

 Federal Ministry  
Republic of Austria  
Social Affairs, Health, Care  
and Consumer Protection

# National Report Austria

Fourth review and appraisal of the implementation of the  
Madrid International Plan of Action on Ageing 2002 and the  
Regional Implementation Strategy (MIPAA / RIS)  
2018 – 2022



# **National Report**

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2018 – 2022

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# Part I

## Executive summary

Austria's strategy for safeguarding and improving the quality of life of older persons is based on an integrated approach with a long-term perspective. In the period under review, i. e. from 2018 to 2022, pre-existing initiatives and projects have been continued and expanded and new measures and toolkits have been introduced and implemented. For preparing this National Report, the various activities were compiled in the course of a consultation process involving the relevant stakeholders (see section "Method" below).

Austria's ageing policies are lined out in the Federal Plan for Senior Citizens "Ageing and the Future" ("*Altern und Zukunft*"), which was prepared in cooperation with the Federal Senior Citizens Advisory Board (*Bundesseniorenbeirat*) and has been in force since 2012. One of the key elements of the plan is to involve older persons in developing the policies that apply to them. Fourteen areas of action were identified in the Federal Plan for Senior Citizens, including participation, social security and health, education, nursing and care, discrimination and violence, housing, intergenerational relations and infrastructure. Significant progress was made in all of these areas to enhance the quality of life of older persons in the period under review.

As regards healthy and active ageing, important milestones were achieved specifically in fostering the link between the social and health dimensions of ageing. In 2016, for instance, the "Healthy and Active Ageing Dialogue" (*Dialog Gesundes Aktives Altern*) was initiated to promote an autonomous and healthy life among the older population, to increase the proportion of life spent in good health and to tap the social potential of older persons while fostering a positive image of ageing.

Headway has also been made in securing financial resources for older persons. The development of the pension system was periodically reviewed by the Commission for Long-Term Old-Age Pension System Funding (*Kommission zur langfristigen Finanzierung der Alterssicherungssysteme* or *Alterssicherungskommission*), which was set up in 2017 and comprises members from pensioners' organisations.

The care sector underwent major improvements in the period under review: an annual adjustment mechanism adopted for the means-tested care allowance scheme, which was introduced in 1993. Additionally, recourse to the assets of persons in residential care was abolished and various initiatives and benefits were introduced, including financial support for the cost of substitute care, full-time care leave benefits, funding for 24-hour care and non-contributory health and pension insurance coverage for family carers. Furthermore, a great number of services were expanded within the scope of Austria's national dementia strategy "Living well with dementia" (*Gut leben mit Demenz*). In the period under review, Austria put in place a framework to systematically promote the participation, integration and reintegration of older workers and adopted innovative approaches in prevention, awareness-raising and care.

With the Second Protection of Adults Act (*2. Erwachsenenschutzgesetz*) entering into force in 2018, the rights of older persons represented by guardian were substantially strengthened in Austria in the period under review, specifically with regard to living a self-determined and

independent life.

During the COVID-19 pandemic, it has become even more evident that loneliness in later life is a growing problem and that maintaining social ties and participating in social life are key for a high quality of life, overall satisfaction and well-being and mental and physical health. The Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection has therefore taken a number of measures to promote easily accessible offers and services in the fields of education/training and digital media, foster local community assistance, strengthen care networks and support community projects and enhance social cohesion and active social participation.

An ongoing study, commissioned by the Federal Ministry for Social Affairs, Health, Care and Consumer Protection, is examining the situation of older persons in relation to the impacts of the measures introduced to contain the spread of COVID-19. The aim here is to learn more about loneliness and quality of life among older persons during times of crisis and to arrive at a more age-sensitive perspective, to be applied in managing future crises.

However, feeling isolated and lonely has been a widespread phenomenon among older persons not only during the pandemic. Additional measures will therefore be implemented to strengthen social cohesion, promote networking and dialogue, ensure social participation and encourage and support volunteering activities. Targeted action will be taken to ensure a quality of life in good physical and psychological health and prevent loneliness and social isolation.

One of the major challenges of the future in the care sector is the adjustment and expansion of care services necessary to meet the needs of a growing number of persons in need of care in an ageing society. A working group referred to as “Long-term Care Task Force” (*Taskforce Pflege*) was established in 2020 to draft a concise strategic plan for adjusting and expanding the care system. The key requirements are: providing reliable care services and safeguarding a sustainable care system, reducing isolation and loneliness, expressing appreciation and respect for carers, providing relief for family carers and care in cases of dementia, institutionalising proactive planning and reconciling employment and care for working carers.

In the coming years, efforts to fight loneliness among older persons, adequately protect them from discrimination, to combat ageism, create a more positive image of ageing and prevent violence will prominently feature on Austria’s political agenda of ageing issues. Topics such as creating an age-friendly socio-spatial environment, fostering self-determination and dignity of older persons, especially towards the end of their lives, and providing digital training to older persons will be key issues in Austria’s ageing policies.

# General information

## 1. National ageing situation

### 1.1. Demographic development

Austria's population increased by 11.3% from 2000 to 2020. Average life expectancy rose from 81.1 to 83.7 years for women and from 75.1 to 78.9 years for men in that period.

Similarly to other countries, the population's age structure shifts to one that is dominated by people of older age. In 2010, 67.5% of the population were people of working age between 15 and 65 years and 17.7% were 65 or over. In 2020, 66.5% of the population were people of working age and 19.1% were aged 65+.

Among the older population, an ever increasing share reach a very advanced age (80+): the share of very old persons was 3.5% in 2000, rose to 4.8% in 2010 and stood at 5.5% in 2020.

This is mainly due to continually increasing life expectancy, high birth rates in the 1940s and 1960s and decreasing birth rates in the recent past. The strongest increase in older persons can be seen in areas affected by outmigration as young people leave while older persons normally stay.

### 1.2. Social and economic indicators

Austria has a long tradition as a welfare state. Some 29.3% of GDP was spent on social benefits and healthcare services by way of public redistribution in 2019. In 2020, the COVID-19 pandemic caused this figure to climb to 34.4% (according to preliminary calculations). In 2000, social and healthcare spending accounted for 27.9% of GDP (source: Statistics Austria, ESSPROS).

The number of persons aged 50+ rose continuously between 2000 and 2020, with many of them working to a later age. The number of persons in and out of work increased, as did the number of those retired. An increasing number of workers was unemployed in the time before retirement and the unemployment rate was on the rise in general. From 2010 to 2020, the share of unemployed women aged 55 to 59 rose from 7% to 11.5%, that of men aged 60 to 64 rose from 12.1% to 16.1%.

Austria's scheme for providing financial security in old-age is based first and foremost on the public pension system. The share of pensions paid from the state system amounts to 85%. There are 3.7 million employees in Austria and 1.9 million retirees. Currently, the statutory retirement age is 65 years for men and 60 years for women (until 2023; thereafter, it will be gradually increased to attain 65 years by 2033). For direct pensions, i.e. old-age pensions and invalidity pensions, the average retirement age was 57.7 years (men: 58.5 years, women: 56.8 years) in 2000. This figure gradually rose and reached 60.5 years in 2020 (men: 61.6 years, women: 59.5 years).

Age-related income mostly depends on people's status under social law and differs among men and women. Women's income is significantly lower than that of men. The median annual gross income of older persons is approximately twice that of the younger generation (Table 33, 2020 General Income Report of the Austrian Court of Audit).

Average direct pensions were at EUR 1,368 (women EUR 1,080; men EUR 1,720) in Austria in

December 2020. To avoid poverty in old age, payments referred to as equalisation supplements (*Ausgleichszulagen*) are paid out to those whose pension is below a certain level. In 2021, this reference level was EUR 1,000 for single persons and EUR 1,578 for married couples and registered partnerships.

According to EU-SILC data, the rate of older persons (65+) at risk of poverty in Austria was 15% higher in 2010 and hence above the at-risk-of-poverty rate (12%) among the general population. In 2020, the at-risk-of-poverty rate among older persons was 14% corresponding to the at-risk-of-poverty rate among the general population, which was also 14 %. In total, 10% of men aged 65+ and 17% of women aged 65+ were at risk of poverty (women in total: 14%, men in total 12%).

In 2020, 25% of single women receiving pension benefits were at risk of poverty in 2020 (men: 19%).

For more detailed information and other indicators, please refer to the Annex.

## **2. Method**

### **2.1. Quantitative information / studies**

This report is based on a number of studies, reports and sets of indicators, including the following:

- Studies on the situation of older persons commissioned by the BMSGPK:
  - The social impact of COVID-19; analysis of the social situation; social security system; labour market; older persons; care; children (Institute for Advanced Studies, IHS)
  - Active and healthy ageing in Austria (Austrian National Public Health Institute, GÖG)
  - Women (60+) in Austria. Facts, issues, research gaps: fundamentals for empowerment. (Gertrud Simon)
  - Active ageing: empowerment by education. (Solveig Haring)
  - Participation in old age: theory and practice (Anton Amann)
- Austrian interdisciplinary study on persons in the oldest age categories
- Statistics Austria; European system of integrated social protection statistics (ESSPROS)
- Report of the Austrian Court of Audit: 2020 General Income Report

### **2.2. Qualitative information / bottom-up participatory approach and involvement of stakeholders**

A participatory consultation process was initiated by the Ageing and Volunteering Policies Department at the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection in February 2021. The Department submitted to all relevant stakeholders information on the MIPAA/RIS, related documents and a questionnaire prepared by the Social Ministry on the topics of the report, drafted in line with the guidelines for national reports by the Standing Working Group on Ageing (SWGA). The stakeholders were requested to submit their statements.

The request was sent to ministries, all the senior citizen representatives of the Austrian *Laender*,

the Austrian Association of Cities and Towns (*Städtebund*) and the Austrian Association of Municipalities (*Gemeindebund*), the social partners (i.e. employer and employee organisations), the Austrian Ombudsman Board (*Volkanwaltschaft*), the Ombud for Equal Treatment (*Gleichbehandlungsanwaltschaft*), stakeholders in science and research, major welfare organisations and various units and departments within the Federal Ministry of Social Affairs, Health, Care and Consumer Protection. In addition, the Austrian Senior Citizens Council (*Österreichischer Seniorenrat*) - in its capacity as the organisation representing all senior citizens in Austria and as an umbrella organisation of all major senior citizen and pensioner organisations and as a non-partisan forum for open-ended debate - was requested to coordinate and collect the statements of all Austrian senior citizen organisations.

All stakeholders which submitted reports are listed in the Annex.

# Part II: 20 Years of MIPAA/RIS

## Main actions and progress in implementation of MIPAA/RIS and the 2017 Lisbon Ministerial Declaration goals

### 1. Recognising the potential of older persons

#### 1.1. Measures to empower individuals to realise their potential throughout their lives

The Austrian federal government believes that policies in this area must focus above all on creating the conditions for older persons to be able to enjoy social protection, lead active lives and maintain their autonomy. The traditional role of older persons being the recipients of state welfare is no longer applicable, and Austria's approach today is to involve senior citizens in developing and implementing the policies that are relevant for them. For the purpose of working together in policy-making, a Federal Senior Citizens Advisory Board (*Bundesseniorenbeirat*) was set up at the Federal Ministry for Social Affairs, Health, Care and Consumer Protection (*BMSGPK*). The aim of the Federal Senior Citizens Advisory Board is to provide a platform for institutionalised and effective dialogue between policy-makers and senior citizen organisations' representatives on age-related issues of general significance for Austria, the integration of older persons as well as intergenerational relations. Senior citizens advisory boards have been established not only at federal level, but also in all of Austria's *Laender* and in many municipalities.

As a member of the Senior Citizens Curia (*Seniorenkurie*) of the Federal Senior Citizens Advisory Board, the Austrian Senior Citizens Council (*Österreichischer Seniorenrat*) comments on all relevant pieces of legislation governing issues related to senior citizens. The Austrian Senior Citizens Council is also involved in the negotiations with the Austrian government on annual pension adjustments.

Developed in cooperation with the Federal Senior Citizens Advisory Board, the Federal Plan for Senior Citizens "Ageing and the Future" outlines the key elements for the participation of older persons. The plan defines objectives and provides recommendations in 14 areas of action including participation, social security and health, education, nursing and care, discrimination and violence, housing, intergenerational relations and infrastructure. The BMSGPK provides support in implementing the plan's objectives by taking a number of measures in the following fields: empirical research, project funding, continued training, communication and networking with stakeholders, quality assurance, raising awareness and public relations focusing on individual topics and target groups. In the period under review, action was taken specifically in the following areas: social participation, autonomy and self-determination in old age, empowerment of socially disadvantaged older persons, images of older persons, discrimination and ageism, lifelong

learning and education and training for older persons, active and healthy age and ageing, participation by volunteering and digital literacy among older persons.

Special note should be made of the lifelong learning initiatives taken by the BMSGPK in the period under review. A broad range of empowerment projects for socially disadvantaged persons were carried out to promote social participation and enhance the quality of life of older persons. Educational films were produced on behalf of the BMSGPK to foster the social integration of older persons. Guided by the principle of “achieving increased well-being in old age through education”, the BMSGPK facilitated the dialogue between practitioners and academics. Studies analysing good practice examples in the field of training of senior citizens (*Good Practice in der SeniorInnenbildung*) and examining the special requirements of older persons in adult education (*Ältere als Zielgruppe der Erwachsenenbildung*) gave important impetus to quality assurance and the development of lifelong learning activities. Efforts were also taken to promote educational counselling and provide easily accessible education and training offers to retired persons near their places of residence. Moreover, the BMSGPK hosted a series of events on education and training of older persons in the period under review.

An important prerequisite for enabling older persons to participate in all areas of social activity is to improve their digital skills. Austria has taken a broad range of initiatives in this field. In the age of digitisation, digital literacy has become a basic requirement and comprises a wide range of skills beyond the mere use of computers and tablets. Digital literacy also embraces knowledge of secure browsing and communicating, awareness of the risks and ways of protection against potential harm, critically questioning the information offered, etc. In this context, the BMSGPK developed quality criteria for teaching and learning using digital media tailored to the needs of older persons, communicated and shared good practice examples and prepared information and brochures on current digital issues that can be used both for self-study and as training material, for webinars and workshops. A comprehensive set of working materials for tablet and smartphone training programmes for beginners and advanced users commissioned by the BMSGPK was prepared and made available to trainers and participants free of charge.

From 2015 to 2021, online workshops were offered for organisations, associations and projects that support volunteering initiatives and adult education for people after they have retired. In addition, recommendations for the safe and secure use of digital media were developed (including topics such as internet access, online shopping, apps, searching and finding information, information available on the internet), always keeping in mind the special needs of the target audience. In an effort to establish quality assurance for the IT training programmes offered, the BMSGPK promoted the professionalisation of trainers working in adult education by setting up a programme referred to as “Digital fitness” (*Digital Fit*), in this way addressing the two areas of digital literacy and education at an advanced age.

The Federal Ministry of Education, Science and Research (*BMBWF*) also launched an adult training initiative to enable social participation of all citizens regardless of their social and educational background. Among the participants of the training courses organised under the initiative, there were approximately 3,000 individuals aged 60+. In addition to that, the *BMBWF* set up an easily accessible counselling network offering tailored free-of-charge guidance on available training offerings independent of a specific provider. Since its launch in 2015, this network has been

gradually enlarged to cover all of Austria. Although a number of specific measures were taken to promote the counselling network, older persons have not made widespread use of it so far.

Another approach to promote the potential of individuals is volunteering work, which is a widespread phenomenon in Austria. Voluntary activity has been proven to contribute to social participation, increase general well-being, enhance the quality of life and promote health. In Austria, volunteering is most widespread (57%) among people in the age cohort of 60 to 69. Volunteer engagement allows older people to participate actively in society and strengthens social cohesion. It also constitutes a precious resource. Accordingly, the *BMSGPK* has launched a number of volunteering initiatives. Good practice examples, some of which focus specifically on intergenerational dialogue, include a psycho-social project entitled “Grandma/Grandpa” (*Oma/Opa*) under which learning support is extended to socially and educationally disadvantaged children and youths; an initiative focusing on learning processes in voluntary work (*Bildungswerkstatt: Lernort Freiwilligenmanagement*); and several (model) projects for encouraging intergenerational dialogue (*Alt & Jung & Mittendrin, Vita activa*).

However, there are other factors apart from volunteering that are crucial for older persons: mobility is key to active ageing and active participation in all spheres of society. For this reason, Austria has put the following topics on its political agenda: making public transport, community facilities and spaces accessible to all, ensuring local supply to meet daily needs and providing information to those affected by barriers to accessibility as well as involving them in decision-making and planning. Against this backdrop, the *BMSGPK* launched a project to establish a system of “mobility scouts”, including those affected in discussions and planning. In the course of preparatory training, information on relevant topics such as accessibility and age-friendly design is given to older persons wishing to volunteer as mobility scouts, providing them with the knowledge required to contribute to shaping their environments.

What is more, mobility is directly connected with the use of public transport. Local busses or trains enhance the autonomy and mobility of older persons. In this respect, action has been taken throughout the Austrian *Laender*, by implementing measures such as concessionary fares for older persons. Vienna has also taken a number of measures to enhance and maintain the accessibility of local public transport facilities. At present, all of Vienna’s 109 underground stations and more than 95% of tram and bus stops are built to barrier-free standards.

Providing appropriate living environments for older persons also includes housing and accommodation. Most older people want to live in their own home for as long as possible. Maintaining autonomy and independence in one’s home is considered a major factor for well-being. Services provided at or near people’s homes and services catering for daily needs are becoming more important with increasing age. Many of the services in this area are currently being provided by volunteers. In Austria, responsibility for housing rests with either municipal authorities or *Laender* or federal authorities. Housing subsidies are dealt with at *Laender* level, i.e. the Austrian *Laender* are primarily responsible for legislation and enforcement in the following areas: subsidies for housing and refurbishment, building law and land development and planning (aided and partly implemented by the municipalities).

Vorarlberg, for example, has taken a broad range of initiatives to provide age-friendly environments and make homes and assisted living facilities accessible for older persons. Additionally, a large number of homes were provided with ambient assisted living systems. In Tyrol, intergenerational housing schemes have been set up in many places to bring together the older and the younger generations: the “*Wohnen für Hilfe*” project, for instance, promotes shared accommodation, mutual assistance and intergenerational dialogue.

In light of implementation efforts aimed at ensuring a society for all ages, policy-makers have come to agree over the past few years that social and health matters cannot be addressed separately, but only as interacting and complementary fields, both of which are crucial in shaping positive images of ageing among the general public. For this reason, the *BMSGPK*, the Austrian Health Promotion Fund (*Fonds Gesundes Österreich, FGÖ*) and the Umbrella Association of Austrian Social Security Institutions (*Dachverband der Sozialversicherungsträger*) and other organisations have developed recommendations for shaping a positive image of age and ageing under an initiative referred to as “Healthy and Active Ageing Dialogue” (*Dialog Gesundes Aktives Altern*). The purpose of this dialogue is to bring stakeholders together to take action in several fields, including implementing good practice models for social participation of older persons. Building on the work carried out by the Healthy and Active Ageing Dialogue, the Austrian Health Promotion Fund coordinates efforts with the *BMSGPK* under the heading of “Health for Generations” (*Gesundheit für Generationen*), with a special focus on creating positive images of age and ageing. The Austrian Health Promotion Fund specifically addresses the topics of “Participative generation-friendly communities” and “Caring communities”. In 2012, the organisation also launched the “For a Healthy Neighbourhood” (*Auf Gesunde Nachbarschaft*) campaign, which aims at fostering social participation and social cohesion at community level, while increasing people’s health.

In 2021, the *BMSGPK* introduced a new focus on health promoting measures. Together with the Austrian National Public Health Institute (*Gesundheit Österreich GmbH, GÖG*), the ministry launched a number of projects and measures under the heading of “Promoting Health 21+” (*Gesundheitsförderung 21+*), among them a call for medical primary care institutions to apply for funding for social prescribing schemes, an approach seeking to take into account people’s social and psychological needs as well as their social health in an inclusive manner and to provide access to health promoting offers also for disadvantaged groups of the population.

As regular exercise has been found to improve both health and quality of life of older persons, the Sports and Health Ministries adopted the National Action Plan on Physical Activity (*Nationaler Aktionsplan Bewegung*) under the health-in-all-policies approach back in 2013. The Action Plan defines objectives and measures for promoting regular physical activity among older persons. Supported by government funds, the Austrian sports umbrella organisations ASKÖ, ASVÖ and SPORTUNION have been offering specialised training for trainers/instructors for working with older persons. As a meeting point, sports clubs and associations are well suited to provide an environment where older people enjoy engaging in physical activities. Where such offers meet the relevant quality requirements, they are awarded a “seal of quality for healthy exercise and sports activities in an association setting” and listed on the website of [www.fitsportaustria.at](http://www.fitsportaustria.at). A recent query on the website found more than 2,650 certified physical activity offers for senior citizens.

To enable older persons to participate in all areas of social activity and leverage their potential, it is of course crucial to ensure basic financial security. Set up in 2017, the Commission for Long-Term Old-Age Pension System Funding (*Kommission zur langfristigen Finanzierung der Alterssicherungssysteme* or *Alterssicherungskommission*) periodically analyses the development and financial viability of the statutory pension system, the most important instrument for providing financial security in old age in Austria. The commission relies on input from members of pensioners' organisations as representatives of the target group.

However, comprehensive participation goes far beyond aspects of financial security. While the *Laender* have come up with specific activities to foster cultural participation, the topic has not been addressed specifically at the federal level, the only exception being persons with dementia. The *Albertina* and the *Kunsthistorisches Museum*, two major national museums located in Vienna, offer guided tours and workshops for people with dementia, while the Belvedere Museum even has a dedicated art appreciation programme in place for this target group. While a study conducted in 2018 – “Barriers to Cultural Education in Old Age – ‘Mainstreaming Ageing’ in Cultural Organisations’ (*Zugangsbarrieren für ältere Menschen in der kulturellen Bildung – Mainstreaming Ageing*)” – found that only a few cultural institutions in Austria explicitly address older persons as a target group, many among them have selective offers for older people, aimed at conveying and internalising a positive image of age and ageing, strengthening inclusion and participation, or achieving physical or cognitive activation.

Public safety and security is another area where appropriate forms of interaction and communication with ageing persons have become key. The Federal Ministry of the Interior (BMI) has developed e-learning modules to provide its staff with practical guidance on how to deal with different manifestations of age and ageing and potential side effects. An excellent example of fostering innovative and ageing-friendly technology is ELKOS, a uniform nationwide central dispatch and communication system Austria implemented for emergency calls and coordinating police operations in 2020. The software features a function to facilitate communication with persons with hearing impairments. Moreover, police departments provide guidance and information geared specifically toward older persons. In times of crisis, public-sector institutions often find themselves the first point of call for persons with dementia and their families. In response, specific training has been offered for staff members and BMI offices have been adapted, wherever possible, to meet the requirements of persons with dementia and similar impairments.

The media, too, have a pivotal role in promoting a society for all ages. In conferring the “Senior Citizen Rose” and “Senior Citizen Nettle” (*Senioren-Rose* and *Senioren-Nessel*) media awards, the Austrian Senior Citizens Council has attracted attention from the public and promoted social participation and positive images of age and ageing. The “Senior Citizen Nettle” is awarded to media that continue to present outdated attitudes in images and wording. The “Senior Rose” goes to media that endeavour to present the realities of older persons' lives as they really are today. The two awards have been announced to be altered and expanded.

Austria's *Laender* have been taking a variety of measures to leverage the potentials of older persons and promote a society for all ages. The *Land* of Burgenland has established “Senior Citizen Guidelines” (*Senior\*innenleitbild*) which, rather than considering old age as a weakness, build on promoting the later stage in life as a time offering new perspectives and are geared

towards strengthening intergenerational solidarity. Aimed at reducing prejudice and ageism, the guidelines are aligned with the principles and objectives set out in the Madrid International Plan of Action on Ageing and the Austrian Federal Plan for Senior Citizens “Ageing and the Future”. Additionally, a Senior Citizens Advisory Board (Senior\*innenbeirat) was set up in Burgenland.

In a bid to leverage the potential of individuals and promote social participation throughout all stages of life, the *Land* of Styria provides funding specifically for intergenerational learning projects under its comprehensive LLL Strategy 2020. A broad range of educational offers have been established, e.g. “*Weiterbildungsnavi Steiermark*”, an online tool to query adult education offers in Styria. *Österreichische Urania für Steiermark*, a centre for continuing education with close ties to Styrian universities, museums and major cultural institutions, also offers a broad range of training courses and events.

A Senior Citizens Advisory Board has also been set up in the *Land* of Carinthia to represent the interests of older persons vis-à-vis the *Land* government. In addition to funding various projects for senior citizen counselling and educational activities, Carinthia also offers free-of-charge vacation schemes for low-income senior citizens featuring lectures, workshops and physical activity programmes, and implements intergenerational projects, for instance in the arts.

The *Land* of Tyrol places the spotlight on healthy and self-determined ageing and on including older persons in social and political activities. Funding is provided for projects focusing on raising awareness for meaningful ageing and a good quality of life after retirement, programmes to prepare for retirement or offers for planning ahead for older age and ageing, projects for acquiring digital skills, or initiatives promoting volunteering by older persons. *SeIBA*, a project promoting an independent life and training and education for older persons, attracted 40,000 participants since its introduction 20 years ago. Support is also provided for a large number of other cooperative ventures and initiatives, such as the “Info Zone Age(ing)” special exhibition hosted by the *Land* of Tyrol or the *SENaktiv* trade fair. In 2012, the “Fit for the Information Age – Digital World for Young and Old” (*Fit für das Informationszeitalter – Digitale Welt für Alt und Jung*) campaign marked the launch of what is referred to as *computerias*, a highly successful blend of cafeteria setting and interactive computer skills training. So far, some 50 meeting points have been established, offering opportunities to meet and learn, to share information and get in touch, for volunteering and intergenerational activities alike. Additionally, a platform for broad-based political participation at the *Land* level entitled “*Landesforum Alter*” was established.

The *Land* of Vorarlberg has set up a Senior Citizens Advisory Board at the Office of the Vorarlberg Government in a bid to ensure enhanced participation and co-determination for older persons. The Board promotes a number of initiatives, including the following: physical activity programmes (such as “More healthy years after 65” (*Mehr gesunde Lebensjahre ab 65*)) and training for instructors/coaches of sports and exercising courses for older persons. It cooperates with *Vorarlberg Museum* on various intergenerational projects and organises events and workshops on a range of topics, such as safety and security, prevention, old-age poverty, health, etc.. In an effort to improve senior citizens’ participation and inclusion in decision-making at the local level, the Vorarlberg Senior Citizens Advisory Board was instrumental in establishing senior citizens advisory boards at local community level. There are 12 Senior Citizens Advisory Boards in Vorarlberg municipalities at present. In addition, there are a great number of other initiatives in place which aim to leverage the potential of older persons – story-telling cafés; musical matinees

for older persons; theatre performances by senior citizens; lectures for an older audience on history, philosophy, theology, culture, education and social policy hosted by the interdisciplinary initiative *Montagsforum*. With “Safety First in Vorarlberg” (*Sicheres Vorarlberg*), prevention features prominently on the agenda, as do various programmes for grandparents (such as family tickets, grandparent rates on public transport) and life-long learning offers.

Under its “Strategy 60/80 – The City for a New Generation” (*Strategie 60/80 – Die Stadt für eine neue Generation*) programme, the *Land* of Vienna, in cooperation with a number of stakeholders, addresses the needs and requirements of the generation 60/80. The strategy not only focuses on creating and providing an appropriate socio-spatial environment and easy access to information and offers, but also aims to reinforce a positive image of older persons and to show appreciation for what they contribute to society.

Welfare organisations are likewise taking numerous steps to acknowledge and value the potential of older persons and to foster not only their social participation, but also a society for all ages.

Under the auspices of the EU project “Active 80+. Valuing and valorizing the knowledge and skills of people 80+”, the Austrian Red Cross (ÖRK) co-developed research-based training for those working with persons in the 80+ age cohort on a professional or volunteering basis. Under the initiative, very old people are encouraged to develop and realise their own ideas of learning and active citizenship. A handbook prepared for this purpose in 2016 was made available to organisations in Austria, and the Red Cross also provides such training within its own sphere of work. In 2019, with funding from the Austrian Health Promotion Fund, the Austrian Red Cross launched the project “Caring Communities. Strengthening care networks at community level”. The objective here is to establish and expand social networks and “culture of caring” at the local community level, with a focus on leveraging resources for self-help and improving knowledge about age-related health issues. Moreover, the Austrian Red Cross has launched new activities and measures to promote volunteering: older persons are thus given an opportunity to put their experience and knowledge to good use. Under the *Sozialbegleitung* programme initiated by the Austrian Red Cross, voluntary social workers provide support to persons in difficult social situations. Other ÖRK programmes run by and for older persons focus on physical activity or volunteer reading help and visiting and escorting services. In addition, ongoing training and new activities have also been developed, including for instance volunteer visiting schemes involving persons with dementia (*Freiwillige Demenzbegleitung*).

Diakonie Österreich, one of Austria’s major social welfare organisations, also works to improve the participation of older persons in development and decision-making processes. Its 2019 dementia campaign went a long way towards improving the image of persons with dementia, emphasising that dementia does not mean you cannot lead a fulfilled life.

## **1.2. Austria’s participation in the relevant global / UN-wide campaigns**

Within the World Health Organization, Austria took on an active role in the negotiations for the Global Action Plan on Ageing and Health, both at the WHO global level in Geneva and at the WHO Regional Committee for Europe in Copenhagen, an effort through which the WHO member states succeeded to jointly initiate a global campaign against ageism at WHO level in 2016. In this context, Austria makes contributions at various levels, most recently at the 73rd World Health

Assembly in the autumn of 2020, raising visibility for the topic within the scope of the UN Decade of Healthy Ageing (2021-2030). The comprehensive measures and activities taken by Austria – which are also in conformity with its obligations under MIPAA/RIS – contribute towards achieving the objectives of the WHO campaign.

Since 2013, Austria has been actively participating in the Open-ended Working Group on Ageing, through the *BMSGPK* and Austria's Permanent Mission to the United Nations in New York. At the Eighth Session of the OEWG on Ageing in 2017, Katharina Konzett-Stoffl from the Permanent Mission was elected to represent the Western European and Others Group (WEOG) on the OEWG's Bureau. She held this position until 2019. The close cooperation between the *BMSGPK*, the Austrian Foreign Ministry and the Permanent Mission has enabled Austria to assume a high-visibility role in the OEWG on Ageing in recent years.

Austria endeavours, both at domestic and cross-border level, to identify gaps in current human rights legislation – for instance with a view to digitisation – and to present such issues for debate at UN level. For this purpose, Austria – alongside Germany – co-funded, for instance, the update to the OCHCHR's 2012 Analytical Outcome Study on the normative standards in international human rights law in relation to older persons, presenting it at a side event of the 11th Session of the OEWG on Ageing. This study is the starting point for a process of adapting legal safeguards and protection mechanisms for older persons in Austria. The main focus is on problems relating to marginalisation and ageism as well as a lack of education and training options. Austria considers the OEWG on Ageing a key driver for developing policies for older persons both at the national and the international level. An International Expert Conference on Human Rights of Older Persons was held in Vienna in 2018 (<http://www.ageing.at/>).

### **1.3. Achievements during the last 20 years**

Austria's approach towards issues of ageing and the prevention of ageism has dramatically changed and shifted over the last 20 years.

Setting out objectives and recommendations in 14 areas of action, Austria's Federal Plan for Senior Citizens "Ageing and the Future", prepared in cooperation with the Federal Senior Citizens Advisory Board, is the most important document to support the political, economic, cultural and social participation of older persons in Austria.

The Austrian Federal Long-Term Care Act (*Bundespflegegesetz*) of 1993, which introduced a seven-stage means-tested care allowance scheme, marked a milestone in enabling care recipients to lead an independent life aligned with their specific needs. The long-term care allowance scheme constitutes a major contribution towards combating poverty in old age and enabling a life in dignity and remains one of the key elements in making nursing and care affordable. Putting 24-hour care on a legal footing was another important step in this respect.

One of the greatest achievements of the last 20 years is Austria's national dementia strategy "Living well with dementia" (*Gut leben mit Demenz*). Its aim is to improve the quality of life of persons with various forms of dementia. The strategy has been developed and implemented in an ongoing process since 2016 jointly by the *BMSGPK*, the *Laender*, the social security institutions

and experts. Participation and autonomy are major focal points of the dementia strategy.

Maintaining physical and mental health throughout the course of working life has been drawing increased public attention in Austria. In force since 2011, the Austrian Safety and Health at Work Act (*Arbeit-und-Gesundheit-Gesetz*, AGG) raised awareness for the need for healthy workplaces and marked an important milestone in labour market and health policy. It also provided the legal basis for the highly successful “fit2work” counselling programme, under which, from its inception up to end-2020, counselling and support to some 105,000 individuals and more than 3,400 businesses was provided. Based on the AGG, “fit2work” clients whose therapy would not be covered otherwise can be temporarily supported, for instance, by being provided with clinical psychological treatment.

The last few years have seen a major paradigm shift in ageing policy – the new approach being that social and health aspects must always be seen as complementary rather than separate. In line with this new approach, the need for an ageing culture and for positive images of age and ageing were identified as crucial for health and quality of life in old age. A whole slew of measures has since been introduced in this context.

The National Action Plan on Physical Activity (NAP) likewise counts among the major achievements of the last 20 years. This plan was initiated by the Sports and Health Ministries in 2013 with the goal to raise awareness for measures to promote increased physical activity. It addresses older persons as one of its target groups. The plan provides guidance for developing and implementing measures to enhance physical activity among the population and promotes a positive view of physical and sports activities throughout society.

Political achievements which, according to the Austrian Senior Citizens Council, deserve special mention include the following: annual adjustment of old-age pensions (especially for lower-income brackets in many cases exceeding the rate of inflation by far); the annual valorisation of care allowance; and the abolition, in 2018, of recourse to the assets of persons in residential care, their relatives and heirs to cover the cost of care. The Austrian Senior Citizens Council also considers the new Protection of Adults Act, the Federal Plan for Senior Citizens “Ageing and the Future”, the premiums on the equalisation supplement and old-age pensions (*Ausgleichszulagenbonus/Pensionsbonus*), the individual right to take full-time and part-time care leave to accommodate care obligations, and the improvements in patient care brought about by the Primary Care Act (*Primärversorgungsgesetz*) to be major achievements of the last 20 years.

*Diakonie Österreich* sees an achievement in the fact that self-determination in old age is no longer just a catchphrase in Austria, but has become an objective in its own right, being pursued and taken into account in a great variety of services and areas. Nursing and care homes, which used to have a primarily institutional, hospital-like character in the past, have changed and become places of residence and well-being. Mobile services and daytime care centres allow care recipients to continue to live at home.

## 2. Encouraging longer working life and ability to work

### 3.1. Recognising the potential of older workers and developing employment strategies to promote maximum participation opportunities for workers of all ages

For Austria's economy older and experienced workers are of great value. In times when the workforce is progressively ageing, work environments are becoming more and more dynamic and social security systems need to be put on a sustainable footing, it is all the more important to promote the capacity and ability to work of all generations.

Over the past few years, a solid regulatory framework has been put in place to consistently promote the participation, integration and reintegration of older workers:

- Back in 2000, the scheme of pre-retirement part-time work (*Altersteilzeitgeld*) was introduced, with benefits paid from unemployment insurance funds. Under this scheme, workers can reduce their working hours in the period of up to five years prior to retirement. The resulting lower income is partly compensated for and the reduced working time has no negative impact on later old-age pension benefits. In order to keep workers in employment for longer who would otherwise be eligible for the flexible retirement scheme referred to as "corridor pension" (*Korridorpension*), Austria introduced the option of part-time pension (*Teilpension*) in January 2016 as a special form of pre-retirement part-time work (*Altersteilzeit*).
- To make it easier for workers to get back to work following prolonged sick leave (six weeks or longer) and to strengthen their ability to work with long-lasting effect, a part-time work agreement (including a reintegration plan) can be agreed by such workers with their employers. This type of working time reduction referred to as "reintegration part-time work" (*Wiedereingliederungsteilzeit*) can apply, based on mutual written agreement, for a period of one to six months. During such time, workers are eligible for reintegration benefits from their health insurance providers.
- Older workers, and among them often women, often engage in nursing and care for close relatives at home, alongside their gainful employment. In January 2014, the option to agree full-time or part-time care-leave (*Pflegekarenz* or *Pflegezeit*) with employers for a limited period of time (one to three months) was introduced. Those making use of this option are entitled to (full-time or pro-rated) care leave benefits and have social security coverage (health and pension insurance). In addition, they are protected against termination of employment on grounds of taking care leave. Since January 2020, two weeks of full-time or part-time care leave have been enshrined in law as a legal claim, provided that specific requirements are met. Analogous provisions apply to end-of-life care for close relatives (full-time or part-time family hospice leave - *Familienhospizkarenz* or *Familienhospizzeit*).

To supplement the traditional services offered by the Austrian Public Employment Service (AMS), such as upskilling and employment incentives, Austria is pursuing innovative approaches in prevention, awareness-raising and counselling for older workers:

- The “fit2work” programme offers information, counselling and support to individuals and businesses throughout Austria on all matters relating to work and health.
- Within the scope of the investment priority (IP) on active and healthy ageing under Austria’s ESF Employment programme, demographic counselling for businesses is offered in order to encourage and assist implementation of measures to provide a work environment that respects age and ageing.
- In an initiative entitled “*Impulsberatung für Betriebe*”, the Austrian Public Employment Service (AMS) helps businesses cope with the requirements of an ageing workforce and effectively leverage changing age structures (productive ageing, intergenerational working, knowledge management).
- Special counselling and support facilities are available for older persons who have become unemployed, to help with their reintegration into the labour market. Age counsellors provide information and set up contacts with businesses interested in hiring workers aged 50 or over. Workshops address topics such as healthy ageing, advantages and barriers for older persons on the labour market, use of new media, etc.

With a view to providing incentives to work longer, the federal government’s strategy is to gradually bring the de facto retirement age closer to the statutory retirement age, at the same time taking precautions to avoid increasing unemployment numbers among older persons. The principle of “rehabilitation and reintegration in the pre-retirement phase” instead of early retirement was stipulated in the law already in 2014 when the reform of invalidity pensions was implemented. A legal entitlement to vocational rehabilitation was introduced in January 2017. The 2016 Social Insurance Amendment Act (*Sozialversicherungs-Änderungsgesetz*) provided the option of delayed retirement (*Pensionsaufschub*), creating an incentive for remaining in employment beyond the statutory retirement age. Under this scheme, the employer and employee shares of pension insurance contributions are reduced by half for the duration of the delay (*Bonusphase*).

Besides raising de facto retirement age, the focus is on enhancing the economic and social living conditions of pensioners and combating poverty among older persons. A major contribution towards this goal was made by raising the equalisation supplement and stepping up smaller pensions as from 2021. Women (and particularly those living alone) are at an above-average risk of old-age poverty and social marginalisation upon retirement. This is mostly due to gaps in their working careers or part-time employment. A broad range of measures has been taken to raise the labour market participation of women, such as: labour market programmes, measures to improve the sharing of family and care work duties among couples, expanding childcare offers and facilities, information campaigns to raise awareness of the detrimental consequences of part-time work and gaps in social security contribution payments (TRAPEZ, see below). However, as old-age poverty cannot be prevented during a person’s working life or in old age alone, Austria has also taken action to combat child and youth poverty as an important factor related to poverty in old age. Ensuring equal opportunities as early as possible and fostering social mobility from childhood has been found to increase the opportunities for personal development throughout life and hence also prevent poverty in old age. At federal level, projects are encouraged that provide

support and counselling to women and combat female poverty.

As a relatively large share of older persons is cared for at home and primarily by close relatives, mechanisms to compensate for the disadvantages of family carers in terms of pension benefits were implemented in Austria's state pension system. Provided that the care recipients are eligible for level-three long-term care allowance, family carers can apply for free (continued) pension insurance if they had to reduce their working hours or quit their job to provide care. The contributions due are fully covered from public funds. For the periods of time spent providing unpaid care, insurance periods are counted towards pension eligibility and monetary pension credits are extended. Similar arrangements of free (continued) social security coverage are in place for persons who provide care for a child with disabilities at home.

"*Audit berufundfamilie*" is a programme set up to help companies develop and implement a family-friendly work environment. Under the initiative, especially older workers can be supported if they need to provide care to older family members.

The Austrian Health Promotion Fund has launched an initiative to support and fund businesses promoting age-friendly working environments and intergenerational age management at work (*Betrieblichen Gesundheitsförderung – Gesundheitliche Chancengerechtigkeit am Arbeitsplatz*).

As an employer, the *BMI* has launched exemplary initiatives for its staff members: Its diversity management approach also encompasses age and generational diversity, with a specific strategic goal having been defined as "appreciating long years of experience in interacting with people and preserving such experience for the organisation". One of the objectives of its "Generations 2015 plus" project is to promote life-long learning through mentoring. Another approach pursued by the Ministry is to assign older staff to suitable activities or positions instead of having them retire early if they cannot work in their previous field anymore.

Austria's *Laender* also make valuable contributions toward integrating older persons into the labour market. By Styria's "LLL Strategy 2022" initiative, some important groundwork for life-long learning has been laid. Adult education has been a key priority in Styria, and public spending on related activities has been substantial in some areas. For example, projects have been carried out to promote the acquisition of skills among older workers that enable them to remain in, or return to, employment or engage in social participation.

The *Land* of Vorarlberg launched the "50+ Job Coaching" (*Arbeitsplatzcoaching 50+*) initiative and maintained it jointly with the Vorarlberg Public Employment Service from 2017 to 2020. The programme supported job seekers aged 50+ and is set to be continued in the future. Counselling and support under the 50+ Job Coaching initiative is provided for a maximum of 12 months to approximately 200 individuals per year.

In Vienna, adult education centres (*Volkshochschulen*) offer easy access to education for all age groups. Special courses are available for older workers to prepare them for employment exit and the transition to retirement.

The *Land* of Tyrol funds specific programmes for older persons, such as "GemNova Aktion 20.000" (terminated in 2019) or a community-level employment programme designed to

integrate specifically older persons into the labour market (reintroduced in 2020).

In 2020, Burgenland launched a special programme “*Chance 50 plus*”, which is tied to the Public Employment Service’s “Come Back” scheme.

Austrian welfare organisations have also taken action to deal with age-related topics, launching a range of measures in this field. The Austrian Red Cross, for instance, assisted the Labour Inspectorate in preparing a manual on safety and health for mobile nursing and care (*Mobile Pflege und Betreuung - sicher und gesund*). Based on this manual, which helps identify physical and mental stress factors in day-to-day work, the Austrian Red Cross has developed further instruments and toolkits to ensure these aspects are given appropriate attention in practice.

### **3.2. Measures to close the gender pay and pension gap as well as to take into account the special situation of older women**

To close the pension gap, Austria has been striving to eliminate inequalities between women and men in relation to patterns of employment. Besides measures in education and labour market policy, this is to be achieved mainly through enhanced transparency and awareness.

A comprehensive analysis of the pension gap, including underlying reasons, has provided valuable insights toward related policy measures in Austria. The government department responsible for women’s affairs launched a project titled “TRAPEZ – transparent pension future” in 2019. Co-funded by the EU, the project was carried out jointly with the *BMSGPK* as well as the research institutes WIFO and FORBA, with ABZ\*AUSTRIA<sup>1</sup> and the social research institute SORA also participating. The project was completed in September 2020. It analysed the current situation, subsequently deriving approaches for action, with the aim of narrowing the pension gender gap and ensuring older women’s economic independence. Action taken to inform the public and build awareness include publicity measures as well as making available tools to aid businesses ([www.trapez-frauen-pensionen.at/en/index.html](http://www.trapez-frauen-pensionen.at/en/index.html)). Examples are annual notifications to employees approaching pension age and toolkits to support businesses in achieving enhanced pay transparency. In addition, periodic updates are published of a booklet to inform women about how their life decisions impact later old-age security. The publication, which explains in simple terms the relationship between pension and employment career, is available at centres providing counselling (such as the Austrian Public Employment Service and counselling centres for women and girls).

Measures to enhance pay transparency are an important factor in closing the gender pay gap in Austria. These include a toolkit, assembled in 2017 and updated in 2021, to guide businesses through the process of preparing an income report (i.e. a summary of employee income levels), including information on data analysis and applying findings in practice (see [www.fairer-lohn.gv.at](http://www.fairer-lohn.gv.at), in German). Examples of other programmes include the “equalitA” quality seal for companies promoting women’s careers, as well as the “Girl’s Day” campaign aimed at encouraging girls’ interest in STEM-related careers (i.e. in science, technology, engineering and mathematics).

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<sup>1</sup> an NGO promoting equal opportunities on the Austrian labour market

As an additional option, the scheme of “pension-splitting” (*Pensionssplitting*) was introduced in 2005. Based on that scheme, couples can elect to have the pension account of the parent mainly responsible for caring for the couple’s child/children to be credited with up to 50% of the other parent’s pension entitlement accrued up to the child’s seventh birthday. The current government programme provides for automatic pension-splitting while including a possibility of opting out.

Individual *Laender* have taken further steps. An example is Burgenland, which has initiated <https://mach-mint.at>, a project to facilitate girls’ and young women’s access to occupations in STEM fields, thereby reducing the gender pay gap.

The *Land* of Styria supports a variety of programmes, among them through the Styrian *Bildungszentrum* (training centre), with courses helping individuals to actively shape their post-employment years, and through *nowa*, a training centre for groups including older women who seek to change occupations. Among the other projects supported by the Styrian government are the following: a women’s health centre, helping older women in particular develop personal health skills; a regional network of counselling centres for women and girls; *Wendzeiten*, an event series to raise awareness of issues such as gender pay gap, pension gap and poverty in old age; and *Frauencall 2018*, a programme aimed at improving women’s living and working conditions.

In addition to supporting the women’s network of Vorarlberg (*Frauennetzwerk Vorarlberg*), the *Land* government has drafted an Action Plan for Gender Equality 2019–2023, together with more than 20 organisations involved in the field. The plan seeks to enhance equal opportunities for women and men in Vorarlberg. Individual activities in this context target education and training, employment, political participation and care work. The specific goals are to increase the proportion of women in senior management and among start-up founders, and to reduce pay inequality.

The *Land* of Tyrol carries out information and publicity campaigns relating to pay and pension gaps, while also targeting older women with specific measures, as set out in the Tyrol Gender Equality Package 2020–2023 (*Gleichstellungspaket Tirol 2020-2023*).

### **3.3. Achievements during the last 20 years**

A key priority within Austria’s labour market policy in the past years has been to promote and ensure the employment of older individuals as well as to combat unemployment among older people.

Government funding earmarked for such efforts continues to be increased. The Austrian Public Employment Service (AMS) puts to work all available funding instruments towards improving opportunities for unemployed persons aged 50 or over. A total of EUR 273 million was spent in 2020 to assist persons of the 50+ age group seeking employment. This equals roughly one quarter of the AMS’s funding budget.

Several other special multi-year programmes are designed to promote the employment of older workers and to prevent premature attrition from the workforce:

- A major share of assistance for older individuals stems from the 50+ Employment Initiative (*Beschäftigungsinitiative 50+*). Within the framework of this programme, additional funding has been made available since 2014 to promote the employment of individuals aged 50 or older who have been registered as jobseekers with the AMS for at least three months. This funding is used mainly to finance integration subsidies (*Eingliederungsbeihilfen*<sup>2</sup>), combined wage subsidies (*Kombilohnbeihilfe*<sup>3</sup>) and employment projects, as well as, since 2018, occupational skills building.
- A job offensive, launched in response to COVID-19 and allocated EUR 700 million as of late 2020, is helping more than 100,000 jobseekers acquire or maintain skills. The programme also benefits individuals aged 50 or over. Of the total that has been made available to the AMS until 2022, EUR 485 million is earmarked for skills building, EUR 102 million for counselling and support facilities and the business start-up programme (*Unternehmensgründungsprogramm*), EUR 58 million for allowances to help workers acquire skills (*Qualifizierungsbonus*), and EUR 55 million for employment incentives.
- The new *Sprungbrett* programme initiated by the Austrian federal government has the objective of counteracting the long-term unemployment that has arisen during the COVID-19 crisis. By the end of 2022, a total of EUR 300 million is to be invested in reintegrating 50,000 long-term unemployed persons in the labour market, many of whom are over 50 years of age and/or have health impairments. The initiative is designed as a three-tier process: counselling and support facilities initially make arrangements for preparation and placement in individual employment situations. At the same time, placement candidates are offered specialised job training and preparation where required. Businesses that then provide an employment opportunity to individuals belonging to the target group receive integration subsidies covering an average of 50% of wage or salary costs (for a maximum of 12 months).

### 3. Ensuring ageing with dignity

#### 3.1. Measures to protect older persons' enjoyment of all human rights and dignity, promoting their autonomy, self-determination and participation in society; measure to combat discrimination

The Austrian Equal Treatment Act (*Gleichbehandlungsgesetz*) prohibits direct and indirect discrimination based on age, in any sector within the entire working world. This provision represents a powerful instrument for combating ageism on the labour market. The institutions dealing with discrimination cases have in recent years seen a rise in complaints on grounds of age.

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<sup>2</sup> paid to employers who hire jobseekers aged 50+

<sup>3</sup> an incentive to jobseekers to accept low-paid or part-time work

Apart from employment and the working world, however, discrimination based on age has not been banned by legislation at federal level so far. Each of the *Laender* have anti-discrimination legislation that prohibits ageism.

Discrimination also plays a role in crimes referred to as prejudice motivated crimes, or hate crimes, targeted at a person or a group because of a particular characteristic, such as age. For victims, hate crimes have more serious impact in terms of physical or emotional health or psychosocial consequences than other comparable types of crime. Such negative impact is also felt by individuals in relation to their subjective sense of security. As a measure to ensure security and to combat various forms of discrimination, the *BMI* issued in 2020 a decree requiring prejudice as a motive in criminal acts to be systematically identified and evaluated based on reports. Making this phenomenon visible aims at facilitating the planning and implementation of preventive measures. It is also intended as a way of improving general trust in police work.

The *BMSGPK* has been taking measures at various levels for many years to prevent and intervene in situations where older persons are specifically threatened by violence. The ministry supports research into violence against older persons as well as programmes to build awareness among both the general public and professionals working in related fields. To enable older persons affected by violence to easily obtain guidance, a free phone counselling service has been set up under the Pro Senectute, a non-profit organisation, with support from the *BMSGPK*. This anonymous hotline serves as a single contact point for callers from anywhere in Austria.

Other easily accessible measures taken by the *BMSGPK* include theatre performances, films and presentations on the topic of violence against older persons, as well as a folder series entitled "Identifying Violence" (*Gewalt erkennen*), which focuses on various aspects. To raise awareness of the issue among professionals, events and workshops have been organised. Support is provided by offering guidance workshops at educational institutions and institutions in social work and health fields. These workshops allow participants to engage in depth with the issue of violence against older persons, raise awareness of triggering factors and help identify and prevent situations in which violence typically occurs. In addition, trained prevention officers (*Präventionsbeauftragte*) were appointed at selected care institutions in 2019–2021.

Many of the measures taken to prevent or intervene against violence directed at women include older women and/or are directed specifically at this group. Such measures include those commissioned by Austria's Federal Chancellery (*BKA*). In general, all facilities and services established to protect women against violence are accessible to older women as well. Since 2015, funding has been provided to a project aimed at defining and establishing curriculum standards for healthcare professions. The project, run by *Kassandra*<sup>4</sup> focuses on standards in relation to domestic and sexual violence against women and their affected children.

The *BMI* has also been seeking to raise awareness of the issue of violence against older persons. In recent years, the ministry has carried out workshops to enable law enforcement officers to more readily identify and better respond to crimes of violence committed against older persons.

The Austrian Red Cross (*ÖRK*) has also increasingly addressed the issue of violence against older persons, as seen in activities including awareness-raising measures for the organisation's staff. An

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<sup>4</sup> a private association providing counselling services for women and families

EU project is currently being carried out jointly with the Red Cross of Serbia to prevent violence against older women. Diakonie Österreich, one of Austria's major social welfare organisations, has also been addressing the issue of violence against older persons. The organisation has defined a violence protection plan and set up a group on violence protection.

Living in dignity hinges on an integrated system of social, nursing and healthcare, dedicated to the goal of enabling individuals to lead independent lives while involving them in decision-making processes. Austria's healthcare system has been continuously improved over the past few years. One of the recent steps towards improvement has been to allow physicians to employ other physicians. Before, medical doctors had only been able to be employed by hospitals, public institutions or care/nursing homes. Under a general contract valid for all of Austria, general practitioners and medical specialists can now be hired for primary healthcare centres and networks. At these primary care centres, designed as easy access points for patients, medical doctors and other healthcare professionals collaborate based on attractive, advanced models of cooperation.

Besides supplying medical care, among the great challenges faced by Austria is to ensure nursing and care services. The "migrants care" project has been set up with the aim of preparing individuals not having German as their first language to receive training in nursing and care work. The project is funded by the *BKA* and managed cooperatively by the Austrian social welfare organisation *Bundesarbeitsgemeinschaft Freie Wohlfahrt (BAG)* and the Austrian Integration Fund (*ÖIF*). Besides detailed information about the field and individual counselling, the project provides preparatory courses in advanced and job-specific German and places participants in internships. The project is run jointly by *Volkshilfe, Hilfswerk, Caritas, Diakonie* and *Rotes Kreuz*.

In 1993, means-tested care allowance (*bedarfsorientiertes Pflegegeld*) was introduced, a scheme under which individuals are entitled to a needs-based, long-term care allowance independent of age, income and assets and of the causes necessitating care in the particular case. The allowance generally covers all additional expenses arising from care needs, while helping care recipients to lead a self-determined life with dignity, and counteracting poverty in old age. A related development in 2019 was to annually adjust allowance levels to offset inflation. Currently, about 468,000 people are entitled to a long-term care allowance, i.e. over 5% of the population. Other measures that help ensure individuals' capacity to live in dignity regardless of age include the following: abolishing recourse to the assets of persons in residential care; establishing a national dementia strategy; financial support for the cost of substitute care where the main caregiver becomes unavailable; full-time care leave benefits; support for 24-hour care; non-contributory health and pension insurance for family carers; quality assurance of home care; and free supervision sessions (*Angehörigengespräch*) to discuss with family carers potential measures to ease their care burden.

Since 2015, it has been possible also for recipients of long-term care allowance or their family members to use the option, extended by the *BMSGPK*, of requesting a free home visit by a certified health worker. Providing information and advice in the context of the specific care situation contributes significantly towards ensuring quality in home care. An option has been available since 2017, under which free supervision sessions can be requested in order to support the mental health of family carers.

In addition, since 2011, the federal government has been contributing from a fund under the Federal Long-Term Care Fund Act (*Pflegefondsgesetz, PFG*) towards the costs incurred to the *Laender* and municipalities through administering long-term care. This federal funding is aimed at expanding appropriate services to individuals in need of care and their families, and at safeguarding needs-oriented, affordable care and support services falling within the scope of long-term care, including the following: mobile services, also in the form of hospice and palliative care, inpatient and daycare services, short-term care, case and care management, alternative forms of living, daily support and services to relieve the burden on carers, and innovative and quality assurance measures, such as ambient assisted living systems. The Long-Term Care Fund Act was amended to expand hospice and palliative care programmes. This means that the federal and *Laender* levels as well as the social security system have been contributing for this purpose an additional EUR 18 million annually in 2017–2021.

Respect for the autonomy, independence and dignity of older persons, particularly at the end of life, is promoted through measures such as the inclusion of palliative care under health insurance benefits. The supply of medicines, pain therapy and psychotherapeutic assistance are similarly covered. Hospice care, in contrast, does not fall under statutory health insurance but is instead included in nursing care. A new law, the Hospice and Palliative Care Funds Act (*Hospiz- und Palliativfondsgesetz*), which is scheduled to enter into force on 1 January 2022, provides for a gradual expansion of hospice and palliative care services with the aim of ultimately being able to offer the service needed in each case to older persons living in Austria and their families or partners. Under the scheme, funds from the federal budget, the *Laender* governments and the social security institutions will be earmarked each year to establish new and expand existing hospice and palliative care services starting from 2022.

The current government programme specifies actions to further improve Austria's demonstrably effective long-term care allowance system, including: a one-day leave to support family carers and prevent burnout, a "Community Nurses" project, expansion of free local counselling services near the place where care and support is necessary, improved dementia evaluation, ongoing development of assessment procedures for the long-term care allowance, and an image campaign for careworkers. A task force on care was established in 2020 (*Taskforce Pflege*) and mandated with planning a detailed strategy for adjusting and expanding the care system.

Austria's national dementia strategy "Living well with dementia" (*Gut leben mit Demenz*) was set out in 2015 as a basic framework for providing the best possible support to individuals with dementia-related impairments and to their families, and thus for greatly improving the quality of life enjoyed by them. Decision-makers at federal, *Laender* and municipal levels use the objectives and recommendations for action that are provided in the national dementia strategy as a basis for planning and implementing measures within their sphere of responsibility. Such measures include options that, for example, allow individuals to live in an environment that ensures participation in society and fosters self-determination to the greatest possible extent; ensure individuals' participation in their living environments; or provide for modifying structures, procedures, processes and surroundings at hospitals to meet the needs of people with dementia.

The *BMSGPK* assists families who attend to and care for a member with dementia, for example through granting supplementary care funds for 25 hours per month (*Erschwerniszuschlag*). Similarly, access to full-time care leave, part-time care leave and substitute care is simplified in

cases where dementia-related impairments are involved. For all levels of long-term care benefit, the maximum paid out to persons caring for a relative with a dementia-related impairments was increased by EUR 300.

Additionally, the BMSGPK supports awareness-raising campaigns with the goal of fostering respectful care for people suffering from dementia. An example here is the film project entitled “Encounter with Other Worlds” (*Begegnung in anderen Welten*).

The Austrian Ombudsman Board (*Volksanwaltschaft*) periodically inspects nursing homes and senior citizens homes. In keeping with the principle of preventive human rights monitoring, the Ombudsman Board’s expert commissions have unlimited access to all facilities and receive all information and documents needed to fulfil their mandate. The commissions can request confidential interviews with individuals, including patients and residents. The commissions report on visits and inspections directly to the Ombudsman Board, supplementing the findings with information on suspected instances of human rights violations as well as remedial recommendations.

Under a mandate from the Federal Ministry of Justice (*BMJ*), the Home Residents Representation (*Bewohnervertretung*) is responsible for ensuring that care recipients are not unduly restricted in their freedom of movement. This arrangement safeguards the fundamental right to personal freedom of senior citizens and care home residents with a mental disorder or intellectual impairment as well as individuals with disabilities. With the goal of ensuring as far as possible autonomous living, and based on the Nursing Home Residence Act (*Heimaufenthaltsgesetz*), the Home Residents Representation inspects facilities for cases of restricted freedom and suggests alternatives.

In relation to self-determination, the rights of older persons in Austria represented by guardian have been strengthened. Following a detailed legislative process spanning several years, the Second Protection of Adults Act (*Erwachsenenschutzgesetz*), providing for an enhanced guardianship scheme referred to as “adults representation” entered into force in 2018. The act represents the most comprehensive amendment of adult guardianship law since 1984. The reform had become necessary to respond to criticism voiced by the monitoring committee for the UN Convention on the Rights of Persons with Disabilities, as well as in view of the frequent complaints filed by the Ombudsman Board and the high number of guardianship cases (roughly 53,000 in all of Austria as of 1 July 2018). The act sparked a paradigm shift: in legal transactions, it must now be ensured that adults who in their decision-making capability are limited due to a mental illness or similar impairment are allowed to take care of their affairs independently, to the extent they are able and with appropriate support where necessary (see below).

The package of measures taken in the context of the Austrian Health Targets, forming the framework of Austria’s health policy until 2032, puts special emphasis on cohesion across generations and on the psychosocial health of older persons. One of these measures, already launched, involves the platform for linking representatives of people with mental disorders. The aim is to provide such individuals with an equal opportunity to participate in health policy decisions and processes.

To ensure that home residents enjoy the best possible quality of life, a National Quality Certificate for Old Age and Nursing Homes in Austria (NQZ) has been developed by the BMSGPK

in consultation with the *Laender* and relevant stakeholders. The system, which has been consistently expanded in recent years, represents an instrument for quality development, based on recognition of quality excellence as well as identification of potential for improvements that go beyond legal requirements. Measures toward quality assurance and development have also been taken in relation to 24-hour care, e.g. the voluntary Austrian Quality Certificate for 24-Hour Care Placement Agencies (ÖQZ).

New technologies are relevant for care and assistance to older people, among other things as a way of maintaining their self-determination and autonomy. To address this topic, the Austrian Bioethics Commission (*Bioethikkommission*) held in 2016 a public meeting under the motto of “Humans and Machines: Robots in Care”, with international experts contributing. The discussion centred on the ethical implications and social impacts of nursing-care robots, while also addressing initial empirical findings and issues relating to implementation in practice. The resulting statement issued under heading of “*Roboter in der Betreuung alter Menschen*” elaborates in detail on ethical issues implicated in using robots in nursing care and presents relevant recommendations.

Within the framework of the Active and Assisted Living (AAL) programme, the Federal Ministry of Climate Action, Energy, Mobility, Technology and Innovation (*BMK*) has addressed ICT-based products and services to support older persons, specifically in invitations to tender (Smart Solutions for Ageing Well in 2018 and Sustainable Smart Solutions for Ageing Well in 2019). A call for tenders in 2020, entitled “Healthy Ageing with the Support of Digital Solutions”, spotlighted the aspect of healthy ageing. The focus topic in 2021 is “Advancing Inclusive Health and Care Solutions for Ageing Well in the New Decade”.

In the “benefit” technology programme, the resulting solutions will be trialled by a minimum of 100 households. The 2018 invitation to tender “Older Persons and Digitalisation – Benefits and Opportunities” (*Ältere Menschen und Digitalisierung – Nutzen und Chancen*), was related to AAL and potential impacts on productivity and integration of paid work and care duties. A “nursing-care challenge” was defined as the goal of a process in 2019, initiated by *BMBWF* in cooperation with the *BMSGPK* and involving specialist stakeholders in the *Laender*. The initiative led in 2020 to a call for tenders under the title of “Supplying Information Seamlessly Within Mobile Nursing Care and Support” (*Durchgehende Informationsversorgung in der mobilen Pflege und Betreuung*). Preparations are currently under way for participating in the European Partnership on Transforming Health and Care Systems, to begin in 2022.

Various *Laender* have also taken action to ensure residents can enjoy ageing in dignity and autonomous and independent living in old age. In a Mission Statement for the Older Generation in 2030 (*Leitbild für die ältere Generation 2030*), Burgenland has pledged to fully ensure that all older persons have access to all human rights and fundamental freedoms, to eliminate all forms of violence and discrimination against such individuals and to ensure the development of care structures (such as healthcare, rehabilitation and nursing care) in line with needs and quality standards.

Vorarlberg supports the prevention of all forms of abuse and violence against older persons, for example through guidelines for nursing homes on how to address violence against care recipients, and by funding research by the Vorarlberg University of Applied Science into violence

in care. The *Gewaltschutzstelle* of the Institute for Social Services (ifs) focuses especially on preventing violence and ensuring human rights for older persons.

Various programmes are aimed at improving quality standards in integrated nursing care and in training, and at better working conditions for professional caregivers. These include the course of studies in nursing care at the Vorarlberg University of Applied Science, continued training for long-term caregivers and a project on hospice culture and palliative care at home (*Hospizkultur und Palliative Care zuhause*).

Vorarlberg also offers a residential hospice, gerontopsychiatric daycare facilities for senior citizens, additional financial support for care and nursing care at home and for 24-hour care, measures to support family carers, and a platform for older persons to encourage mutual support and on-site assistance. This illustrates the wide variety of measures Vorarlberg has implemented to facilitate living in dignity regardless of age.

In addition, Vorarlberg has been conducting the *Aktion Dememz* campaign for over 10 years in an effort to raise awareness of the needs of dementia patients and their families. The campaign entails a variety of projects and activities in 44 model municipalities, for example: dementia guidance counselling, Café 96 (an online platform for people with dementia during the COVID-19 pandemic) and an initiative organising holidays for dementia patients.

One of the topics addressed in Styria's equality strategy, prepared in 2021, are images of older persons.

The city of Vienna's "60/80 Strategy" focuses on the participation of older people in society by offering easily accessible digital and analogue information services. Vienna's contact visit programme is an example of a volunteering initiative, through which information is made available free of charge to senior citizens aged 75+ in Vienna. An umbrella platform named Dementia-Friendly Vienna (*Demenzfreundliches Wien*) takes in about 60 organisations working to make the city more friendly towards dementia patients. For over 10 years, Vienna has been holding a "Senior Citizens Month" (*Monat der SeniorInnen*) to encourage the social participation of retirement-age residents.

The Austrian Red Cross (ÖRK) contributed to the European Quality Framework for long-term care services (2013), which sets out principles and guidelines for the well-being and dignity of older people in need of care and assistance, and this framework has since guided specific ÖRK efforts. Building on it, the Red Cross has defined checklists to be used by regional organisations for self-evaluation, measuring the extent to which the principles have been implemented. Ongoing reviews and trials take place of innovative technologies and products designed to help older people maintain their self-determination and autonomy. An example here is telephone assistance (emergency call service), for which novel technologies are being used and tested in practice. The Red Cross has taken various other related measures, including the definition of a values-based framework of action for care and assistance, staff training for dealing with people with dementia-related disabilities, and the definition and introduction of quality standards for nursing care, assistance and volunteering activities.

### 3.4. Achievements during the last 20 years

Among the greatest achievements in the past 20 years has undoubtedly been the continuous improvement of Austria's healthcare system, independent of age. Austria's statutory health insurance system generally provides benefits when an insured event occurs, i.e. in cases of illness, while excluding any and all age-based risk selectivity. The improvements achieved in recent years will continue to be focal concerns in the future. These relate to making the medical profession more attractive and to ensuring local medical care (especially in rural neighbourhoods) as well as care and support services.

The Second Protection of Adults Act was adopted in 2018 and has resulted in a paradigm shift towards autonomy, self-determination and decision-making guidance for adults with incapacity. The main modifications included introducing modern terminology, expanding alternatives to court-appointed representation and establishing adult protection associations (*Erwachsenenschutzvereine*) to serve as counselling centres and central hubs for legal support and representation. The Second Protection of Adults Act has definitively strengthened the autonomy of persons having a representative as they do not automatically lose legal capacity in all matters. It is no longer the incapacity that is in the focus of attention but the individual. The new law also introduced uniform standards for alternative forms of representation and enhanced transparency. In addition, the subsidiarity principle is applied more broadly, meaning representation is always to be considered only as a final step.

In a practical setting, even with individuals suffering from a mental disorder such as Alzheimer's or dementia and in view of the accompanying (cognitive) restrictions, the principle implies weighing in the first place whether the person's affairs might not be handled through adequate assistance. This could include affairs such as managing pension income and/or savings, signing a retirement home agreement, applying for long-term care allowance, consenting to therapies or treatment, or liquidating or selling a residential property after moving into a nursing home. Generally, the Second Protection of Adults Act has enacted the principle of "representation only where absolutely unavoidable". A court may appoint representation for an adult only after reviewing the case comprehensively, and any representation is to be limited to the minimum scope necessary while preserving as far as possible the individual's autonomy and self-determination. Thus, the new Protection of Adults Act represents a decisive step towards the self-empowerment of groups including older persons. Numerous measures have been taken to enable a smooth transition to the new adults protection regime. These include preparing guidelines and holding training workshops in all of Austria, targeting judicial staff, employees at senior citizens and nursing homes and care facilities, medical doctors and other groups concerned.

# Part III: Healthy and Active Ageing in a Sustainable World

## 1. Contribution of ageing-related policies to the implementation of the 2030 Agenda and its Sustainable Development Goals

### 1.1. Voluntary national reports (VNR) on the implementation of the SDGs

Austria presented its first Voluntary National Review on the implementation of the Sustainable Development Goals at the UN High-Level Political Forum in July 2020. The review provides a summary of the measures implemented to date in or by Austria to meet the SDGs, while indicating areas that continue to entail challenges. Among the focus topics featured is “Women, young people and \*Leaving no one behind”, which centres on issues including the improvement of the general conditions of individuals living on the fringe of society, such as older people. The Voluntary National Review repeatedly mentions older persons, be it in the context of the Austrian Health Targets, the dialogue on healthy and active ageing, the participation of older people in the digital transformation, the fit4internet programme, the Federal Plan for Senior Citizens entitled “Ageing and the Future”, and the UNECE MIPAA process.

### 1.2. Links between ageing issues and the 2030 Agenda

Building on the Madrid International Plan of Action on Ageing and the UNECE Regional Implementation Strategy, the Federal Plan for Senior Citizens “Ageing and the Future” is a research-based strategy paper that was commissioned by the Austrian Senior Citizens Council. The plan covers 14 fields for SDG action, at all levels of government – federal, *Land*, cities and towns and municipalities – and by NPOs. The fields of action relate to social and political participation; economic security, social differentiation and intergenerational equity; older workers and work in old age; health; education and lifelong learning; the special situation of older women; intergenerational ties and intergenerational relations; housing conditions, technology and mobility; nursing and new forms of care; social security, social and consumer protection; ageing and the media; discrimination, violence and exclusion; older migrants; and safeguarding infrastructure.

The Austrian Health Targets play a key role in implementing the 2030 Agenda in Austria. The paper mentions as key concerns both the 2030 Agenda and an ageing society marked by longevity. The targets define a framework to guide progress in the healthcare sector up to and including 2032, and serve as a set of guidelines for activities by all significant stakeholders at federal and *Laender* levels. Since early 2013, cross-policy working groups have been detailing strategies and measures for achieving the various targets.

Regional ageing-related policies have also been linked with the 2030 Agenda. An example here is Burgenland, where related measures have been taken in the context of a long-term care plan, a

dementia strategy, local health promotion campaigns (*Gesundes Dorf*) and in other areas.

### **1.3. SDGs relevant for ageing-related policies**

Current policy measures put priority on ensuring that vital objectives are achieved, specifically for older persons: no poverty (SDG 1), zero hunger (SDG 2), good health and well-being for people of all ages (SDG 3), quality education and lifelong learning (SDG 4), gender equality (SDG 5), decent work and economic growth (SDG 8), reduced inequalities (SDG 10) and sustainable cities and communities (SDG 11). The commitment to “leave no one behind” plays a key role in Austria’s SDG report and is fully reflected in national institutions.

Austria has a comprehensive system of social and health services that contributes decisively to combating poverty and social exclusion. The system helps ensure that disadvantaged and especially vulnerable groups equally enjoy quality healthcare.

The cross-policy dialogue on healthy and active ageing through social participation helps increase the number of years that senior citizens can expect to lead healthy lives and encourage their participation in society, while fostering positive images of ageing and promoting social cohesion. The dialogue seeks to link the various stakeholders and thus encourage them to take specific action.

Austria’s new primary care system revolves around the vision of multi-professional healthcare administered in response to patient needs.

Steps to actively put into practice the commitment to “leave no one behind” during the social and economic digital transformation include the “fit4internet” initiative, launched in 2018, as well as the various measures involving digital transformation and older persons that are supported by the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (see above). fit4internet is aimed at giving everyone an opportunity to expand their digital skills and benefit from digitalisation. The initiative pools resources, sets digital skills standards, coordinates stakeholders and offers skills-checking and training opportunities. The 60+ generation is a central target group of the fit4internet scheme. By increasing digital fitness, poverty can be combated, education levels can be raised and inequalities be reduced.

To implement the SDGs, the BMSGPK has since early 2019 been supporting a dialogue with civil society, in the form of the “Leaving No One Behind” dialogue forum. At five workshops held all over Austria, more than 400 stakeholders discussed the challenges faced and requirements to be met in order to implement the SDGs by 2030. A workshop on “A Society For All Ages: Implementing The SDGs Relating to Ageing” took place in November 2019. With a focus on SDGs 1, 3, 4, 5, 8, 10 and 11, topics discussed included education and digitalisation, health and active ageing through social participation, sustainable cities and communities for older persons, and work, age and gender.

## 2. Lessons learnt from managing the consequences and impacts for older people in emergency situations: the COVID-19 pandemic

### 2.1. COVID-19-related impact on older people

Compared with the previous year, hospital stays generally dropped for all age groups in Austria in 2020. The most minor decline was seen for the 80+ age group, which was hardest hit by the COVID-19 pandemic, when measured in terms of hospitalisations and number of ICU patients. As a share of total stays, the percentage of hospital stays due to a COVID-19-related illness was seen to directly increase with age. For patients aged 80 or over, the share was 3%, rising even to 4.2% for those aged 90 or over. According to Statistics Austria, compared with total deaths, the highest percentage of mortality cases due to COVID-19 was recorded for individuals aged 80 or over (8.4%; see Annex for detailed statistics).

The long-term care sector was especially hard hit by the COVID-19 pandemic, and here in particular senior citizens and nursing homes. Staff at such facilities were confronted with overwhelming challenges, struggling between containing the number of infections and maintaining care and assistance levels, while also faced with psychological and social impacts, caused for example by having to restrict visits.

During the pandemic, household visits as well as supervision sessions with family carers were temporarily discontinued. The underlying reason was to limit mobility and the amount of physical contact those involved had with others, as well as to protect those making the home visits. Long-term care allowance could be paid out in advance in some cases, as a way of mitigating the negative impact caused by suspended or delayed visits. Where household visits were unavoidable, visiting staff observed protective measures (wearing protective equipment and maintaining distance). Supervision sessions for family carers were conducted by phone.

To manage the COVID-19 crisis and to contribute to the associated unbudgeted expenses, the federal government approved for the *Laender* an earmarked subsidy of EUR 135 million, based on an amendment to the Long-Term Care Fund Act. This subsidy, subject to the availability of resources from the crisis fund, was made available to the *Laender* to contribute towards covering unbudgeted expenses, to finance measures necessitated as a result of inaccessible care structures and to provide extraordinary benefit payments to nursing and care workers and to cleaning staff members. An agreement was signed between the federal and the *Laender* governments, specifically obliging the latter to use the subsidy for making substitute care facilities available and enabling clearing measures, as well as for expanding the hotline service for family carers and making bonus payments to nursing and care workers and to cleaning staff members.

Up to three weeks of special employment leave (*Sonderbetreuungszeit*) was offered to allow individuals to care for a family member, where the care recipient required care and assistance on a 24-hour basis but no carer was available due to the special situation. The federal and *Laender* governments offered programmes specifically targeting individuals with forms of dementia and their families. Guidance was also prepared and distributed to stakeholders, advising on how to

manage video conferences with individuals suffering from dementia. Once the infection rate had reached a level allowing household visits and supervision sessions with family carers to be resumed, these activities were continued duly taking broad protection measures.

Beginning in March 2020 and until the end of the pandemic, individuals who require 24-hour care receive a monthly supplement of EUR 550 where care is provided continuously by a self-employed carer for at least 14 days a month. Hours of duty must in all cases amount to at least the minimum number set out in the Home Care Act (*Hausbetreuungsgesetz*). To allow care recipients continued care in their familiar surroundings, carers who had to extend their periods of care duty by four weeks were eligible to apply for a one-off premium amounting to a maximum of EUR 500.

When administering vaccinations against SARS-CoV-2, community doctors gave priority to individuals over 80 years of age as well as those over 65. Yet residents of Austria were classified as being at high risk of coronavirus infection solely based on medical indications and not on their age.

## **2.2. Commitment to dignity and the right to health when making healthcare decisions affecting older people**

The BMSGPK commissioned the Austrian Health Promotion Fund to carry out a health impact assessment of measures introduced to contain the spread of COVID-19, specifically of lockdowns and physical (or social) distancing. The assessment included impacts on older persons and resulted in relevant recommendations that address the pandemic specifically but also provide more general guidance (for example relating to the situation at nursing homes).

## **2.3. Strengthening social inclusion and solidarity during physical distancing**

The senior citizens organisations represented by the Austrian Senior Citizens Council comprise a total of some three thousand local groups all over Austria. Through numerous activities, such as phone campaigns and home visits, these groups have been helping to alleviate the loneliness experienced by older individuals during the pandemic.

The BMSGPK took various measures aimed at strengthening social participation and mutual assistance. An example is [www.freiwilligenweb.at](http://www.freiwilligenweb.at), where summaries and lists of current civil society initiatives and programmes relating to local community assistance are published and consistently updated. The BMSGPK also commissioned and made available two sets of guidance, one for volunteers giving phone advice to help individuals cope with loneliness during the COVID-19 crisis, and the other advising on voluntary service during COVID-19.

An example of efforts to strengthen social participation is an Austrian Health Promotion Fund initiative aimed at promoting social cohesion and health in neighbourhoods (*Auf gesunde Nachbarschaft*), an initiative even more important while physical distancing rules were in effect. The campaign encompassed seven model projects and contributed to enabling and supporting safe contact among individuals by developing and discussing the approaches. As part of the same campaign, the Austrian Health Promotion Fund additionally called for project tenders, in cooperation with civil society and public actors, including the Upper Austrian

independent volunteer centre ULF, the Graz anti-COVID-19 phone network (*Grazer Telefonkette*) and the Austrian Health Literacy Alliance (*Österreichische Plattform Gesundheitskompetenz*). Numerous organisations responded by submitting project ideas (see <http://gesunde-nachbarschaft.at/gesunde-nachbarschaft-verbindet> in German).

Diakoniewerk Salzburg launched additional neighbourhood initiatives during the pandemic. These included intergenerational support services; a “phone visiting service”, with volunteers making regular calls to older persons; and regular visiting services, implementing a strict hygiene plan in compliance with COVID-19 regulations. Another project involved home visits by IT-skilled volunteers to help older persons resolve issues with smartphones and other devices. In this way, an increased number of the older and even the oldest age categories could take advantage of online offerings (such as memory training courses via Zoom or streamed events).

#### **2.4. Focus on older persons in socio-economic and humanitarian response to COVID-19**

In tackling the pandemic, Austria involved where possible a broad base of experts, patients (and their representatives) as well as stakeholder organisations (see above).

In the view of the Senior Citizens Council, Austria strove to achieve the right balance between maintaining health safety and ensuring the highest possible level of individual freedom. Early on in the pandemic, senior citizens and nursing home residents could not receive any or only very few visitors. This was obviously a highly challenging and very difficult situation for all those involved. The situation later improved once all home residents and staff – who so desired – had been vaccinated.

An ongoing study, commissioned by the *BMSGPK*, is examining the situation of older persons in relation to the impacts of the measures introduced to contain the spread of COVID-19. The aim here is to arrive at a more age-sensitive and age-appropriate perspective, to be applied in managing future crises and pandemics. The study surveyed older persons’ needs for safety and self-determination during the COVID-19 pandemic from the perspective of older and very old persons and examined how to find a well-balanced approach. It will additionally contain findings, as well as recommendations, relevant for addressing loneliness and quality of life among older persons in times of crisis.

In this context, mention should be made of the sharpened focus put by the Austrian Red Cross (ÖRK) in recent years on disaster preparedness and management in relation to older people. The ÖRK participated in an EU disaster management project centred on people requiring care and assistance, seeking among other things to better take into account the needs of older people, including those with mobility impairments, in the event of a disaster.

#### **2.5. What has been done to expand participation by older persons, share good practices and harness knowledge and data?**

The project teams of the *Auf gesunde Nachbarschaft* initiative (see above) and of its predecessor project (*Gesunde Nachbarschaft verbindet!*) have the avowed goal of encouraging participation

and social contacts. As a result, get-together events are organised regularly, where teams can share experiences and new ways of encouraging social contacts. Both projects were evaluated to gather data and information on how projects were implemented in practice. The lessons learnt were made available to the general public within the context of a conference hosted by the Austrian Health Promotion Fund.

Since the onset of the pandemic, Diakonie has also organised meetings, online and in person, both for internal actors and jointly with other NPOs. The organisation has also acquired tablets for home residents to enable them to keep in touch with relatives via video app.

Specific data on COVID-19 are being collected as part of the Austrian interdisciplinary study of very old persons (*Österreichische Interdisziplinäre Hochaltrigenstudie*). Health reporting is required to take into account any challenges or special circumstances brought on by COVID-19. The digital skills of people in their post-working years (65+) is a topic that has gathered momentum as a result of COVID-19. Related research, commissioned by the BMSGPK, is currently looking at education and digital skills among older people. The study specifically seeks to shed light on how digital skills are developed by older persons and on existing barriers to acquiring these skills, while revealing options for supporting various target groups among older persons.

### **3. Activities in preparation and implementation of the WHO Decade of Healthy Ageing 2020–2030**

#### **3.1. National implementation**

The Austrian Health Targets define a framework to guide progress in the healthcare sector up to and including 2032. One of the aims is to foster cross-policy dialogue towards an active-ageing strategy. To support this effort, and to promote the WHO Decade of Healthy Ageing 2020–2030, the “Healthy and Active Ageing Dialogue“ (*Dialog Gesundes Aktives Altern*) has been launched. The aim is to promote active and self-determined ageing in good health among people in Austria. The dialogue is a cooperative effort of the BMSGPK, the Umbrella Association of Austrian Social Security Institutions and the Austrian Health Promotion Fund.

The first item on the dialogue’s agenda is to address the social participation of older persons. The dialogue brings together organisations and actors, with the aim of enhancing visibility of activities, generating synergies and sharing knowledge. Good practice models are highlighted and implementation on a broad basis is initiated. In addition, a toolkit is developed to help enhance images of ageing in society in the long run.

#### **3.2. Reporting on the implementation of the United Nations Decade of Healthy Ageing (2020-2030) within the scope of the MIPAA/RIS review and appraisal**

Austria is willing to report on implementation of the WHO Decade of Healthy Ageing 2020–2030.

# Conclusions and priorities for the future

For decades, Austria has been setting fundamental standards with its measures for enhancing the quality of life among older persons and creating a society for all ages, and in this area can be considered a beacon for other countries. Nonetheless, stakeholders have identified the need for further efforts, foremost in relation to a strategy for meeting future challenges in care and nursing. The planned reform measures will respond to the majority of current central issues of concern, including a stronger focus on self-determination and personal responsibility, better support to relieve the burden on family members, expansion of services (such as mobile services and day-care programmes or institutions), uniform (quality) standards in particular for 24-hour care, and alternatives to care by family carers. Improvement has also been proposed in the way of ensuring comparable funding levels throughout Austria, thereby creating a single nationwide standard for social services and assistance. Especially when designing social services, the direct involvement of those to be targeted has also been recommended.

The stakeholders consulted have called for more measures to raise among all age groups an awareness of the skills and potentials that older individuals can offer to society, as a way of encouraging an appropriate, respectful attitude towards older persons and a positive image of ageing.

The Second Protection of Adults Act signals a major paradigm shift towards greater self-determination for those affected, and now, three years later, as the schemes set out in the law have been put into practice, further refinement is needed: An ongoing dialogue and learning process is needed aimed at nurturing within society, and specifically among institutions administering care, wide-spread awareness that ageing individuals with a mental disorder or similar impairment are nonetheless fully-fledged members of society. Consequently, their (legal) capacity to act is to be restricted only in exceptional cases. Further improvement is also needed specifically where individuals receive care at nursing homes. Due to the general lack of resources, the principle of “support rather than representation” cannot be practised simply or financial reasons.

In addition, difficulties in implementing the rules are encountered with some banking institutions. An urgent need also exists for training among physicians, specifically to encourage doctors to put in practice the principle that patients, including those with mental disorders, are to be involved to the greatest possible extent in any decision relating to medical treatment.

With reference to ageism, the Ombud for Equal Treatment (*Gleichbehandlungsanwaltschaft*) has identified a systemic inconsistency within the Austrian Equal Treatment Act (*Gleichbehandlungsgesetz*), thus representing discrimination within the act itself. Older persons do not enjoy protection against discrimination in relation to accessing goods and services, which is prohibited on grounds of gender or ethnic origin but not age, i.e. there is an urgent need for widening the scope, or “levelling-up” of the law in that respect. Several related cases have been brought to the attention of the Ombud for Equal Treatment, involving for example taking out loans, vehicle rentals, acquiring living space, medical care and private health insurance. Denying certain services to certain age categories means excluding people in these categories from fully and equally participating in society. Such instances of discrimination are often grounded in ill-informed age stereotypes. Discrimination against individuals due to advanced age often

intersects with discrimination on other grounds, such as a disability or chronic illness, for example where accessible housing is not available to the extent required. The issue is aggravated by indirect discrimination, caused by digitalising more and more services. Examples include varying prices depending on whether tickets are purchased at a counter, machine or online, or services that can only be accessed via smartphone app.

With reference to measures needed in the future, the Austrian Senior Citizens Council cites numerous ageism cases in Austria involving banks and insurance companies. According to the Senior Citizens Council, legislative action is urgently required to lift the discriminatory provisions.

While more attention has been given in recent years to appropriate living environments for older persons and designing appropriate social space for an ageing population, more effort will be needed to ensure accessible housing. This can be facilitated not only by new building projects - including designs incorporating completely new forms of living aimed at providing an appropriate socio-spatial environment - but also remodelling existing structures to preserve older persons' relationships to their regions and social spaces. Future improvements to public social space will involve adapting streets and roads as well as public facilities to accommodate even better the needs of older individuals.

In regard to labour market policy, the current working programme of the Austrian federal government follows a cross-policy approach aimed at recognising and utilising the potential offered by older workers. The principles followed are prevention of unemployment, rehabilitation and job integration before retirement. Specifically, integration subsidies (*Eingliederungsbeihilfe*) paid to employers hiring individuals aged 50 or over are granted to expand appropriate employment opportunities for that age group. For individuals with health impairments, employment opportunities involving easy entry are coupled with health programmes and treatments. Businesses are to be provided with stronger incentives to practise targeted health and ageing management, design healthy working environments that accommodate older employees, and to offer suitable working hours models. In addition, schemes such as pre-retirement part-time work (*Altersteilzeit*) and reintegration part-time work (*Wiedereingliederungsteilzeit*) are to be better attuned to needs.

In the view of the Federal Ministry of Labour (*BMA*), future labour market priorities should concentrate on areas where employment, healthcare and pension policies intersect, considering aspects including prevention and health management at work, and be in line with the goal of helping employees stay healthy and work longer. As worthwhile measures in the future, the *Land* of Burgenland identifies in particular programmes aimed at lowering barriers, enhancing accessibility and promoting social and occupational inclusion. This would include removing barriers to using social media as well as physical barriers.

Addressing future priorities in labour market policy and aiming to design a sustainable pension system, the Austrian Senior Citizens Council calls for action in several areas, including the following: stepping up efforts for greater labour-force participation among older workers; recognition of longer child-rearing periods towards pension entitlement; expanded options for self-insurance and continued insurance on the part of family carers; and enhancing general conditions to ensure a healthy world of work in line with older employees' needs. The Austrian Senior Citizens Council also recommends premiums for companies that provide (continued)

training to older employees, as well as preferentially awarding public contracts to companies that employ older workers. The Senior Citizens Council additionally advocates raising to 5.1% the level of pay supplement paid out to individuals who work beyond the statutory retirement age annually under the pension corridor scheme. To increase the de facto retirement age, a supplementary measure also recommended by the Senior Citizens Council would be to gradually discontinue the practice of automatic pay rises each year of employment. Rather, a system of higher entry pay levels while giving smaller pay hikes later should be introduced, thereby preserving the level of working-life income.

# Annex

## PART I:

Table/s 1: Population profile

Age (full years completed), gender	Average population by 5-year age cohorts and gender (since 2000)																				In total			
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2020	2016	2000
Total	8,011,566	8,042,293	8,082,121	8,118,245	8,159,441	8,225,278	8,267,948	8,295,189	8,321,544	8,344,489	8,361,069	8,368,534	8,426,311	8,477,230	8,549,932	8,629,519	8,719,806	8,795,073	8,837,707	8,871,637	8,916,845	8,916,845	4,388,120	4,528,725
Up to 4 years	419,493	407,733	398,959	396,112	396,336	397,817	398,619	397,917	396,383	394,589	392,618	393,388	395,035	397,615	402,767	410,133	420,595	428,886	434,029	435,610	434,757	434,757	208,333	226,424
5 to 9 years	475,213	469,228	462,313	451,806	444,511	423,078	423,619	423,933	409,707	406,975	405,729	405,265	404,792	403,873	403,965	405,946	405,946	416,381	428,819	422,510	426,590	426,590	213,295	213,295
10 to 14 years	470,760	475,517	481,696	486,018	488,390	486,898	481,848	474,519	463,220	451,064	440,904	430,519	420,787	416,725	415,089	416,593	421,438	422,616	422,501	422,448	422,084	422,084	211,019	211,019
Up to 14 years	17,04%	16,83%	16,62%	16,43%	16,23%	16,02%	15,77%	15,51%	15,29%	15,02%	14,82%	14,65%	14,49%	14,37%	14,30%	14,28%	14,30%	14,42%	14,43%	14,43%	14,39%	14,39%	7,19%	7,19%
Up to 14 years	1,365,466	1,352,478	1,342,968	1,334,016	1,326,247	1,317,793	1,304,156	1,286,379	1,269,210	1,252,618	1,239,281	1,229,156	1,220,614	1,218,213	1,221,821	1,232,672	1,245,117	1,268,933	1,275,389	1,280,328	1,283,431	1,283,431	641,716	641,716
15 to 19 years	485,249	483,472	480,604	481,458	480,771	488,087	492,728	497,684	500,724	501,159	497,787	491,119	480,411	474,670	464,268	459,770	459,223	448,999	444,996	437,492	435,616	435,616	217,808	217,808
20 to 24 years	469,486	475,463	480,613	493,346	516,052	525,275	520,196	519,937	519,276	519,967	520,508	525,148	532,910	540,708	546,917	550,618	554,774	547,904	536,033	529,071	511,802	511,802	255,906	255,906
25 to 29 years	557,576	537,619	520,779	514,117	508,465	510,920	520,733	533,277	544,744	552,189	555,933	553,486	552,004	556,377	565,035	576,891	593,737	601,365	603,512	602,427	598,067	598,067	299,031	299,031
30 to 34 years	682,880	666,965	649,869	612,782	601,995	584,261	566,745	549,246	537,497	529,920	526,692	534,472	548,810	563,728	577,713	590,718	598,098	598,596	601,182	605,770	610,270	610,270	309,135	309,135
35 to 39 years	698,645	706,251	709,276	708,448	705,119	695,186	681,795	663,775	638,434	611,448	589,897	571,211	555,063	546,422	544,966	549,211	564,050	579,996	594,073	604,963	613,016	613,016	314,508	314,508
40 to 44 years	608,812	618,712	618,888	669,822	699,051	704,333	713,163	714,180	713,090	707,804	695,219	680,574	663,716	640,969	618,886	603,688	590,242	576,216	568,228	565,316	561,404	561,404	287,202	287,202
45 to 49 years	512,712	527,578	516,897	561,861	586,212	609,266	628,847	648,694	669,612	681,515	693,515	708,619	710,817	711,217	709,478	701,262	690,667	676,093	654,129	631,614	615,212	615,212	307,606	307,606
50 to 54 years	492,312	508,140	507,458	501,980	500,180	507,397	523,319	541,790	559,987	580,371	601,907	620,303	640,675	662,861	680,911	698,775	709,484	713,417	715,017	713,535	705,179	705,179	352,589	352,589
55 to 59 years	486,976	454,811	450,281	460,007	466,165	479,475	495,304	495,304	490,617	488,786	495,485	510,781	529,611	548,310	569,812	592,770	612,885	634,178	656,733	676,762	692,757	692,757	346,381	346,381
60 to 64 years	62,34%	62,04%	61,90%	61,93%	61,91%	62,06%	62,31%	62,58%	62,17%	62,09%	62,00%	61,94%	62,03%	61,88%	61,79%	61,64%	61,48%	61,13%	60,77%	60,39%	59,98%	59,98%	29,619	29,619
65 to 69 years	4,994,701	4,989,010	5,002,665	5,027,021	5,058,010	5,104,510	5,164,187	5,213,911	5,279,153	5,348,072	5,395,813	5,428,087	5,445,292	5,429,016	5,393,812	5,343,613	5,373,160	5,376,675	5,370,953	5,360,980	5,348,313	5,348,313	2,706,151	2,706,151
70 to 74 years	415,519	457,149	486,615	503,372	501,703	468,611	434,117	422,219	441,914	460,114	479,670	475,319	471,676	471,089	471,089	478,767	495,018	514,511	533,481	554,806	571,318	571,318	281,806	281,806
75 to 79 years	67,51%	67,72%	67,92%	68,12%	68,06%	67,70%	67,16%	67,49%	67,49%	67,46%	67,16%	67,16%	67,16%	67,16%	67,16%	67,16%	67,16%	67,16%	66,81%	66,61%	66,41%	66,41%	33,105	33,105
80 to 84 years	5,410,260	5,446,199	5,489,310	5,530,333	5,559,733	5,573,111	5,585,940	5,596,446	5,615,945	5,629,913	5,644,186	5,675,483	5,693,416	5,716,968	5,750,115	5,802,410	5,868,198	5,891,186	5,904,414	5,915,786	5,925,614	5,925,614	2,962,807	2,962,807
85 to 89 years	339,695	332,367	326,880	326,467	349,662	394,916	431,912	459,881	475,918	471,119	462,462	469,271	467,719	466,909	422,718	434,812	453,693	450,412	447,410	447,412	451,511	451,511	225,761	225,761
90 to 94 years	328,442	326,785	325,012	320,864	315,210	308,191	301,955	298,871	298,911	321,205	359,518	398,289	421,014	438,516	437,114	407,610	376,779	376,412	380,012	389,611	400,812	400,812	200,051	200,051
95 and older	288,918	289,508	286,303	280,088	280,166	279,220	278,845	279,008	279,543	272,017	267,213	261,885	260,612	262,811	263,711	262,411	263,711	263,711	263,711	263,711	263,711	263,711	131,856	131,856
80+	278,705	294,916	311,618	324,377	338,403	352,085	365,070	376,198	385,674	394,511	404,339	413,150	419,816	424,313	428,376	429,519	422,212	433,612	437,116	457,114	491,216	491,216	245,606	245,606

Average female population by 5-year age cohorts (2000-2020)																					
Age (full years completed), gender	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Women	4,136,849	4,148,373	4,163,181	4,177,960	4,201,740	4,226,326	4,245,432	4,256,624	4,271,326	4,280,288	4,289,296	4,301,346	4,316,880	4,338,537	4,367,982	4,400,443	4,444,622	4,470,336	4,490,959	4,510,346	4,528,755
Up to 4 years	204,667	198,711	194,211	192,872	192,825	193,497	194,317	194,269	193,526	192,594	191,559	191,682	191,948	192,897	195,255	198,645	203,586	207,589	210,399	211,489	211,358
5 to 9 years	231,735	228,864	225,680	220,686	219,614	211,381	206,460	201,696	199,591	198,157	197,583	197,690	197,674	197,205	197,226	198,119	201,195	202,305	203,191	204,680	206,650
10 to 14 years	229,440	231,856	234,997	236,656	237,960	237,148	234,804	231,497	226,185	220,253	215,355	209,880	205,056	203,051	202,182	202,712	205,017	205,957	205,898	205,802	205,619
Up to 14 years	16,100%	15,900%	15,720%	15,650%	15,380%	15,190%	14,970%	14,730%	14,500%	14,270%	14,090%	13,930%	13,780%	13,670%	13,620%	13,620%	13,720%	13,780%	13,790%	13,790%	13,770%
Up to 14 years	665,842	659,431	654,488	650,214	646,399	642,026	635,581	627,462	619,302	611,004	604,397	599,252	594,678	593,453	594,663	599,476	609,798	615,851	619,488	621,971	633,627
15 to 19 years	237,334	236,261	234,596	234,747	236,216	237,906	240,156	242,529	243,938	244,141	242,294	238,985	235,672	231,041	225,991	222,506	219,437	214,989	212,933	211,838	211,352
20 to 24 years	231,691	234,195	240,499	248,119	255,093	259,782	259,232	257,275	256,825	257,084	257,344	259,187	262,166	265,485	267,614	268,236	268,583	265,580	259,892	253,800	248,462
25 to 29 years	280,104	269,964	260,740	255,068	252,769	252,940	257,735	264,287	270,564	274,849	277,107	275,963	274,666	276,074	279,457	283,950	290,546	293,750	294,593	293,903	291,489
30 to 34 years	337,377	330,576	323,137	312,597	301,799	293,298	284,276	275,476	269,071	264,455	262,192	266,068	273,121	280,401	287,165	292,711	295,367	295,144	295,965	297,534	299,633
35 to 39 years	343,141	347,169	348,880	348,638	347,426	343,931	337,982	330,239	319,321	307,209	297,269	287,906	279,550	274,297	272,124	272,732	279,284	287,212	294,418	299,918	303,866
40 to 44 years	301,823	310,637	319,649	329,730	339,385	346,904	351,185	352,418	352,022	349,877	344,700	338,857	331,822	321,904	311,632	309,982	296,827	289,620	284,653	282,194	281,758
45 to 49 years	266,931	264,484	273,824	282,474	292,814	303,514	312,276	321,289	331,556	340,573	347,226	351,081	352,580	352,853	352,091	348,477	344,393	338,081	328,581	318,279	310,470
50 to 54 years	247,517	255,362	265,300	274,724	282,149	292,219	296,490	297,533	292,311	292,163	302,205	310,608	319,817	330,426	340,200	347,843	352,827	355,071	355,835	355,179	351,674
55 to 59 years	249,267	232,745	229,954	234,665	237,349	243,710	254,428	252,413	262,188	249,466	253,156	260,977	270,177	279,104	289,394	300,051	309,201	318,701	329,338	339,107	346,760
15-60 years in	60,070%	59,820%	59,730%	59,810%	59,850%	60,040%	60,340%	60,340%	60,300%	60,270%	60,230%	60,210%	60,220%	60,200%	60,120%	60,010%	59,770%	59,460%	59,150%	58,790%	58,420%
15-60 years	2,485,185	2,481,393	2,486,579	2,498,762	2,515,000	2,537,664	2,561,700	2,569,459	2,575,796	2,579,811	2,583,493	2,589,632	2,599,571	2,611,585	2,625,668	2,640,488	2,656,375	2,668,148	2,676,208	2,671,852	2,665,464
60 to 64 years	215,993	236,976	252,139	260,970	260,539	263,678	225,695	224,377	229,199	231,822	237,862	248,244	246,410	244,311	243,847	247,760	255,956	265,484	274,533	284,669	295,148
15-65 years in	65,290%	65,530%	65,780%	66,050%	66,060%	65,810%	65,660%	65,600%	65,670%	65,690%	65,780%	65,880%	65,990%	65,930%	65,830%	65,640%	65,520%	65,400%	65,260%	65,110%	64,930%
15-65 years	2,701,088	2,728,369	2,738,718	2,759,732	2,775,539	2,791,342	2,787,395	2,793,836	2,804,995	2,811,633	2,821,355	2,827,876	2,845,981	2,855,896	2,869,515	2,888,248	2,912,331	2,923,632	2,930,741	2,936,521	2,940,612
65 to 69 years	189,983	179,593	175,939	174,985	186,344	209,283	228,479	243,138	251,725	251,128	234,758	217,144	215,973	220,682	223,415	229,354	239,313	237,670	235,911	230,673	229,742
70 to 74 years	191,072	186,522	183,409	180,410	176,684	172,394	168,230	165,284	164,770	175,797	197,635	215,946	229,812	237,132	237,347	221,689	204,933	203,838	208,327	210,692	216,477
75 to 79 years	193,047	191,437	186,064	179,181	173,546	169,078	165,712	163,440	161,421	158,407	155,165	151,811	149,589	146,675	146,675	180,927	197,790	210,431	217,174	216,704	202,186
80 to 84 years	99,707	107,672	123,926	138,980	150,402	152,855	152,447	148,907	144,421	140,507	137,600	135,620	134,477	133,426	131,703	129,338	127,262	125,671	126,184	126,447	124,667
85 to 89 years	74,824	70,168	63,854	56,599	53,559	59,749	69,973	81,954	91,249	98,739	101,472	101,866	99,603	97,085	93,820	94,475	93,989	93,570	93,144	92,557	90,965
90 to 94 years	27,656	29,295	30,507	31,522	32,377	32,266	29,800	27,207	24,590	23,883	28,004	33,374	38,779	43,491	47,022	48,034	48,611	47,719	46,741	46,436	46,289
95 years and o	5,630	5,886	6,285	6,359	6,793	7,333	7,815	8,313	8,862	9,125	9,310	8,707	7,988	7,397	7,516	8,902	10,615	11,948	12,948	13,645	14,150
65+ in %	18,610%	18,590%	18,490%	18,380%	18,560%	19,000%	19,310%	19,660%	19,930%	20,040%	20,130%	20,090%	20,300%	20,500%	20,680%	20,740%	20,760%	20,820%	20,950%	21,100%	21,200%
65+ in %	769,919	770,573	769,915	768,014	779,802	802,968	822,416	837,143	847,029	857,651	863,144	864,218	876,221	886,488	903,204	912,719	922,513	930,853	940,710	951,954	964,466
80+ in %	4,900%	5,100%	5,400%	5,600%	5,800%	6,000%	6,100%	6,200%	6,300%	6,400%	6,400%	6,500%	6,500%	6,500%	6,500%	6,400%	6,300%	6,200%	6,200%	6,400%	6,800%
80+	201,817	213,021	224,572	233,438	243,231	252,203	260,035	265,481	269,122	272,254	275,986	279,287	280,847	281,399	282,061	280,749	280,477	278,914	279,017	288,585	306,081

Source: Statistics Austria; based on forward projection model up to 2001 and based on central residence register data (since 2002)

Average male population by 5-year age cohorts (2000-2020)																					
Age (full years completed), gender	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Men	3,874,717	3,893,920	3,938,940	3,940,285	3,967,701	3,998,932	4,022,516	4,036,548	4,050,215	4,061,195	4,071,773	4,087,188	4,109,431	4,138,693	4,176,550	4,229,076	4,295,164	4,324,737	4,346,748	4,367,291	4,388,120
Up to 4 years	214,826	209,022	204,718	203,340	203,511	204,320	204,362	203,648	202,757	201,995	201,089	201,706	203,087	204,718	207,512	211,488	217,009	221,237	223,630	224,141	223,399
5 to 9 years	243,478	240,364	236,633	231,120	225,907	221,697	217,169	212,237	210,116	208,838	208,146	207,575	207,118	206,668	206,739	207,827	211,949	214,276	215,668	217,570	219,940
10 to 14 years	244,320	243,661	247,099	249,382	250,430	249,750	247,044	243,932	237,935	230,811	225,649	220,623	215,731	213,674	212,907	213,881	216,421	216,699	216,603	216,646	216,465
Up to 14 years in %	18,06%	17,80%	17,57%	17,35%	17,13%	16,90%	16,62%	16,33%	16,05%	15,80%	15,59%	15,44%	15,23%	15,10%	15,02%	14,97%	15,03%	15,08%	15,09%	15,07%	15,04%
Up to 14 years	699,624	693,047	688,480	683,842	679,848	675,767	668,575	665,917	661,908	641,624	634,884	629,904	625,936	625,060	627,158	633,196	645,379	652,202	655,901	658,357	659,804
15 to 19 years	247,915	247,210	246,008	246,711	248,555	250,181	252,582	255,155	256,786	257,018	255,493	252,134	248,739	243,629	238,277	237,264	239,786	234,010	229,063	225,654	221,214
20 to 24 years	237,795	241,268	248,114	255,227	260,959	265,493	264,964	262,662	262,351	262,883	263,164	265,961	270,764	275,223	278,203	282,382	286,191	280,324	276,141	269,271	263,340
25 to 29 years	277,472	267,675	260,039	256,249	255,696	257,980	262,998	268,990	274,480	277,334	278,486	277,523	277,338	280,393	285,578	292,941	292,941	307,606	308,659	308,524	306,578
30 to 34 years	345,593	336,389	336,732	333,185	300,196	290,963	282,469	273,770	268,426	265,465	264,500	268,594	275,709	283,327	290,548	298,027	302,731	303,452	305,217	308,136	310,637
35 to 39 years	355,504	359,082	360,396	359,810	357,713	352,095	343,813	333,535	319,113	304,245	292,628	283,395	275,513	272,125	272,842	276,499	284,766	292,784	299,655	305,045	309,160
40 to 44 years	306,989	318,075	329,239	340,092	349,666	357,449	361,978	362,062	361,068	357,927	350,599	344,717	331,894	319,065	307,254	299,606	293,445	286,606	283,575	281,152	284,646
45 to 49 years	255,821	263,094	273,073	283,387	293,398	305,712	316,671	327,405	338,086	346,942	353,718	357,538	358,257	358,384	357,387	352,785	346,664	337,922	325,548	313,335	304,782
50 to 54 years	244,808	252,778	252,158	249,256	248,031	251,178	258,889	268,457	277,676	288,208	299,702	309,695	320,858	332,435	342,721	350,932	356,657	358,346	359,192	358,366	353,505
55 to 59 years	237,709	222,086	220,327	225,342	228,816	235,765	245,859	242,891	240,429	239,320	242,329	249,804	259,444	269,216	280,448	292,719	303,684	315,477	327,395	337,655	345,997
55-60 years in %	64,77%	64,20%	64,20%	64,16%	64,09%	64,19%	64,39%	64,28%	64,15%	64,00%	63,87%	63,76%	63,72%	63,64%	63,53%	63,45%	63,25%	62,86%	62,45%	62,03%	61,59%
55-60 years	2,509,516	2,507,657	2,516,066	2,528,259	2,543,030	2,566,846	2,590,422	2,594,728	2,598,115	2,599,342	2,600,579	2,606,181	2,618,516	2,633,707	2,653,358	2,683,155	2,716,785	2,718,527	2,714,745	2,709,128	2,702,899
60 to 64 years	199,656	220,173	234,516	242,402	241,164	244,933	208,422	207,882	212,735	215,938	222,252	231,426	228,939	227,385	227,242	231,007	229,082	249,027	258,948	270,137	282,170
65-69 years in %	69,92%	70,95%	70,19%	70,32%	70,17%	69,81%	69,57%	69,43%	69,40%	69,32%	69,33%	69,43%	69,29%	69,13%	68,97%	68,92%	68,82%	68,62%	68,41%	68,22%	68,03%
65-69 years	2,709,172	2,727,830	2,750,602	2,770,661	2,784,394	2,793,779	2,798,545	2,800,610	2,810,850	2,815,280	2,822,831	2,837,607	2,847,455	2,861,072	2,880,600	2,914,162	2,955,867	2,967,554	2,973,693	2,979,265	2,985,029
70 to 74 years	155,712	152,774	150,930	151,482	163,321	185,553	203,593	216,749	224,233	223,001	207,704	192,127	191,806	196,227	199,333	205,468	214,380	212,172	211,529	211,759	215,779
75 to 79 years	137,370	140,263	141,633	140,454	138,546	135,799	133,725	132,987	134,111	145,468	165,923	182,343	194,202	200,794	199,834	185,921	172,846	172,619	175,755	178,759	184,405
80 to 84 years	95,891	98,071	100,239	102,907	106,620	110,172	113,133	114,568	114,531	113,565	112,078	111,044	111,043	112,706	123,310	141,519	155,917	166,022	171,171	169,982	157,968
85 to 89 years	40,432	46,572	53,615	59,688	64,295	66,370	68,270	70,662	73,385	76,674	79,845	82,450	84,012	84,642	84,581	83,856	83,624	84,346	86,342	95,385	110,265
90 to 94 years	27,273	25,446	22,939	20,314	19,483	22,018	25,985	30,118	33,694	36,173	37,712	39,326	41,200	43,200	45,605	47,602	49,501	50,599	51,399	51,574	51,509
95 years and older	8,034	8,610	9,107	9,523	9,862	9,805	8,909	8,060	7,336	7,194	8,575	10,365	11,945	13,292	14,163	15,216	16,094	16,972	17,893	18,871	19,778
95+ in %	1,209	1,397	1,405	1,414	1,532	1,689	1,871	1,977	2,117	2,216	2,221	2,022	1,832	1,700	1,766	2,136	2,556	2,861	3,339	3,339	3,592
95+ in %	12,02%	12,15%	12,22%	12,33%	12,69%	13,29%	13,81%	14,25%	14,57%	14,88%	15,08%	15,16%	15,28%	15,77%	16,01%	16,12%	16,16%	16,30%	16,50%	16,71%	16,94%
95+	465,921	473,043	479,848	485,782	503,659	531,406	555,361	575,021	589,457	604,291	614,058	619,677	636,040	652,661	668,192	681,718	693,918	704,981	717,544	729,669	743,287
95+ in %	2,0%	2,1%	2,2%	2,3%	2,4%	2,5%	2,6%	2,7%	2,9%	3,0%	3,2%	3,3%	3,4%	3,5%	3,5%	3,5%	3,5%	3,6%	3,7%	3,9%	4,2%
95+	76,948	81,935	87,056	90,939	95,172	99,882	105,035	110,717	116,552	122,257	128,353	134,163	138,989	142,834	146,315	148,810	151,775	154,788	158,699	162,169	165,135
95-99 years	388,971																				558,152

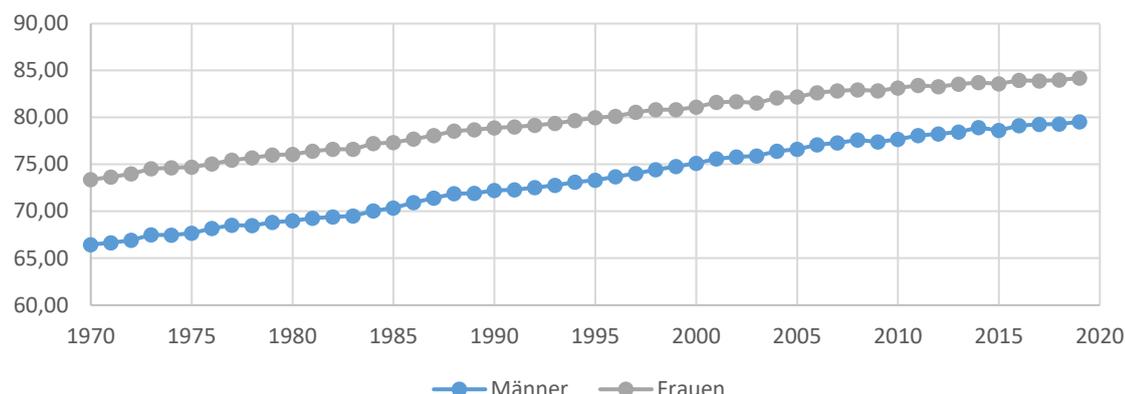
Source: Statistics Austria, based on forward projection model up to 2001 and based on central residence register data (since 2002)

Table/s 2: Life expectancy

Life expectancy at birth by gender		
(1970-2020)		
Year	Men	Women
1970	66,46	73,38
1971	66,64	73,67
1972	66,93	74,01
1973	67,51	74,55
1974	67,47	74,65
1975	67,66	74,70
1976	68,18	75,05
1977	68,52	75,46
1978	68,47	75,69
1979	68,81	76,00
1980	69,01	76,08
1981	69,28	76,41
1982	69,40	76,62
1983	69,51	76,60
1984	70,04	77,22
1985	70,35	77,33
1986	70,92	77,69
1987	71,42	78,07
1988	71,88	78,56
1989	71,91	78,69
1990	72,24	78,89
1991	72,28	79,00
1992	72,52	79,16
1993	72,77	79,36
1994	73,12	79,66
1995	73,30	79,98
1996	73,68	80,12
1997	74,02	80,55
1998	74,45	80,83
1999	74,78	80,85
2000	75,11	81,12
2001	75,61	81,60
2002	75,81	81,69
2003	75,91	81,54
2004	76,40	82,11
2005	76,61	82,20
2006	77,08	82,64
2007	77,29	82,83
2008	77,59	82,96
2009	77,39	82,84
2010	77,66	83,13
2011	78,08	83,43
2012	78,26	83,29
2013	78,45	83,56
2014	78,91	83,74
2015	78,63	83,59
2016	79,14	83,95
2017	79,27	83,89
2018	79,29	84,01
2019	79,54	84,21
2020	78,94	83,74

Source: STATISTICS AUSTRIA

Life expectancy at birth by gender (1970-2019)



Table/s 3: Social expenditures

Explanation of methods and definitions:

Statistics on expenditures and revenues in the context of social protection are compiled based on the methodology of the European system of integrated social protection statistics (ESSPROS). Social protection expenditures, a term identical with "social expenditures" as used above, includes social benefits, administration costs and other expenditures (such as interest) in the context of social protection schemes (e.g. Austria's statutory pension insurance or the Family Burden Equalisation Fund (Familienlastenausgleichsfonds)). Social (protection) expenditures represent funds that are redistributed, and thus do not include private expenditures, savings or life insurance schemes, private contributions, or non-redistributed social benefits paid out by businesses. Other types of expenditures not considered social protection expenditures are: educational expenditures, housing subsidies and redistributed taxation revenue not used primarily for social protection.

Social benefits are calculated as "gross benefits", i.e. the amount paid out by the particular social protection scheme, before deducting income tax or other contributions to be paid by the beneficiary. Social benefits are transfers by social protection schemes to private households and individuals, intended to relieve them from the financial burden of a number of risks or needs.

Under ESSPROS, a total of eight risks or needs (referred to as functions) have been agreed as requiring social protection (housing and social exclusion are subsumed in reporting under one function). Direct contributions paid by beneficiaries to share in the costs of social benefits are not considered revenues of social protection schemes but of the institutional units paying out these benefits. Such contributions are deducted from the amount of the benefits (e.g. prescription fees or, in the case of nursing-home accommodation, contributions by residents). Statistics Austria compiles Austrian data for the ESSPROS under a mandate from the Ministry of Social Affairs. The time series includes the years 1980 and 1985 as well as all years from 1990 until the current reporting year. Preliminary results are available for 2020 (the final expenditures, along with revenues, will become available in autumn). To compile the data for ESSPROS, the following sources are used: financial accounts data published by territorial corporate bodies (Gebietskörperschaften) and social security institutions, National Accounts data (VGR), profit and loss accounts of funds and insurance bodies, various secondary statistics, and other data. With reference to the preliminary nature of the results, the figures for social expenditures or benefits paid out by the federal government and social insurance institutions usually approximate the final amounts. Yet for other figures, major differences may be expected in some cases, as these figures are calculated either on the basis of forward projections using the change rates of COFOG government expenditure (of the Länder and municipalities), or are based on estimates (company pension schemes).

Social expenditures, social expenditure-to-GDP ratio and social benefits in Austria (2000–2020)						
	2000	2005	2010	2015	2019	2020 <sup>1</sup>
Social expenditures in EUR millions	59.678	71.060	87.647	102.814	116.627	129.945
Gross domestic product (GDP) in	213.606	254.075	295.897	344.269	397.575	377.297
Social expenditure-to-GDP ratio	27,9	28,0	29,6	29,9	29,3	34,4
Social benefits in EUR millions <sup>3</sup>	57.926	68.836	85.279	100.147	113.668	126.945
Social expenditure by functions						
- Sickness/healthcare	25,6	25,5	25,3	25,3	26,7	24,9
- Disability	8,2	7,6	7,2	6,8	6,1	5,6
- Old age	40,4	40,8	42,7	44,3	45,1	42,6
- Survivors	8,2	7,4	6,6	6,0	5,5	5,0
- Family/children	11,3	11,2	10,8	9,6	9,2	9,0
- Unemployment	4,8	5,8	5,6	5,7	5,4	10,2
- Housing/social exclusion	1,4	1,7	1,9	2,4	1,9	2,7

Source: Statistics Austria; European system of integrated social protection statistics (ESSPROS). – 1) Preliminary figures –  
 2) Gross domestic product at nominal values according to ESA 2010, National Accounts, May 2021.– 3) Differences between amounts of social expenditures and social benefits result from administration costs and other expenditures (such as interest).

Expenditures for major social benefits <sup>1)</sup> by functions, in EUR millions (2000–2020)				
	2000	2010	2019	2020
Overall sickness/healthcare	14.815	21.560	30.349	31.573
– Inpatient care financed by health insurance funds and institutions and territorial corporate bodies	6.534	10.042	14.055	15.075
– Outpatient care financed by health insurance funds and institutions and territorial corporate bodies	5.343	7.459	10.435	10.942
– Continued remuneration in the case of sickness	1.970	2.531	3.473	3.267
– Preventive healthcare and rehabilitation financed by	344	742	1.204	1.066
Overall disability (incapacity/invalidity)	4.768	6.127	6.990	7.083
– Incapacity/invalidity pensions paid out by pension	1.679	3.012	2.584	2.560
– Disability assistance paid out by the Laender and	497	1.221	1.901	1.971
– Public employee pensions paid out by public bodies	424	803	805	837
– Long-term care allowance paid out by the federal and	337	480	541	581
Overall old age	23.392	36.400	51.233	54.125
– Old-age pensions and incapacity/invalidity pensions paid	11.314	19.814	31.075	32.359
– Public employee pensions paid out by public bodies	6.050	8.227	10.295	10.704
– Company pensions	1.216	1.913	2.968	3.034
– Minimum income/social assistance paid out by the	806	1.416	2.772	2.855
– Early retirement pensions after a long contribution period, corridor pensions, pensions for long-term insured persons and heavy work pensions, paid out by pension insurance funds <sup>5)</sup>	2.334	2.819	1.639	2.560
– Long-term care allowance paid out by the federal and	1.308	1.845	2.077	2.195
Overall surviving dependants	4.758	5.599	6.298	6.383
– Survivors' pensions paid out by pension insurance funds	3.550	4.352	5.108	5.246
– Survivors' provision paid out by public bodies	885	991	990	941
Overall family/children	6.552	9.206	10.503	11.425
– Family allowance <sup>6)</sup>	2.923	3.447	3.495	4.222
– Nursery schools	683	1.553	2.380	2.524
– Tax credit for children	1.150	1.319	1.328	1.339
– Childcare benefit (including supplement/allowance)	-	1.062	1.198	1.171
Overall unemployment	2.801	4.799	6.092	12.911
– Allowance for temporarily reduced working hours	2	55	2	5.489
– Active and activating measures of labour market policy <sup>7)</sup>	776	1.931	2.682	2.614
– Unemployment benefit <sup>8)</sup>	902	1.339	1.548	2.395
– Long-term unemployment assistance <sup>9)</sup>	577	821	1.342	1.909
Overall housing/social exclusion	840	1.589	2.205	3.444
– Minimum income/social assistance and refugee assistance	312	763	1.544	1.629
– Support services for the self-employed and artists <sup>10)</sup>	-	-	-	1.112
– Housing/rental assistance	216	460	302	307

Source: Statistics Austria; European system of integrated social protection statistics (ESSPROS) – 1) The most significant social benefits, in quantitative terms based on 2020, are listed by social protection function. – 2) Preliminary figures. – 3) Long-term care allowance has been governed by the federal government since 2012. – 4) Outpatient, day-care and residential social services (mostly net expenditures for old-age and nursing homes). – 5) (Temporary) deduction-free access to early retirement pensions in 2020. – 6) Family Burdens Equalisation Fund (FLAF) and bodies directly paying family allowance (until 2008). – 7) Measures relating to skills-building, promoting occupational/regional mobility, (re-) entry into the job market etc. (active labour market policy); and payments from unemployment insurance used to activate individuals, including unemployment benefit supplements and assistance for training participants, and pre-retirement part-time work payments (activating labour market policy). – 8) Including one-off payment in the COVID-19 crisis (2020). Excluding funds used for activating labour market policy (see footnote 6). – 9) Including: one-off payment in the COVID-19 crisis and temporary unemployment assistance increase in 2020; and special unemployment assistance (until 2007). Excluding funds used for activating labour market policy (see footnote 6). – 10) Hardship Fund payments to the self-employed (one-person businesses, microenterprises and quasi-freelancers) and payments from the social insurance and support fund for artists (COVID-19 crisis management).

#### Expenditures for pensions and healthcare continue to dominate

Although the crisis period has seen a steep climb in expenditures for the employed, the unemployed and families, benefits paid out to retirement-age individuals continue to dominate in Austria. A total of EUR 54 billion was spent on old-age pensions (including public-employee pensions and company pensions) and on nursing and care services. The figure, 5.6% higher than in 2019, represents a 43% share of total social expenditures. Spending for illness/healthcare of all age groups is the second largest item, amounting to EUR 32 billion (+4.0%) or 25% of overall expenditures. In this category, the crisis year of 2020 saw expenditures for outpatient and inpatient healthcare increase (5% and 7% respectively), while spending for preventive healthcare and rehabilitation dropped by 11%, and spending for continued remuneration in cases of illness decreased by 6%.

Table 4: Dependently employed persons

Dependently employed - annual average (2000-2020)						
Age (5-year coh)	Number of ind	2000	2005	2010	2015	2020
Men	Up to 19 years	118.800	107.532	107.338	89.062	81.289
Men	20-24 years	157.558	158.207	161.887	166.882	162.018
Men	25-29 years	214.192	186.561	204.089	212.832	230.295
Men	30-34 years	277.792	221.837	204.185	233.010	246.405
Men	35-39 years	281.462	267.423	223.131	216.771	245.558
Men	40-44 years	237.061	266.794	261.095	227.786	223.686
Men	45-49 years	188.865	220.417	255.740	257.616	230.546
Men	50-54 years	162.731	165.781	199.694	242.901	252.067
Men	55-59 years	103.767	118.569	130.334	172.671	220.887
Men	60-64 years	12.512	24.565	33.160	51.708	89.067
Men	65 years or older	2.270	3.340	5.553	6.919	9.103
Total		1.757.010	1.741.026	1.786.206	1.878.158	1.990.921
Share 60-64		0,7%	1,4%	1,9%	2,8%	4,5%
Share 60+		0,8%	1,6%	2,2%	3,1%	4,9%
Women	Up to 19 years	80.013	73.401	70.809	56.894	48.588
Women	20-24 years	148.085	157.927	146.123	148.042	133.187
Women	25-29 years	198.901	185.887	191.052	194.297	198.514
Women	30-34 years	221.834	195.973	182.003	200.709	201.122
Women	35-39 years	218.489	225.694	206.974	189.483	210.360
Women	40-44 years	192.274	232.979	243.412	219.238	205.264
Women	45-49 years	152.990	198.136	239.715	251.546	230.151
Women	50-54 years	120.247	145.695	187.724	234.973	250.572
Women	55-59 years	37.267	64.803	92.519	139.480	210.719
Women	60-64 years	4.746	6.688	10.660	18.092	32.567
Women	65 years or older	1.883	2.079	3.041	3.943	5.201
Total		1.376.729	1.489.262	1.574.032	1.656.697	1.726.245
Share 55-59		2,7%	4,4%	5,9%	8,4%	12,2%
Share 55+		3,2%	4,9%	6,7%	9,7%	14,4%
In total	Up to 19 years	198.813	180.932	178.147	145.956	129.877
	20-24 years	305.642	316.135	308.010	314.924	295.205
	25-29 years	413.093	372.448	395.141	407.129	428.809
	30-34 years	499.626	417.810	386.188	433.719	447.526
	35-39 years	499.952	493.117	430.105	406.254	455.918
	40-44 years	429.335	499.773	504.507	447.024	428.950
	45-49 years	341.855	418.554	495.455	509.162	460.697
	50-54 years	282.978	311.475	387.417	477.874	502.639
	55-59 years	141.034	183.373	222.854	312.151	431.605
	60-64 years	17.258	31.252	43.820	69.800	121.634
	65 years or older	4.153	5.419	8.594	10.862	14.304
Total		3.133.739	3.230.288	3.360.238	3.534.855	3.717.164
Share 60+		0,7%	1,1%	1,6%	2,3%	3,7%
Share 55-59		4,5%	5,7%	6,6%	8,8%	11,6%
BaliWeb - compiled on 26 May 2021, 16.24:41						

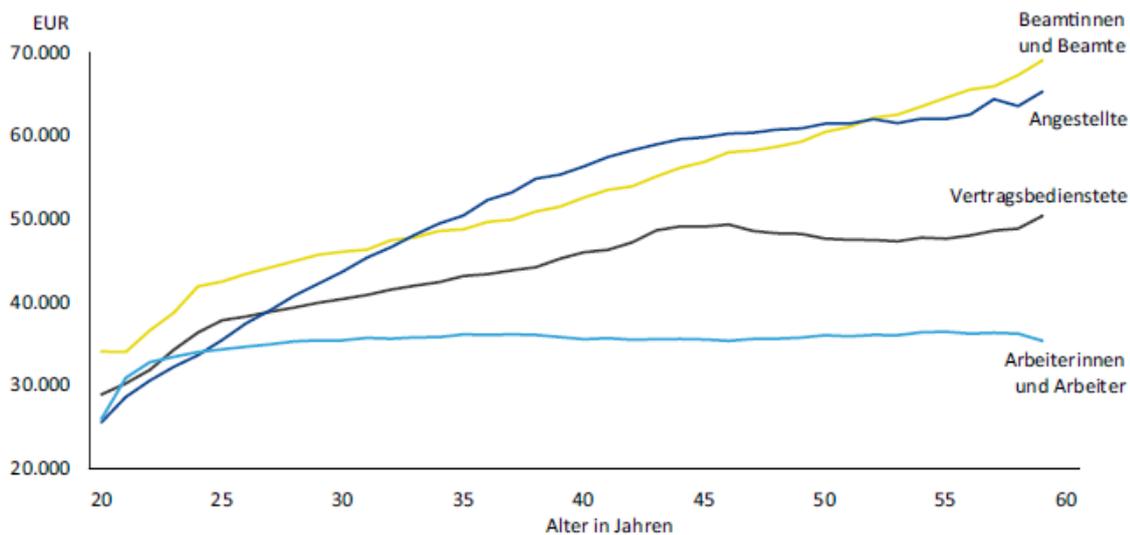
Table 5: Income of older persons

Income of dependently employed persons by age cohorts (2019)

Age groups	All dependently employed workers				Full-time work, all year round			
	Women and men	Women	Men	Women's median as % of men's	Women and men	Women	Men	Women's median as % of men's
	Median gross annual income				Median gross annual income			
Up to 19 years	1,939	1,868	2,014	93	21,107	20,756	21,592	96
20 to 29 years	21,476	17,495	25,317	69	35,389	32,915	36,928	89
30 to 39 years	29,621	20,808	36,582	57	42,864	39,184	44,457	88
40 to 49 years	33,063	25,428	40,561	63	46,890	41,497	49,423	84
50 to 59 years	36,681	28,661	44,079	65	50,151	45,590	52,534	87
60 years or over	47,833	44,349	49,236	90	67,138	68,570	66,038	104
<b>Total</b>	<b>29,458</b>	<b>22,808</b>	<b>35,841</b>	<b>64</b>	<b>43,719</b>	<b>39,320</b>	<b>45,900</b>	<b>86</b>

Excluding apprentices

Source: Statistics Austria, 2020. Wage tax and social insurance data



Ohne Lehrlinge.

Quelle: Statistik Austria, 2020. Lohnsteuer- und SV-Daten.

Figure 24: Median gross annual income of persons aged 20-59 working full-time all year round, by social-law status and age (2019)

- Civil servants
- Salaried employees
- Contractual public employees
- Blue-collar workers

Age (in years)

Excluding apprentices

Source: Statistics Austria, 2020. Wage tax and social insurance data.

Table/s 6: Unemployment

(Register) unemployment rates: figures - annual average (2010-2020)			
Gender	Age (5-year cohorts)	Unemployment rate 2010	Unemployment rate 2020
Men	Up to 19 years	4,3	3,8
Men	20-24 years	10,2	11,8
Men	25-29 years	8,1	10,7
Men	30-34 years	7,3	9,9
Men	35-39 years	6,8	9,3
Men	40-44 years	6,7	9,2
Men	45-49 years	6,9	9
Men	50-54 years	7,5	9,7
Men	55-59 years	8,9	11,7
Men	60-64 years	12,1	16,1
Men	65 years and older	2	4
Women	Up to 19 years	5,8	5,6
Women	20-24 years	7,9	10,6
Women	25-29 years	6,8	10,2
Women	30-34 years	6,9	11
Women	35-39 years	6,4	10,4
Women	40-44 years	5,8	9,5
Women	45-49 years	5,3	8,6
Women	50-54 years	5,8	8,5
Women	55-59 years	7	11,5
Women	60-64 years	2,9	4,3
Women	65 years and older	1,9	3,5

Source: BaliWeb - compiled on 19 August 2021

Number of unemployed individuals - annual average (2000-2020)						
Gender	5-year age cohorts	2000	2005	2010	2015	2020
Men	Up to 19 years	3.822	4.787	4.868	4.532	3.191
	20-24 years	11.241	18.599	18.365	23.210	21.647
	25-29 years	12.059	16.794	17.990	25.704	27.623
	30-34 years	14.579	17.189	16.197	24.600	27.074
	35-39 years	14.763	19.963	16.169	21.222	25.205
	40-44 years	12.565	20.128	18.844	21.585	22.546
	45-49 years	10.965	17.038	19.053	25.208	22.714
	50-54 years	11.991	13.727	16.153	26.173	27.124
	55-59 years	14.166	11.681	12.775	22.864	29.360
	60-64 years	1.246	4.191	4.578	9.786	17.106
	65 years and older	112	140	115	187	382
Total		107.509	144.237	145.107	205.071	223.972
Total 60+		1.358	4.331	4.693	9.973	17.488
Share 60+		1,3%	3,0%	3,2%	4,9%	7,8%
Women	Up to 19 years	3.977	5.135	4.333	3.583	2.884
	20-24 years	8.906	13.047	12.518	15.376	15.731
	25-29 years	11.809	12.993	13.917	19.374	22.504
	30-34 years	14.478	15.273	13.463	20.096	24.772
	35-39 years	13.000	17.052	14.268	18.025	24.417
	40-44 years	10.178	15.731	14.880	18.605	21.549
	45-49 years	8.393	12.416	13.472	19.397	21.525
	50-54 years	11.821	9.861	11.518	18.783	23.298
	55-59 years	3.891	6.532	6.937	15.303	27.323
	60-64 years	262	283	313	630	1.481
	65 years and older	90	93	58	88	187
Total		86.805	108.416	105.677	149.260	185.671
Total 55+		4.243	6.908	7.308	16.021	28.991
Share 55+		4,9%	6,4%	6,9%	10,7%	15,6%
In total	Up to 19 years	7.800	9.922	9.200	8.115	6.075
	20-24 years	20.146	31.646	30.884	38.587	37.378
	25-29 years	23.868	29.787	31.907	45.078	50.127
	30-34 years	29.057	32.462	29.659	44.696	51.845
	35-39 years	27.763	37.015	30.437	39.247	49.622
	40-44 years	22.743	35.859	33.724	40.190	44.094
	45-49 years	19.358	29.454	32.525	44.605	44.239
	50-54 years	23.812	23.588	27.671	44.956	50.421
	55-59 years	18.057	18.213	19.712	38.167	56.683
	60-64 years	1.508	4.475	4.891	10.417	18.586
	65 years and older	203	233	173	275	569
Total		194.315	252.654	250.783	354.333	409.639
Total 55+		19.768	22.921	24.776	48.859	75.838
Share 55+		10,2%	9,1%	9,9%	13,8%	18,5%

Source: BaliWeb - compiled on 14 July 2021, independently prepared statistics

Table/s 7: Pensions

## Direct pensions

## All pension insurance funds

December	Men	Women	Total
2005	730,524	817,023	1,547,547
2010	802,757	901,215	1,703,972
2015	831,264	970,007	1,801,271
2020	873,908	1,070,416	1,944,324

Source: BMSGPK

Average amount of direct pensions excluding child supplement,  
 equalisation supplement, equalisation supplement bonus and pension bonus  
 All pension insurance funds

December	Men	Women	Total
2005	1,143	680	899
2010	1,329	808	1,053
2015	1,501	936	1,197
2020	1,720	1,080	1,368

Source: BMSGPK

Bundesministerium Soziales, Gesundheit, Pflege und Konsumentenschutz																					
Age of retirement by type of pension																					
Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Men and women by pension type																					
Incapacity/invalidity	50,8	52,4	52,8	53,4	53,4	52,9	52,8	52,7	52,5	52,4	52,3	52,4	52,5	52,1	54,7	54,9	54,3	53,9	54,4	53,7	52,9
Old-age pension (OAP**)	59,4	60,7	60,8	60,5	60,7	61,3	61,0	61,0	60,9	60,8	60,8	60,8	60,8	60,8	61,2	61,6	61,6	61,7	61,7	61,7	61,8
Direct pension (IP + OAP)	57,7	58,0	58,2	58,2	57,7	58,1	58,0	58,1	58,1	58,2	58,1	58,3	58,4	58,5	59,6	60,2	59,9	60,1	60,4	60,3	60,5
Integrated retirement age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	58,9	59,1	59,2	59,3	59,6	59,8	60,3
Men by pension type																					
Incapacity/invalidity	51,8	53,4	53,7	54,3	54,4	53,9	53,9	53,9	53,7	53,6	53,5	53,7	53,8	53,5	55,7	56,0	55,4	55,1	55,7	55,0	54,5
Old-age pension	60,5	62,2	62,8	62,7	62,8	63,4	63,2	62,8	62,7	62,5	62,6	62,7	62,9	62,8	63,2	63,6	63,3	63,3	63,2	63,3	63,2
Direct pension (IP + OAP)	58,5	58,7	59,1	59,0	58,5	59,0	59,0	59,0	58,9	59,1	59,1	59,2	59,4	59,6	60,8	61,3	60,9	61,1	61,5	61,3	61,6
Integrated retirement age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,0	60,2	60,1	60,3	60,6	60,8	61,4
Women by pension type																					
Incapacity/invalidity	49,2	50,4	51,3	51,3	51,0	50,1	50,7	50,6	50,3	50,2	50,1	50,1	50,3	49,7	52,8	52,8	52,5	51,9	52,2	51,4	50,4
Old-age pension (OAP)	58,3	59,4	59,3	59,0	59,2	59,5	59,3	59,5	59,5	59,3	59,3	59,4	59,3	59,2	59,8	60,2	60,3	60,4	60,4	60,5	60,6
Direct pension (IP + OAP)	56,8	57,3	57,4	57,3	56,9	57,1	56,9	57,2	57,1	57,1	57,1	57,3	57,4	57,5	58,6	59,2	59,1	59,2	59,4	59,5	59,5
Integrated retirement age	-	-	-	-	-	-	-	-	-	-	-	-	-	-	57,9	58,2	58,3	58,5	58,7	59,0	59,3
Source: Umbrella Association of Austrian Social Security Institutions																					
* Incapacity/invalidity pension; ** Old-age pension,																					
*** The integrated retirement age figure is derived by additionally taking into account recipients of rehabilitation benefit (i.e. the age when benefit payments start to be paid to them). At the same time, new pension recipients who were rehabilitation benefit recipients previously are deducted.																					

Equalisation supplements 2005-2020													
As of December of each year													
Equalisation supplement reference rates <sup>1</sup>													Change in %
Year	2005	2010	2011	2012	2013	2014	2015	2016	2017 1	2018 1	2019 1	2020 1	2019/ 2020
Number of cases													
Single <sup>1</sup>	185.736	198.895	196.489	192.124	192.524	188.226	181.418	178.539	181.292	179.250	177.133	168.872	-4,7%
of which men	34.622	43.164	43.628	43.682	44.709	43.727	42.306	42.278	43.796	43.711	43.766	42.248	-3,5%
of which women	151.114	155.731	152.861	148.442	147.815	144.499	139.112	136.261	137.496	135.539	133.367	126.624	-5,1%
Married <sup>2</sup>	40.831	39.347	38.182	37.062	36.842	35.983	34.191	32.698	31.085	29.489	28.173	29.506	4,7%
Total	226.567	238.242	234.671	229.186	229.366	224.209	215.609	211.237	212.377	208.739	205.306	198.378	-3,4%
Average in EUR													
Single <sup>1</sup>	226	262	264	269	277	284	287	290	292	296	302	312	3,3%
of which men	226	261	264	269	278	285	289	292	299	304	310	316	1,9%
of which women	226	262	264	269	277	283	287	289	290	294	299	311	3,8%
Married <sup>2</sup>	315	366	373	383	396	405	410	415	417	423	434	479	10,4%
Total	242	279	282	287	296	303	307	309	310	314	320	337	5,2%
Reference rates in EUR													
Single <sup>1</sup>	662,99	783,99	793,40	814,82	837,63	857,73	872,31	882,78	889,84	909,42	933,06	966,65	3,6%
Married <sup>2</sup>	1.030,23	1.175,45	1.189,56	1.221,68	1.255,89	1.286,03	1.307,89	1.323,58	1.334,17	1.363,52	1.398,97	1.472,00	5,2%

Source: Pension insurance - annual statistics, independently compiled statistics

1) If a minimum of 360 employment-related contribution months have been accumulated, the reference rate is EUR 1,000 (2017), EUR 1,022 (2018) and EUR 1,048.57 (2019); this reference rate was abolished when the equalisation supplement bonus and pension bonus were introduced on 1 January 2020. Reference rate EUR 1,080 or maximum bonus EUR 146.94 (2020)

2) Also applicable to registered partnerships

## Federal funds for pension insurance

in ATS millions	Total expenditure of pension insurance including equalisation supplements *)	Federal funds (federal contributions and equalisation supplements)	Share of federal funds in total expenditure
1970	30.156	9.430	31,3
1980	100.056	22.286	22,3
1990	197.441	51.184	25,9
1995	252.945	63.456	25,1
2000	307.150	67.361	21,9
2005			25,0
2010			26,5
2015			25,2
2020			23,8

\*) excluding the notaries' insurance institution (VAN) and excluding reserve funds

Source: BMSGPK

## Federal contribution and equalisation supplement reimbursements by pension insurance institution

	1999			2000			2000	
	in ATS thousands						in EUR	
	Federal contribution	Equalisation supplement reimbursements	In % of total expenditure	Federal contribution	Equalisation supplement reimbursements	In % of total expenditure	Federal contribution	Equalisation supplement reimbursements
Pension insurance scheme for the dependently employed ( <i>PV der Unselbständigen</i> ) <sup>1)</sup>	36.120.583	6.276.990	17,1	30.430.727	6.129.981	14,1	2.211.487	445.483
Workers' Pension Insurance Institution ( <i>PVA der Arbeiter</i> )	23.145.535	5.555.397	23,7	18.813.614	5.397.903	19,4	1.367.239	392.281
Salaried Employees' Pension Insurance Institution ( <i>PVA der Angestellten</i> )	10.495.680	609.399	9,4	9.618.649	623.508	8,1	699.014	45.312
Pension insurance scheme for the self-employed ( <i>PV der Selbständigen</i> )	25.258.244	4.147.049	63,6	26.772.333	4.027.875	64,1	1.945.621	292.717
Social Insurance Institution for Trade and Industry ( <i>SVA der gewerbl. Wirtschaft</i> )	13.171.097	997.351	55,5	13.982.945	937.366	56,0	1.016.180	68.121
Farmers' Social Insurance Institution ( <i>SVA der Bauern</i> )	12.087.147	3.149.698	73,7	12.789.388	3.090.509	74,3	929.441	224.596
<b>All pension insurance institutions</b>	<b>61.378.827</b>	<b>10.424.039</b>	<b>24,4</b>	<b>57.203.060</b>	<b>10.157.856</b>	<b>21,9</b>	<b>4.157.108</b>	<b>738.200</b>

<sup>3)</sup> including Insurance Institution for the Austrian Railways and Mining Industries (*VA d. österr. Eisenbahnen und d. österr. Bergbau*)

**Source:** Main Association of Austrian Social Security Institutions, BMSG

FEDERAL CONTRIBUTION for pension insurance (2000-2020), in EUR millions

(state liability + partner contribution + federal contribution for persons with partial

Year	Total pension insurance	Change on previous year in %	GDP share <sup>1</sup>
2000	4.157,100	-6,8%	1,95%
2001	4.104,859	-1,3%	1,86%
2002	4.761,547	16,0%	2,10%
2003	5.597,496	17,6%	2,41%
2004	5.903,181	5,5%	2,44%
2005	5.744,768	-2,7%	2,26%
2006	5.884,435	2,4%	2,20%
2007	5.985,695	1,7%	2,11%
2008	6.490,136	8,4%	2,21%
2009	7.564,711	16,6%	2,63%
2010	7.771,218	2,7%	2,63%
2011	7.877,094	1,4%	2,54%
2012	8.584,409	9,0%	2,69%
2013	8.654,434	0,8%	2,67%
2014	9.050,547	4,6%	2,72%
2015	8.953,373	-1,1%	2,60%
2016	8.884,626	-0,8%	2,48%
2017	7.788,429	-12,3%	2,11%
2018	8.419,880	8,1%	2,18%
2019	8.597,444	2,1%	2,16%
2020	10.198,941	18,6%	2,72%

Source: Umbrella Association of Austrian Social Security Institutions, independently compiled

GDP<sup>1</sup> - Gross domestic product under ESA 2010 (European System of Accounts), source:

General Social Insurance Act (ASVG): state liability according to Section 80 Para 1; contribution

Commercial Social Insurance Act (GSVG): state liability according to Section 34 Para 1;

Freelancers Social Insurance Act (FSVG): partner contribution according to Section 8

Farmers Social Insurance Act (BSVG): state liability according to Section 31 Para 1; partner

Part of the mandatory insurance contribution for pension insurance (under the GSVG, BSVG,

Partner contribution is a state payment made to self-employed individuals that is funded by tax

Table/s 8: Poverty

Population at risk of poverty and social exclusion by age (2003-2020), in thousands										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Younger than 18 years	304	319	308	311	296	367	335	339	338	
18 to 24 years	108	124	132	125	118	147	159	147	147	
25 to 49 years	423	481	485	470	436	522	485	511	512	
50 to 64 years	193	303	294	319	322	371	338	323	350	
65 years and older	216	221	197	229	204	292	260	246	246	
<b>Total</b>	<b>1.244</b>	<b>1.448</b>	<b>1.416</b>	<b>1.454</b>	<b>1.376</b>	<b>1.699</b>	<b>1.577</b>	<b>1.566</b>	<b>1.593</b>	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	
	324	352	353	335	312	358	339	303	350	
	157	148	172	174	191	157	109	116	111	
	507	501	495	504	501	526	532	509	520	
	320	333	353	326	327	312	318	326	325	
	234	238	236	213	212	210	215	218	223	
	1.542	1.572	1.609	1.551	1.542	1.563	1.512	1.472	1.529	

Source: Eurostat (30 August 2021)

Women at risk of poverty and social exclusion by age (2003-2020), in thousands										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Younger than 18 years	143	159	149	150	145	185	166	164	158	
18 to 24 years	57	68	71	71	67	75	74	75	79	
25 to 49 years	219	248	252	251	236	274	248	276	259	
50 to 64 years	102	185	178	190	200	210	202	184	198	
65 years and older	149	155	140	166	148	197	178	168	169	
<b>Total</b>	<b>670</b>	<b>814</b>	<b>791</b>	<b>828</b>	<b>796</b>	<b>940</b>	<b>867</b>	<b>867</b>	<b>863</b>	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	
	147	172	174	155	152	178	166	158	152	
	83	78	86	82	95	86	57	59	67	
	272	268	262	267	248	265	260	259	244	
	176	184	204	183	189	174	183	182	180	
	156	155	155	136	143	144	154	153	151	
	834	858	881	823	826	847	821	810	794	

Source: Eurostat (30 August 2021)

Men at risk of poverty and social exclusion by age (2003-2020), in thousands										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	
Younger than 18 years	161	160	160	161	150	182	169	175	180	
18 to 24 years	52	56	61	54	51	72	85	72	68	
25 to 49 years	204	233	232	219	200	248	237	235	253	
50 to 64 years	92	118	116	129	122	162	136	139	152	
65 years and older	66	67	57	62	56	95	82	78	77	
<b>Total</b>	<b>575</b>	<b>634</b>	<b>626</b>	<b>626</b>	<b>579</b>	<b>758</b>	<b>710</b>	<b>699</b>	<b>730</b>	
	2012	2013	2014	2015	2016	2017	2018	2019	2020	
	177	180	179	180	160	181	173	145	197	
	73	70	86	92	96	71	51	57	44	
	235	233	234	237	252	262	271	250	276	
	144	149	149	143	139	138	134	144	145	
	78	82	81	77	69	65	61	66	72	
	708	714	728	728	716	717	691	662	735	

Source: Eurostat (30 August 2021)

Composition of groups at risk of poverty or social exclusion by age and gender (2020)																							
Indicators	Total (=100%) in thousands	At risk of poverty			In households with no or very low income intensity <sup>1)</sup>			Severe material deprivation			At risk of poverty and In households with no or very low income intensity			At risk of poverty and severe material deprivation			In households with no or very low income intensity and severe material deprivation			At risk of poverty or social exclusion			
		in thousa nds	Share in %	Rate in %	in thousa nds	Share in %	Rate in %	in thousa nds	Share in %	Rate in %	in thousa nds	Share in %	Rate in %	in thousa nds	Share in %	Rate in %	in thousa nds	Share in %	Rate in %				
<b>Total</b>	<b>8.758</b>	<b>1.222</b>	<b>100</b>	<b>14</b>	<b>465</b>	<b>100</b>	<b>7</b>	<b>233</b>	<b>100</b>	<b>3</b>	<b>259</b>	<b>100</b>	<b>3</b>	<b>118</b>	<b>100</b>	<b>1</b>	<b>61</b>	<b>100</b>	<b>1</b>	<b>1.529</b>	<b>100</b>	<b>17</b>	
<b>Age</b>																							
0 to 17 years	1.579	291	24	18	102	22	6	71	30	4	73	28	5	39	33	2	17	29	1	350	23	22	
18 to 34 years	1.813	280	23	15	111	24	6	55	24	3	58	23	3	26	22	1	(6)	(9)	(0)	360	24	20	
35 to 49 years	1.772	215	18	12	102	22	6	48	21	3	66	25	4	24	20	1	19	31	1	272	18	15	
50 to 64 years	2.059	221	18	11	149	32	11	44	19	2	61	24	3	22	18	1	19	31	1	325	21	16	
65+	1.535	216	18	14	-	-	-	16	7	1	-	-	-	(8)	(7)	(1)	-	-	-	223	15	15	
<b>Men (18 years or older)</b>																							
Total	3.507	430	100	12	167	100	7	77	100	2	94	100	3	37	100	1	19	100	1	537	100	15	
18 to 34 years	926	135	31	15	54	32	6	31	41	3	31	33	3	(12)	(32)	(1)	(2)	(9)	(0)	177	33	19	
35 to 49 years	894	115	27	13	57	34	6	(23)	(30)	(3)	36	38	4	(13)	(34)	(1)	(10)	(51)	(1)	144	27	16	
50 to 64 years	1.011	109	25	11	57	34	8	18	24	2	27	29	3	(10)	(27)	(1)	(8)	(40)	(1)	145	27	14	
65+	675	71	16	10	-	-	-	(4)	(5)	(1)	-	-	-	(3)	(7)	(0)	-	-	-	72	13	11	
<b>Women (18 years or older)</b>																							
Total	3.672	501	100	14	195	100	8	86	100	2	91	100	2	43	100	1	24	100	1	642	100	17	
18 to 34 years	887	144	29	16	57	29	7	24	28	3	27	30	3	(14)	(33)	(2)	(4)	(16)	(0)	183	29	21	
35 to 49 years	878	100	20	11	45	23	5	25	29	3	30	33	3	(11)	(25)	(1)	(9)	(38)	(1)	128	20	15	
50 to 64 years	1.048	112	22	11	93	48	13	25	29	2	34	37	3	(12)	(28)	(1)	(11)	(46)	(1)	180	28	17	
65+	859	145	29	17	-	-	-	12	14	1	-	-	-	(6)	(13)	(1)	-	-	-	151	24	18	

Source: **STATISTICS AUSTRIA, EU-SILC 2020**. Compiled on: 29 April 2021<sup>1)</sup> Only persons aged 0-59 years. Households with no or very low income intensity: households with members aged 18-59 years (excluding university students) who work a working time less than 20% of their total work-time potential during a given year. Severe material deprivation: Households confirmed applicability of at least four of the nine items below: Household is confronted with payment arrears; household is unable to pay unexpected expenses; household cannot afford: heating; a balanced diet; holiday; car; washing machine; television set; fixed-line or mobile phone. - At risk of social exclusion: either at risk of poverty or living in a household with no or a very low work intensity or severely materially deprived. Values in brackets mean that the number of cases is small. If there are less than 50 cases in the marginal distribution or less than 20 cases in the cell, the value is given in brackets. Values based on marginal distributions <20 are not contained.

## At risk of poverty before and after social transfers by age (2020)

Socio-demographic indicators	Total (=100%) in thousands	Before pensions and social benefits				Before social benefits				After social benefits				Gap in %
		in thousands	Share in %	Rate	in thousands	Share in %	Rate	in thousands	Share in %	Rate				
<b>Total</b>	<b>8 758</b>	<b>3 714</b>	<b>100</b>	<b>42</b>	<b>2 068</b>	<b>100</b>	<b>24</b>	<b>1 222</b>	<b>100</b>	<b>14</b>	<b>23</b>			
<b>Age</b>														
0 to 17 years	1 579	591	16	37	548	26	35	291	24	18	25			
18 to 34 years	1 813	520	14	29	459	22	25	280	23	15	25			
35 to 49 years	1 772	463	12	26	400	19	23	215	18	12	24			
50 to 64 years	2 059	757	20	37	413	20	20	221	18	11	21			
65+	1 535	1 384	37	90	248	12	16	216	18	14	20			
<b>Men (18 years or older)</b>														
Total	3 507	1 411	100	40	713	100	20	430	100	12	25			
18 to 34 years	926	237	17	26	208	29	23	135	31	15	28			
35 to 49 years	894	254	18	28	210	29	23	115	27	13	24			
50 to 64 years	1 011	318	23	31	214	30	21	109	25	11	22			
65+	675	602	43	89	81	11	12	71	16	10	25			
<b>Women (18 years or older)</b>														
Total	3 672	1 712	100	47	807	100	22	501	100	14	21			
18 to 34 years	887	283	17	32	251	31	28	144	29	16	24			
35 to 49 years	878	209	12	24	189	23	22	100	20	11	24			
50 to 64 years	1 048	439	26	42	200	25	19	112	22	11	21			
65+	859	782	46	91	167	21	19	145	29	17	17			

Source: STATISTICS AUSTRIA, EU-SILC 2020. Compiled on: 29 April 2021. Basis: only persons aged 16 or older. - Values in brackets mean that the number of cases is small: if there are less than 50 cases in the marginal distribution or less than 20 cases in the cell, the value is given in brackets. Values based on marginal distributions <20 are not contained.

## Special topic: Health and health impairments

An individual's subjective sense of well-being deteriorates with age. Around 57% of persons aged 65–74 feel very healthy, but only 39% among those 75 or older do so. Within the group aged 75 or older, 24% report being in a (very) poor state of health, contrasting with 9% in the 65–74 age category. A similar picture is revealed for entitlement to long-term care allowance: 6% of individuals aged 65–74 are long-term care allowance recipients, with the percentage climbing to 28% for those 75 or older. Long-term care allowance is paid out to individuals whose state of health makes support necessary. Recipients are classified according to seven levels based on the specific care needs, and the corresponding amount is paid out (independent of income). More than 467,000 Austrian residents received long-term care allowance in 2020, 73% more than 20 years earlier (270,600 in 2000).

## **PART II:**

### **Method:**

Statements were submitted by:

Federal Chancellery (*BKA*)

Federal Ministry of Work (*BMA*)

Federal Ministry of Education, Science and Research (*BMBWF*)

Federal Ministry for Digital and Economic Affairs (*BMDW*)

Federal Ministry of the Interior (*BM*)

Federal ministry of justice (*BMJ*)

Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation, and Technology (*BMK*)

Federal Ministry for Arts, Culture, the Civil Service and Sport (*BMKÖS*)

Federal Ministry of Social Affairs, Health, Care and Consumer Protection (*BMSGPK*): Statements were submitted by 11 stakeholders and government departments

Austrian Senior Citizens Council

Amt der Burgenländischen Landesregierung

Amt der Steiermärkischen Landesregierung

Amt der Kärntner Landesregierung

Amt der Tiroler Landesregierung

Amt der Vorarlberger Landesregierung

Vienna Senior Citizens Advocate Office

Ombud for Equal Treatment

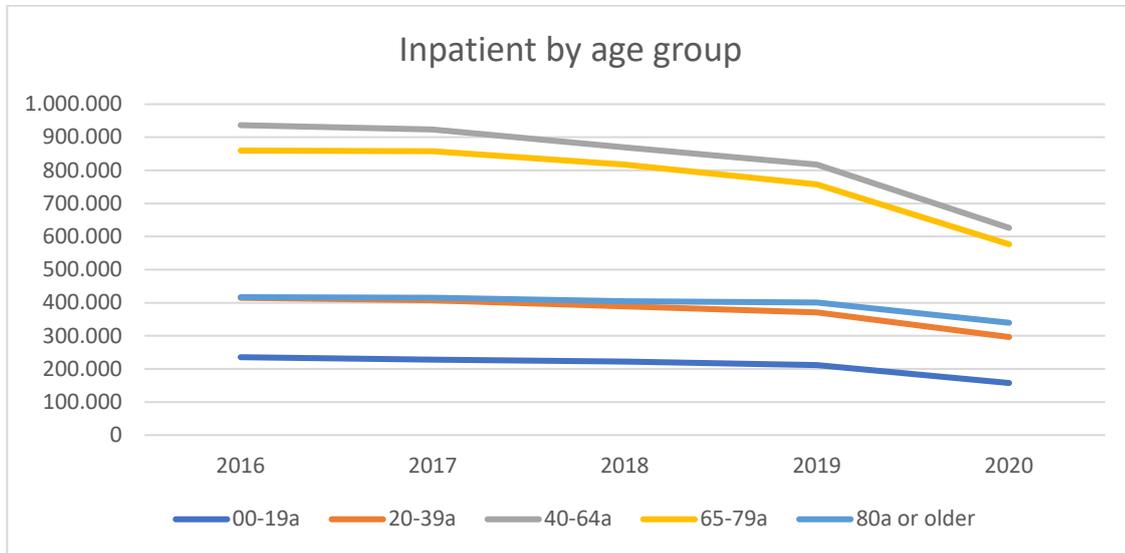
Gesundheit Österreich GmbH

Diakonie Österreich

Österreichisches Rotes Kreuz

PART III:

Figures relating to 2.1 Lessons learnt from managing the consequences and impacts for older people in emergency situations: the COVID-19 pandemic



BMSGPK – Documentation of diagnoses prepared and services provided at Austrian hospitals in 2020; Gesundheit Österreich GmbH (GÖG) – independently compiled statistics

Only FKA (2020)			
Age group	Hospital stays due to COVID-19	All hospital stays	Share COVID-19
00 to 04 years	192	58.280	0,3%
05 to 09 years	60	25.806	0,2%
10 to 14 years	104	27.232	0,4%
15 to 19 years	224	41.357	0,5%
20 to 24 years	319	47.385	0,7%
25 to 29 years	520	71.962	0,7%
30 to 34 years	596	81.212	0,7%
35 to 39 years	604	72.986	0,8%
40 to 44 years	770	63.405	1,2%
45 to 49 years	1.189	80.126	1,5%
50 to 54 years	1.807	114.813	1,6%
55 to 59 years	2.326	143.216	1,6%
60 to 64 years	2.515	147.590	1,7%
65 to 69 years	2.788	151.652	1,8%
70 to 74 years	3.560	174.914	2,0%
75 to 79 years	4.381	199.889	2,2%
80 to 84 years	4.797	164.972	2,9%
85 to 89 years	3.460	99.031	3,5%
90 years or older	2.447	58.438	4,2%

BMSGPK – Documentation of diagnoses prepared and services provided at Austrian hospitals in 2020; Gesundheit Österreich GmbH (GÖG) – independently compiled statistics