagnosis and to the treatment, care and social protection of persons with Alzheimer's disease and other dementias</i></p> <p><i>(d) Respecting self-determination and dignity as core values through the end of life</i></p> <p><i>(e) Ensuring older persons, the highest possible level of health in cases of disasters</i></p> <p><i>(f) Facilitating access to age-appropriate, affordable and effective high-quality goods and services</i></p> <p><i>(g) Developing innovative methods and technologies for reliable, affordable and safe support and care of older persons at home</i></p> <p><i>(h) Ensuring 'Ageing in place'</i></p> <p><i>(i) Promoting architectural alterations and</i></p>	<p>National Quality Certificate (NQC) for homes for the older people and nursing homes in Austria</p> <p>Research projects on life satisfaction, estimating the development of the expenditure on the long-term care system. See: <a href="http://www.wu.ac.at/altersoekonomie">www.wu.ac.at/altersoekonomie</a>.</p> <p>Care for persons suffering from dementia and dissemination of recommendations for action</p> <p><i>European Partnership for the Well-being and Dignity of Older People</i> see: <a href="https://www.age-platform.eu/project/wedo-wellbeing-and-dignity-older-people">https://www.age-platform.eu/project/wedo-wellbeing-and-dignity-older-people</a>.</p>

	<p><i>innovative housing design</i></p> <p><i>(j) Supporting self-help arrangements of older persons</i></p> <p><b>Others:</b></p> <p><i>(k) Ensuring a continuum of affordable, high-quality care</i></p> <p><i>(l) Recognising and improving the situation of informal and formal carers</i></p> <p><i>(m) Recognising and supporting family carers, mostly women</i></p>	<p>"Care and Family Audit" (Audit "Pflege und Familie") to facilitate the work-family balance for the health and care professions. See: <a href="http://www.familieundberuf.at">www.familieundberuf.at</a>.</p> <p>Volunteers in the hospice and palliative care sector, and Hospice and palliative care in homes for the older people and nursing homes. This is fostering a new hospice culture and as a measure to prevent burnout. See: <a href="http://www.hospiz.at">www.hospiz.at</a>.</p>
<p>1.4. Intergenerational solidarity is maintained and enhanced (intergenerational relations)</p>	<p><i>(a) Promoting and strengthening multigenerational dialogue</i></p> <p><i>(b) Improving cooperation between youth organisations and older persons</i></p> <p><i>(c) Recognising the value of and fostering the joint volunteering of people of all ages.</i></p> <p><i>(d) Designing and implementing education campaigns for the general public</i></p> <p><i>(e) Considering that solidarity between generations also means adequate and sustainable social protection of older persons</i></p> <p><i>(f) Developing and implementing socially responsible, financially sound and sustainable strategies</i></p>	<p>Dialogue of generations at work</p> <p>Project partnership with Austria's largest youth campaign in the social sector, in which young people organise themselves to work for charities and charitable purposes. See: <a href="http://www.72h.at/">www.72h.at/</a>.</p> <p>Organising events in the context of "Solidarity between Generations"</p>

Source: Winkler and Spreitzer 2016, modified by the author.

---

The study provides an overview of the most recent developments with regards to ageing policies and access to services by older people in Austria. It focuses on six areas: active ageing, economic participation, social participation, health care, long-term care, and supportive environments. The study includes examples of best practices regarding access to services and assesses the impact of COVID-19 pandemic on the well-being of older people.

This document was provided by the Policy Department for Economic, Scientific and Quality of Life Policies at the request of the committee on Employment and Social Affairs (EMPL).

---

---

PE 662.940  
IP/A/EMPL/2021-09

Print ISBN 978-92-846-8571-4 | doi:10.2861/593824 | QA-09-21-407-EN-C  
PDF ISBN 978-92-846-8570-7 | doi:10.2861/969568 | QA-09-21-407-EN-N