

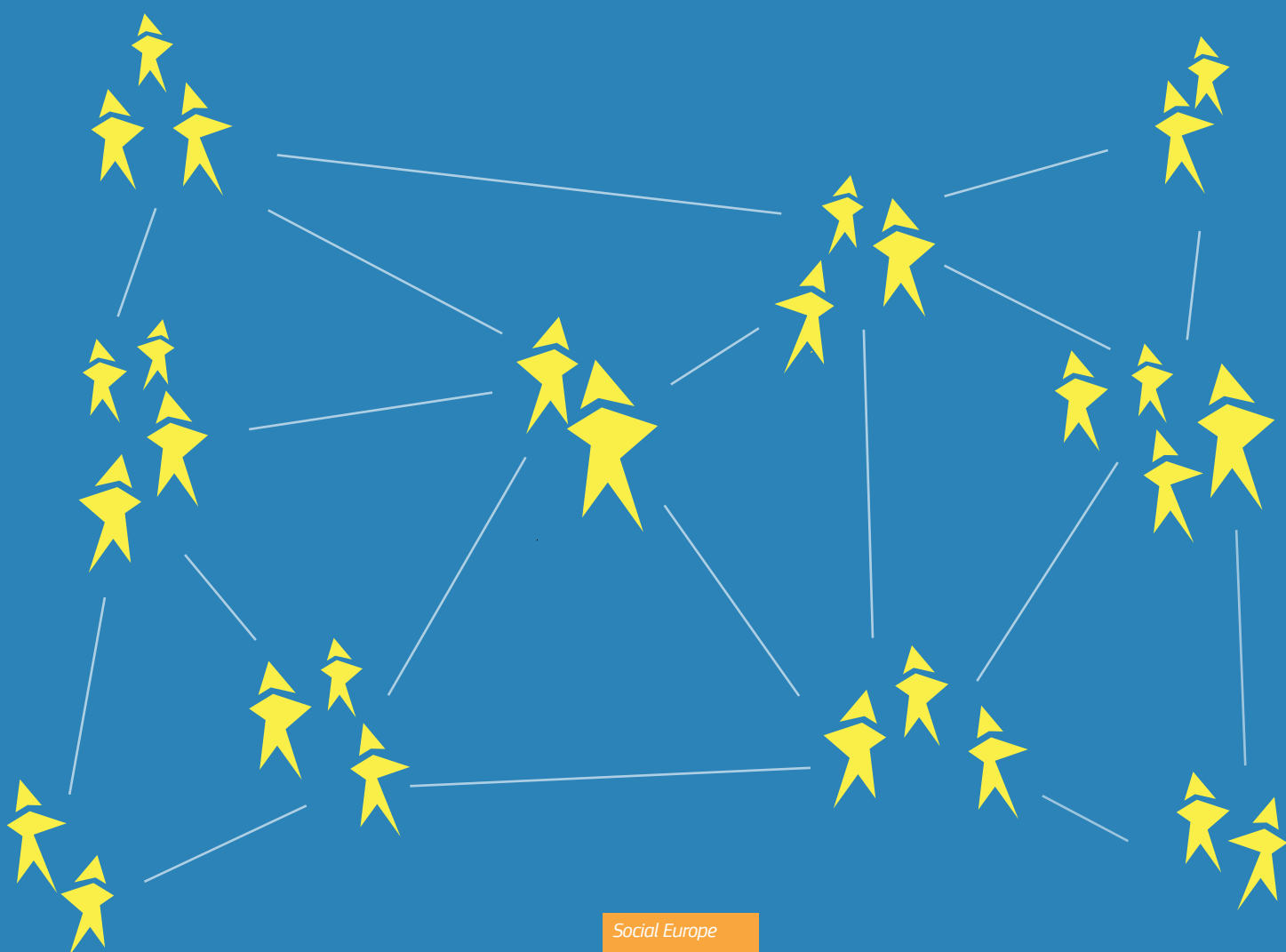


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Austria

Marcel Fink



Social Europe

EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate D — Social Rights and Inclusion
Unit D.2 — Social Protection

Contact: Flaviana Teodosiu

E-mail: flaviana.teodosiu@ec.europa.eu

European Commission
B-1049 Brussels

European Social Policy Network (ESPN)

ESPN Thematic Report on Social protection for people with disabilities

Austria

2022

Marcel Fink

The European Social Policy Network (ESPN) was established in July 2014 on the initiative of the European Commission to provide high-quality and timely independent information, advice, analysis and expertise on social policy issues in the European Union and neighbouring countries.

The ESPN brings together into a single network the work that used to be carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat.

The ESPN is managed by the Luxembourg Institute of Socio-Economic Research (LISER) and APPLICA, together with the European Social Observatory (OSE).

For more information on the ESPN, see:
<http://ec.europa.eusocialmain.jsp?catId=1135&langId=en>

LEGAL NOTICE

The information and views set out in this document are those of the authors and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein. More information on the European Union is available on the Internet (<http://www.europa.eu>).

Manuscript completed in September 2022

The European Commission is not liable for any consequence stemming from the reuse of this publication.
Luxembourg: Publications Office of the European Union, 2022

© European Union, 2022



The reuse policy of European Commission documents is implemented by the Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Except otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC-BY 4.0) licence (<https://creativecommons.org/licenses/by/4.0/>). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

QUOTING THIS REPORT

Fink, Marcel (2022). *ESPN Thematic Report on Social protection for people with disabilities – Austria*, European Social Policy Network (ESPN), Brussels: European Commission.

CONTENTS

SUMMARY.....	4
1 ACCESS TO DISABILITY-SPECIFIC INCOME SUPPORT	5
1.1 Disability-specific benefits/pensions available to working-age people	5
1.1.1 <i>Invalideitspension</i> (Invalidity pension) and <i>Berufsunfähigkeitspension</i> (Work incapacity pension)	5
1.1.2 <i>Bundespflegegeld</i> (Federal long-term care allowance)	9
1.1.3 <i>Erhöhte Familienbeihilfe</i> (Increased family allowance).....	12
1.2 Disability-specific old-age pension schemes	14
1.3 Income support aimed at covering disability-related healthcare and housing expenses	14
1.3.1 Healthcare	14
1.3.2 Housing.....	17
2 ACCESS TO SOME KEY GENERAL SOCIAL PROTECTION CASH BENEFITS.....	18
2.1 Old-age benefits.....	18
2.1.1 <i>Gesetzliche Alterspension</i> (Statutory old-age pension)	18
2.2 Unemployment benefits.....	19
2.2.1 <i>Arbeitslosengeld/ Notstandshilfe</i> (Unemployment benefit/Unemployment assistance).....	19
2.3 Guaranteed minimum income schemes and other social assistance benefits.....	20
2.3.1 <i>Sozialhilfe/ Bedarforientierte Mindestsicherung</i> (Social assistance and means-tested minimum income).....	20
3 PROVISION OF ASSISTIVE TECHNOLOGY AND PERSONAL ASSISTANCE.....	22
3.1 Assistive technology	22
3.2 Personal assistance.....	23
4 NATIONAL DEBATES, REFORMS AND RECOMMENDATIONS.....	25
4.1 National debates	25
4.2 Recent reforms and reforms currently in the pipeline	25
4.3 Good practice and recommendations on how to tackle gaps and obstacles.....	26
REFERENCES	27

Summary

This report analyses some important cash and in-kind social protection provisions available to adult people with disabilities (i.e. people aged 18 or above). There are other important provisions available to them in other areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities, “people with disabilities” should be understood as “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.

Disability-specific income support in Austria is in the first instance provided by three different instruments of social protection, namely invalidity pension and work incapacity pension, federal long-term care allowance, and increased family allowance (which in case of disability may be received without age limit). All of them – depending on the causes and timing of the appearance of disabilities – come with specific problems of accessibility and issues regarding the adequacy of benefit levels. No disability-specific old-age pension systems are in place in Austria, and income support aimed at covering disability-related healthcare is limited to an exemption from prescription fees and from some types of private co-payments usually applying in health insurance. Financial support for home adaptations is available from programmes by both the federal provinces (*Bundesländer*) and the Federal Republic (i.e. the national government), but in many cases it is likely only to cover a fraction of the actual costs of such measures. The statutory systems of both old-age pensions and unemployment insurance do not include specific regulations or rules taking account of disabilities. In both systems the “principle of equivalency” of insurance contributions and benefits is followed to a large degree, implying that a comparatively low level of earned income later results in comparatively low benefits, which is likely to cause unfavourable effects for people with disabilities (as well as other groups). Minimum income schemes are the primary responsibility of the federal provinces and – in terms of minimum standards – lack nationwide harmonisation. However, people with disabilities are at least exempt from harmonised maximum standards, enacted in 2019. It appears that substantial general disparities exist between federal provinces regarding benefit levels, and that additions granted to people with disabilities are rather low.

At least five different institutions or programmes offer measures or financial aid regarding assistive technology and devices. Fragmented institutions and partly overlapping responsibilities make it difficult for potential beneficiaries to be supported in a timely and efficient manner. Again, variations also exist between federal provinces. The establishment of a one-stop shop for this policy area has repeatedly been debated in the past, but so far with no concrete outcomes. Personal assistance appears to be rather well established for people with disabilities in gainful employment, education (as from the ninth school year), professional training, university studies or during job-search, through a programme run and financed by the Federal Republic. However, substantial variation between federal provinces exists regarding personal assistance for private purposes, with Vienna offering a rather generous and inclusive system.

Reforms in the above-mentioned policy areas have been rather limited over recent years and it appears fair to say that issues of social protection for people with disabilities have only scarcely been addressed in public political debates, despite some evident substantial challenges.

Overall, it appears that more structural reform would be necessary to overcome the partly overlapping responsibilities and competences of different layers of the political and administrative system, which comes with substantial variations in the accessibility of benefits and services according to different initial causes of disability, and also depending on the federal province within which people with disabilities live.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working-age people

This section deals with three different types of benefits. Invalidity pension/work incapacity pension is a contribution-based insurance benefit. Both federal long-term care allowance (LTCA) and increased family allowance are not contribution-based and therefore are similar to disability assistance schemes (although not means-tested against income or assets). These benefits are programmes of the Federal Republic (i.e. of the national level).

1.1.1 *Invaliditätspension (Invalidity pension) and Berufsunfähigkeitspension (Work incapacity pension)*

For this type of benefit different terms are used, depending on earlier employment status. For former blue-collar workers (*Arbeiter*) the name of the benefit is invalidity pension (IP) (*Invaliditätspension*), and for former white-collar workers it is work incapacity pension" (WIP) (*Berufsunfähigkeitspension*). For former self-employed people and farmers a related scheme exists, called *Erwerbsunfähigkeitspension*, where somewhat different rules apply.¹

a) Eligibility conditions

Disability-related qualifying criteria: "Invalidity" and "work incapacity" are defined as a condition where the applicant's ability to work as a result of a physical or mental condition is less than half of a physically and mentally healthy insured person with similar training and equivalent knowledge and skills regarding any profession feasible for the applicant. Concerning the latter, different rules apply, depending on the formal education of the applicant and/or the earlier profession practised.² This means that the point of reference for the assessment of the "reduction of the ability to work" varies between individual cases, depending on formal education and employment history. Furthermore, the reduction in the ability to work may not be of a temporary character only, and "health rehabilitation" and/or "occupational rehabilitation" (i.e. requalification for another profession) may not be supposed to be a realistic option.³

Age:

- Minimum age: no explicit rule, but de facto limitations due to rules on contributory history (see below).
- Maximum age: no maximum age, but once the statutory retirement age for old-age pension⁴ is reached, recipients of IP or WIP may apply for their pension to be converted to an old-age pension. However, this is subject to a recalculation and it is only possible if the required insurance record for an old-age pension has been fulfilled. Otherwise, the person remains entitled to IP or WIP.

¹ In December 2020 the total number of pensions paid according to the IP scheme, WP scheme and *Erwerbsunfähigkeitspension* amounted to 141,699 (Dachverband der Österreichischen Sozialversicherung 2021, 47). This number only covers pensions paid to women age below 60 and to men below 65. Pension benefits paid to people above these age limits are counted as old-age pensions in official statistics.

² For more details see: <https://www.pv.at/cdscontent/load?contentid=10008.577845&version=1639655196>.

³ For more details see:

https://www.oesterreich.gv.at/themen/menschen_mit_behinderungen/pension_und_behinderung/Seite.128020.0.html.

⁴ The statutory retirement age is currently 60 for women and 65 for men.

Nationality and/or residency:

- Nationality: none (i.e. there are no nationality requirements for accessing this benefit).
- Residency: habitual residency in Austria is only necessary in cases where a low benefit is increased to the compensation supplement reference rate (CSRR – *Ausgleichszulagenrichtsatz*) (see below on benefit entitlements).⁵

Waiting period: None. It is granted from the moment the disability is certified. If all conditions have been met when filing the application, the benefit is granted retroactively as from the date of the application.

Contributory history: As a basic principle, in order to be eligible for IP or WIP the following contributory history has to be met:

- 180 months of compulsory insurance contributions (this can include up to 24 months of the receipt of childcare allowance) or voluntary continued insurance (§16a ASVG⁶); or
- 300 months of compulsory insurance and other periods credited, with the latter including child-raising, military or similar service (e.g. civil service), maternity leave, and receipt of unemployment benefit (UB – *Arbeitslosengeld*) or sickness benefit.

If neither of these two options can be met, meeting the following conditions is also sufficient:

- Below age 50: 60 months of compulsory insurance contributions or months of credited periods during the reference period of the previous 120 months.
- From age 50, the necessary periods of compulsory insurance contributions or credited periods are extended by one month for every additional month of age (up to a maximum of 180 months), and the reference period is extended by two months for every additional month of age (up to a maximum of 360 months).

Furthermore, special conditions apply to young people. Before the age of 27, it is sufficient to have a contributory history of six months of compulsory insurance or credited periods (voluntary continued insurance according to §16a ASVG is not eligible).

A special clause applies to people who already had severe disabilities before starting employment for the first time. This is called "original invalidity" (*originäre Invalidität*). According to §255(7) ASVG, an IP or WIP may be granted in cases where "a person due to illness or other disabilities or weaknesses of his or her physical or mental strength (...) was already unable to pursue regular employment before an employment subject to compulsory insurance started for the first time (...), but where still a minimum of 120 contributory months of statutory insurance on the basis of employment have been acquired". This means that for people with original invalidity stricter rules apply than for those whose disabilities occurred after the first insured employment has started (i.e. at least 60 months of compulsory insurance contributions or months of credited periods during the previous 120 months; see above) (see also Flieger *et al.* 2017, 20f.).

Level of financial resources: IP and WIP are, in principle, not means-tested. IP and WIP may also be received as a "partial pension" (*Teilpension*). This means that it is possible to receive IP and WIP while being employed. However, in cases where the sum of

⁵ These conditions apply to EU and non-EU nationals as well as to people with refugee status.

⁶ ASVG: *Allgemeines Sozialversicherungsgesetz* (General Social Insurance Act), see: <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008147>.

earned income and IP/WIP exceeds €1,283.29 gross per month, IP/WIP is reduced according to a progressive formula.⁷ Income from gainful employment up to the level of the lower earnings limit of social insurance, amounting to €485.85 gross per month in 2022, in any case does not reduce IP or WIP.

Other: Invalidity/disability has to be of persistent nature, and health rehabilitation and/or occupational rehabilitation must be considered not feasible for the specific case. If health rehabilitation or occupational rehabilitation appears to be an option, applicants may receive "rehabilitation benefit" (*Rehabilitationsgeld*) or "requalification benefit" (*Umschulungsgeld*).⁸ Rehabilitation benefit may be granted by the health insurance system at the same level as sickness allowance (*Krankengeld*). Requalification benefit may be granted by the Public Employment Service (PES – *Arbeitsmarktservice*). It amounts to the same level as the "basic amount" of UB (i.e. 55% of earlier gross earned income from employment), plus a supplement of 22% of the basic amount during concrete requalification measures.

Gaps/obstacles: Critics have repeatedly stressed that it is problematic that people with original invalidity have to prove a longer insurance record due to gainful employment than people who started to be affected by severe mental or physical disabilities after they started their first job (see above, and Flieger *et al.* 2017, 20f.). This has repeatedly been addressed in public debates in Austria, but the related rules have not been changed.

Furthermore, it should be stressed that people with disabilities who have been attested/notified as having a severe disability, such that they are not expected to be able to independently earn their own living in future, have even larger problems to meet the insurance record necessary for IP/WIP. Such notifications are made in the context of the benefit system of family allowances, where for children or young people with severe disability an increased family allowance may be granted, and where no maximum age limit applies⁹ in cases where it has been notified that the person concerned "will not be able to independently earn their own living". Such notifications, following an application, are issued by the Social Ministry Service (*Sozialministeriumservice*), based on a medical assessment (§8 (6) FLAG¹⁰). People with such a notification often get placed in sheltered employment workshops and related institutions ("day- and employment-structures" – *Tages- und Beschäftigungsstrukturen*¹¹), organised by the federal provinces. Employment in such sheltered workshops is only subject to statutory accident insurance, but not to unemployment insurance, health insurance or pensions insurance, and people with disabilities engaged there do not get a regular wage, but only "pocket money". For these reasons, engagement in such workshops does not count towards the contributory history necessary to get access to IP/WIP. Furthermore, due to being notified as "not being able to earn one's own living", these people also do not have access to active labour market policies (ALMPs) organised by the PES.¹²

⁷ Income limits for 2022. For details see:

<https://www.pv.at/cdscontent/load?contentid=10008.577845&version=1639655196>.

⁸ For details see: <https://www.gesundheitskasse.at/cdscontent/?contentid=10007.837743&portal=oegkwportal> and <https://www.ams.at/arbeitsuchende/aus-und-weiterbildung/so-foerdern-wir-ihre-aus--und-weiterbildung-/umschulungsgeld> and <https://www.pv.at/cdscontent/load?contentid=10008.577845&version=1639655196>.

⁹ See: <https://www.bundeskanzleramt.gv.at/agenda/familie/familienbeihilfe/erhoehte-familienbeihilfe.html>.

¹⁰ FLAG: *Familienlastenausgleichsgesetz* (Family Burden Equalisation Act); see:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008220>.

¹¹ See:

https://www.oesterreich.gv.at/themen/menschen_mit_behinderungen/arbeit_und_behinderung/Seite.1241100.html.

¹² For a short discussion see Wegscheider (2021).

b) Disability assessment framework

Type of assessment: A combination of medical assessment of the disability and functional capacity assessment.

Responsible authorities: "Competence centres for assessment" (*Kompetenzzentrum Begutachtung*) of the public pension insurance institution (PVA – *Pensionsversicherungsanstalt*).¹³

Method: Documentary evidence and personal interaction.

Supporting evidence (self-assessment, medical notes, medical examinations): The basis for the assessment is a detailed written application by the potential benefit recipient, including self-assessment of the development of health and disability and, where available, medical notes. Besides that, a medical examination (*ärztliche Begutachtung*) is performed by a medical doctor working on behalf of the competence centre.

Assessor: Assessors within the process are the "case managers" of the competence centre and a medical doctor.

Decision-maker: Formally, the decision is made and provided via an administrative notice (*Bescheid*) by the responsible pension insurance institution. In practice, the decision appears to be made by the responsible case manager, in co-operation with the medical doctor performing the medical examination.

Critical analysis: Concerning the medical assessment for IP/WIP, some doubts exist over the quality of these procedures. According to a survey conducted by the Chamber of Labour of Upper Austria (*Arbeiterkammer Oberösterreich*) among applicants for IP/WIP, the medical doctors engaged in the related assessments repeatedly appear to be badly informed about the health history of applicants and do not show much interest. Furthermore, in more than one third of all cases the medical examination reportedly takes no longer than 15 minutes.¹⁴ However, the responsible pension insurance institutions argue that high quality standards are guaranteed and that numbers of complaints are low.¹⁵ In 2020, in 16,964 cases an IP, WIP or *Erwerbsunfähigkeitspension*¹⁶ was newly granted, whereas during the same period 30,722 applications for such benefits were rejected.¹⁷

c) Benefit entitlements

Level of benefits: IP and WIP are, with some exceptions, calculated in a similar way to an old-age pension. For every year of insurance, 1.78% of the calculation base is credited to the pension account. The calculation base is an average of lifetime earnings, made up of earned income from employment subject to statutory insurance and of credits at other times (for example, bringing up children), for which a specific lump-sum calculation basis partly applies. Since, particularly in cases where invalidity or work incapacity emerges early in working life, the total credit in the pension account would provide an insufficient pension, "credit months" (*Zurechnungsmonate*) are taken into account. This means that if the effective pension date is before someone turns 60, the months remaining between the effective date and the date they turn 60 are taken into

¹³ For more details see: <https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=342>.

¹⁴ For more details see:

https://ooe.arbeiterkammer.at/service/presse/Fragwuerdige_Praktiken_bei_Gutachtern.html and https://www.ots.at/presseaussendung/OTS_20190624_OTS0043/ak-befragung-zeigt-auf-fragwuerdige-praktiken-von-gutachtern-in-pensionsverfahren-zur-invaliditaets-und-berufsunfaehigkeitspension.

¹⁵ For a parliamentary request on this issue see:

https://www.parlament.gv.at/PAKT/VHG/XXVII/J/J_01358/index.shtml.

¹⁶ The latter version of the benefit is the one for the self-employed; see above.

¹⁷ Source: Dachverband der Sozialversicherungsträger 2021, table 3.28.

account, subject to a maximum of 60% of the assessment basis.¹⁸ Furthermore, deductions that usually apply for early retirement within the pensions system (4.2 percentage points per year of early retirement) are capped, namely to a maximum of 13.8 percentage points in total. Low benefits resulting from this method of calculation are – on a partly means-tested basis – increased to the “compensation supplement” (*Ausgleichszulage*) (see below on interaction with other income/benefits), which de facto stipulates a means-tested minimum benefit level. The average level of IP/WIP amounted to €1,230 per month in December 2020, significantly lower than the level of the average old-age pension (€1,407) (Dachverband 2021, 56).

Duration of the benefit: Due to a reform effective from 2014, two different age groups have to be distinguished. For people born before 1 January 1964 the old regulations on IP/WIP apply. For this group, IP/WIP may initially be granted as a time-limited benefit, with a duration of up to two years, with renewal in the form of a time-limited benefit possible thereafter. In cases where it is expected that the impairments resulting in the use of IP/WIP are permanent, IP/WIP is granted without a time limit. For people born since 1 January 1964, time-limited IP/WIP no longer exists. People in this age group, in the case of permanent impairments, have access to IP/WIP without time limit. In other cases, they may only be granted (temporary) rehabilitation benefit or requalification benefit (see above).

IP or WIP can also be withdrawn if the pensioner's state of health has improved significantly. Although medical re-examinations do not take place on a regular basis, the pension insurance institution can impose a re-examination.¹⁹

After reaching the statutory retirement age, people can apply for the conversion of IP/WIP into an old-age pension. However, a conversion (with recalculation) is only possible if the contributory history required for an old-age pension is met. Otherwise, the entitlement to IP/WIP remains.

Interactions with other income or other income-related benefits: As for old-age pensions, a partly means-tested minimum level applies to IP/WIP, the compensation supplement. In order to get the pension increased to the CSRR, the initial monthly pension or pensions including other income (such as of the spouses living in the same households) may not exceed the following gross monthly amounts (i.e. the CSRR – numbers for 2022): for single pensioners, €1,030.49; and for pensioners living with their spouse in the same household, €1,578.36. For each dependent child in the household the CSRR is increased by €159 per month.²⁰

As already sketched out above, IP/WIP may also be obtained as a partial pension. In cases where the sum of earned income and IP/WIP exceeds €1,283.29 gross per month the IP/WIP is cut according to a progressive formula.²¹

Challenges: No evidence was identified of detailed assessments (from reports, papers etc.) on the income situation of households with recipients of IP/WIP.

1.1.2 Bundespflegegeld (Federal long-term care allowance)

On the one hand, the declared goal of the Federal Long-Term Care Allowance (LTCA – *Bundespflegegeld*) is to “*compensate for care-related additional expenses in the form of a contribution in order to secure the necessary care and help for persons in need of care as*

¹⁸ This means that IP/WIP is not strictly contribution-based, but – irrespective of a minimum insurance record – also shows a feature more typical of disability assistance schemes.

¹⁹ For more details see:

https://www.oeziv.org/rechtsdatenbank/aus_der_praxis/invaliditaetspension_entziehung.

²⁰ Source: <https://www.sozialversicherung.at/cdscontent/load?contentid=10008.763127&version=1640771817>.

²¹ Income limit for 2022. For details see:

<https://www.pv.at/cdscontent/load?contentid=10008.577845&version=1639655196>.

far as possible, and to improve the possibility of living an autonomous life with needs met".²² On the other hand, recipients of LTCA do not have to provide proof of care-related expenses and are – in principle – completely free on how to use the LTCA. In this context it should be noted that the vast majority – around 85% – of all recipients of LTCA live in private homes. Of these, around 45% receive a mix of informal and formal care, and around 55% receive informal care only (Nagl-Cupal *et al.* 2018). In the latter case especially, LTCA is likely to increase disposable household income, and it is therefore covered in this report.²³

a) Eligibility conditions

Disability-related qualifying criteria: Qualifying criteria are based on a medical definition of disability in relation to the assessment of care and support needed. LTCA is granted according to seven different levels of care and support needed. To get the lowest level of LTCA, a minimum level of necessary care and support amounting to at least 65 hours per month has to be met. The details on how to calculate the necessary hours of care and support are stipulated in a "grading"²⁴ regulation" (*Einstufungsverordnung*²⁵).

Age: None (i.e. there are no age requirements for accessing this benefit).

Nationality and/or residency:

- Nationality: none (i.e. there are no nationality requirements for accessing this benefit).
- Residency: habitual residency in Austria is necessary.²⁶

Waiting period: None. It is granted from the moment the disability is certified. If all conditions have been met when filing the application, the benefit is granted retroactively as from the date of the application.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: As LTCA is a universal benefit (i.e. access is not linked to a contribution history or means-testing), no major gaps/obstacles exist concerning basic eligibility conditions; but see below on the grading regulation determining different levels of LTCA.

²² §1 of the Federal Act on the Care Allowance (*Bundespflegegeldgesetz*):

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008859>.

²³ This decision was taken irrespective of the fact that, as a general rule, long-term care benefits should not be covered in this ESPN report. We hereby follow the interpretation by Flieger *et al.* (2017) within their ANED Country report on Social Protection, where LTCA is also dealt with in the section on "income protection".

²⁴ "Grading" regarding the person's health condition and associated need for long-term care.

²⁵ See:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10009142>.

²⁶ These conditions apply to EU and non-EU nationals as well as to people with refugee status. Furthermore, people with a subsidiary protection status also have access to LTCA; see: https://www.drda.at/a/352_DRDA_10/44-Anspruch-auf-Pflegegeld-fuer-subsidiaer-Schutzberechtigte.

b) Disability assessment framework:

Type of assessment: Assessment of care or support needs.

Responsible authorities: responsible pension insurance institution (*Pensionsversicherungsträger*).

Method: personal interaction (for more details, see next paragraph).

Supporting evidence: For the assessment, applicants are visited at home, in a nursing home or, if unavoidable, in hospital by a medical doctor and a qualified nurse. Upon personal request, the presence of a trusted person (e.g. the care-giver) must also be made possible during the medical examination in order to provide information on the specific care situation. When assessing in-patient facilities, information from the nursing staff must be obtained, and the nursing documentation must be taken into account. The latter also applies to care by out-patient services.

Assessor: Medical doctor, partly in co-operation with a qualified nurse.

Decision-maker: The decision on the appropriate level of care is a legal question and is made by the pension insurance institution or the court (in case of appeal).²⁷

Critical analysis: An assessment by the Vienna Chamber of Labour suggests that the above-mentioned grading regulation has a rather narrow focus on physical disabilities, whereas psychical, social and mental disabilities are only taken into account to an insufficient degree (Schalek 2021). This has an impact not only on the level of the LTCA granted (see below), but also on accessibility (e.g. to financial support regarding personal assistance – see below, Section 3). The assessment by Schalek (*ibid.*) therefore proposes among other things that the "hardship supplement"²⁸ for people with severe mental or psychological disabilities should be increased from the current 25-45 hours per month.

c) Benefit entitlements

Level of benefits: The level of LTCA varies according to the level of necessary care and support. The table below gives an overview on the relevant basic criteria, benefit levels, and numbers of recipients.

²⁷ The procedure (without possible appeal) usually takes around two months (Arbeiterkammer Niederösterreich 2021, 2).

²⁸ For people aged 15 or over with severe mental or psychological disabilities, a hardship supplement (*Erschwerniszuschlag*) is added to the hours of care and support needed, calculated according to the general rules of the grading regulation. See § 1(6) of the grading regulation: <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10009142>.

Care category	Monthly benefit € net (2022)	Minimum care needs in hours per month	Number of claimants (January 2022)	Share of care category (%)
Level 1	165.40	65 ¹	129,757	28
Level 2	305.00	95 ²	99,910	21
Level 3	475.20	120	87,325	19
Level 4	717.70	160	68,344	15
Level 5	968.10	180 ³	52,278	11
Level 6	1,351.80	180 ⁴	20,038	4
Level 7	1,776.50	180 ⁵	9,140	2

¹ Until January 2015: 60 hours. ² Until January 2015: 85 hours. ³ Plus: exceptional care requirements. ⁴ Plus: permanent presence of a carer is necessary due to unpredictable care needs. ⁵ Plus: serious disability impeding the use of hands and feet; no precise movements are possible.

Sources: Federal Ministry of Social Affairs <https://www.sozialministerium.at/Themen/Pflege/Pflegegeld.html>; Statistics Austria

http://www.statistik.at/wcm/idc/idcplq?IdcService=GET_NATIVE_FILE&RevisionSelectionMethod=LatestReleased&dDocName=034778; and own calculations.

Duration of the benefit: LTCA has no minimum or maximum duration.

Interactions with other income or other income-related benefits: None. It is especially worth noting that LTCA is not taken into account in means-testing for other benefits (such as minimum income or social assistance – see below, Section 2.3.1) or regarding minimum pensions according to the compensation supplement (see above, Section 1.1.1).

Challenges: No evidence was identified of detailed assessments (from reports, papers, etc.) dealing with adequacy challenges regarding the benefit level of LTCA. However, at least two points are worth mentioning here. First, until the end of 2019, LTCA was not regularly indexed on a yearly basis. Between 1993 (when LTCA was introduced) and 2018 this caused a devaluation of LTCA by around 30% relative to the consumer price index.²⁹ However, since January 2020 LTCA has been indexed on a yearly basis (see below, Section 4.2). Second, LTCA only covers a fraction of the costs of long-term care in cases where formal homecare services have to be financed according to the hours stipulated in the seven-level system of LTCA (for more details, see European Commission 2021, 309).

1.1.3 Erhöhte Familienbeihilfe (Increased family allowance)

Family allowance (*Familienbeihilfe*) may usually be granted for children up to the age of 24. However, if the earned income of children aged 20 or over exceeds €10,000 per year, the family allowance will be reduced on a pro rata basis. Family allowance is also available for students: here, the maximum age is again 24, but it may be raised to 25 under specific conditions.³⁰ However, in the context of disability it is important to note that the family allowance may be granted at an increased level, and that it furthermore may be obtained for a person with disabilities without age limit under specific circumstances. The conditions for this are described below.

²⁹ See: <https://www.behindertenrat.at/2018/05/25-jahre-pflegegeld-in-oesterreich-was-bleibt-uebrig/>.

³⁰ See https://www.oesterreich.gv.at/themen/familie_und_partnerschaft/geburt/3/2/2/Seite.080712.html.

a) Eligibility conditions

Disability-related qualifying criteria: For the increased family allowance – disability amounting to at least 50%³¹ when compared with someone without any health issues. For family allowance prolonged beyond the usual maximum age – notification that the person concerned suffers from severe disability, which is considered as “not being able to independently earn their own living” in future (§8 (6) FLAG³²).

Age: Usually for family allowance a maximum age of 24 or 25 applies (see above). However, if someone with disabilities obtains a notification that they will not be able to independently earn their own living in future, no maximum age limit applies. Such notifications, following an application, are issued by the Social Ministry Service, based on a medical assessment (§8 (6) FLAG) – see sub-section b), below.

Nationality and/or residency: Family allowance and increased family allowance are accessible for: Austrian citizens; EU/EEA citizens and Swiss citizens; third-country nationals residing in Austria on the basis of a permanent residence title; recognized refugees according to the Asylum Act; people entitled to residence who enjoy special protection according to the Asylum Act; and people with subsidiary protection status – provided that they do not receive “basic provision benefits” (*Grundversorgung*) and that they are gainfully employed.

Waiting period: None; it is granted from the moment the disability is certified. If all conditions have been met when filing the application, the benefit is granted retroactively as from the date of the application.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: none.

Gaps and/or obstacles: As family allowance and increased family allowance are universal benefits (i.e. access is not linked to a contribution history or means-testing), no major gaps/obstacles exist concerning basic eligibility conditions. Nonetheless, the above-mentioned rule that disability has to amount to at least 50% for someone to be eligible for increased family allowance may exclude a large group of people in need of financial support. No evidence of more detailed assessments of this issue was identified.

b) Disability assessment framework

Type of assessment: Increased family allowance – medical assessment of the disability. Family allowance prolonged beyond usual maximum age – medical assessment of the disability and functional capacity assessment.

Responsible authorities: Social Ministry Service.

Method: Combination of documentary evidence and personal interaction.

Supporting evidence: Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor.

Assessor: Medical doctor.

Decision-maker: public medical officer of the Social Ministry Service or a court (in case of appeal).

³¹ For the detailed catalogue of criteria for measuring the degree of disability according to the Barema method (percentage disability scale), see the grading regulation and the attachment to it (determining which kind of disease/impairment counts as what percentage of disability):

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20006879> and https://www.ris.bka.gv.at/Dokumente/Bundesnormen/NOR40141063/BGBl_II_Nr_261_2010_Anlage_1.pdf.

³² FLAG: *Familienlastenausgleichsgesetz* (Family Burden Equalisation Act); see:

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008220>.

Critical analysis: Evidence/information publicly available on the actual quality of the assessment is scarce. Therefore, no more detailed information on this point can be given here.

c) Benefit entitlements

Level of benefits: The level of family allowance depends on the age of the child and the number of siblings entitled to family allowance in the household. The normal monthly family allowance for a child without siblings, depending on age, currently (2022) amounts to: 0-2 years, €114; 3-9, €121.90; 10-18, €141.50; 19 and over, €165.10. In cases where a disability amounting to 50% or more (for details, see above on eligibility conditions), the family allowance is increased by another €155.90 per month.

Duration of the benefit: No maximum duration applies in cases where someone is deemed, due to severe disability, to be unable to independently earn their own living.

Interactions with other income or other income-related benefits: In principle, no direct interaction. However, as noted above in Section 1.1.1, people deemed unable to independently earn their own living according to §8 (6) FLAG are treated as “initially disabled” regarding IP/WIP, which means that they have to fulfil a more demanding insurance/contribution history to eventually get access to IP/WIP. Furthermore, they are usually excluded from standard ALMPs provided by the PES, as they are not supposed to be fit for work.

Challenges: No evidence was identified of detailed assessments (from reports, papers, etc.) dealing with adequacy challenges regarding the benefit level of increased family allowance. Furthermore, no valid data are available on the overall income situation of families/households with children with disabilities.

1.2 Disability-specific old-age pension schemes

In Austria, no disability-specific old-age pension schemes exist. However, as sketched out above (Section 1.1.1), IP/WIP may also be obtained after the statutory pension age has been reached. Alternatively, after reaching the statutory retirement age, people can apply for the conversion of IP/WIP into an old-age pension. However, a conversion (with recalculation) is only possible if the contributory history required for an old-age pension is met. Otherwise, the entitlement to IP/WIP remains.

1.3 Income support aimed at covering disability-related healthcare and housing expenses

1.3.1 Healthcare

Specific cash benefits aimed at covering disability-related expenses, in the sense of covering the costs of healthcare such as doctors' visits, medicines and hospital stays, are scarce in the context of healthcare in Austria. For example, a recent publication by the Federal Ministry for Social Affairs, summing up disability-related measures and policies in Austria, does not mention any measure explicitly dealing with this issue (BMSGPK 2020).

The LTCA, designed to cover long-term care-related costs, has already been dealt with in Section 1.1.2, above.

Besides that, people with disabilities might be exempted from a number of different private co-payments that apply to different services and benefits in kind granted by the healthcare system. These exceptions and related regulations are briefly described below.

1.3.1.1 Rezeptgebührenbefreiung; Befreiung von anderen Selbstbehalten (prescription fee exception; exception from other private co-payments/deductibles)

a) Brief description

The Austrian health insurance system covers a wide variety of different services, for example primary healthcare services provided by contracted physicians, specialised in-patient and out-patient care, emergency care, dental services, prescription medicines, medical devices such as walking aids, wheelchairs or blood glucose strips, ambulance services, preventive and health-promotion services (including vaccinations or screening examinations), and rehabilitation services. Many services are available free of charge for people insured with most public health insurance funds. For specific services and benefits in kind, private co-payments/deductibles apply. However, like some other groups, people with disabilities might be exempt from these private co-payments/deductibles under specific circumstances.

The most important private co-payments in the area of "standard" health services are a prescription fee for medicines, in 2022 amounting to €6.65 per prescription, and daily allowances for in-patient care in hospitals, currently – depending on the federal province, the hospital and the type of insurance – amounting to between around €13 and €24 per day for the first 28 days in hospital per year. Another co-payment is the annual service fee for the social insurance chip card, which grants access to health services ("e-card"), currently amounting to €12.95 per year. Furthermore, a private co-payment/deductible of 10% applies to most "therapeutic products and medical aids" (*Heilbehelfe und Hilfsmittel*) – for example, wheelchairs, crutches, walking aids, prostheses, glasses and contact lenses, hearing aids, ventilators, bathing and toilet aids, and medical oxygen.³³

Exemptions from these co-payments/deductibles apply under specific preconditions, whereby an exemption from the prescription fee also causes an exemption from daily allowances for in-patient care in hospitals and from co-payments for therapeutic products and medical aids.

Besides other defined groups, people with low income and/or receiving specific social benefits are also exempt from these co-payments/deductibles – for example, people receiving a compensation supplement from pension insurance (see above, Section 1.1.1.c), and recipients of benefits from a minimum income or social assistance scheme (see below, Section 2.3). Furthermore, according to a general clause that is important for people with disabilities, insured people or their relatives experiencing illnesses that, according to general experience, cause particularly high health expenses, are also exempt if the income of the household does not exceed a certain limit.³⁴ The maximum income level is defined by the CSRR, in 2022 amounting to €1,030.49 gross per month for single people and €1,625.71 for couples.³⁵ For dependent children, these income levels are increased by €159 per child. If insured people or their relatives face severe health issues that cause particularly high health expenses, an income limit amounting to 115% of these income levels applies, and for people looked after in institutions such as nursing homes the income limit is increased to 240% of the CSRR for single people.

³³ For a list of the most important therapeutic products and medical aids covered by the public health insurance system, see: <https://www.gesundheitskasse.at/cdscontent/?contentid=10007.828059&portal=oegkoportal>.

³⁴ See https://www.sozialleistungen.at/buch/pr342669_2967256/Rezeptgebuehrenbefreiung and <https://www.gesundheitskasse.at/cdscontent/?contentid=10007.825544&portal=oegknportal>.

³⁵ Note that income from LTCA (see Section 1.1.2) is not taken into account for this means-testing.

Another group specifically exempted from co-payments/deductibles for therapeutic products and medical aids is people for whom an increased family allowance is granted due to a disability of more than 50% (see above, Section 1.1.3).³⁶

b) Main gaps/obstacles

As described above, the exemption from prescription fees and other private co-payments/deductibles for health services does not, in most cases, derive from a disability status, but is based on a more general definition of (expected) comparatively high private health expenses and comparatively low income. This, on the one hand, results in a rather inclusive definition of eligible people (as, for example, no specific degree of disability usually has to be met). On the other hand, people with disabilities living in households with income above the relevant income thresholds are excluded from the described exemptions from private co-payments. This is especially likely to be the case for people with disabilities living in a common household with people who have no disabilities and who earn income from gainful employment or who receive social insurance benefits exceeding the minimum levels defined by the CSRR.³⁷ Unfortunately, no up-to-date information is available on the number of people who are exempt from these co-payments/deductibles, and also no breakdown is available according to more detailed socio-demographic attributes. The most recent data publicly available are from around 2015, indicating that 517,601 people (around 6% of the population) were exempt (LSE 2017, 259; see also Czypionka *et al.* 2018, 13).

c) Main adequacy challenges

Overall, the availability and affordability of health services are supposed to be high in Austria from an international comparative perspective (OECD/European Observatory on Health Systems and Policies 2019; 2021; Fink 2018). However, there is some evidence that households with relatively low income might show a tendency to avoid private out-of-the-pocket payments, despite which such payments still cause substantial financial strain for households with low income (Fink 2018; Czypionka *et al.* 2018). This is especially caused by services not, or only partly, covered by statutory health insurance, such as some more specialised treatments (for example in the area of dental health, psychotherapy and medical and therapeutic aids), where a cap on the maximum costs covered by health insurance may cause substantial private costs (see *ibid.*). Unfortunately, no detailed assessments are available at the time of writing (March 2022) dealing with the question of to what degree and in what respect people with disabilities, in particular, are actually facing related problems. However, according to data provided by EU-SILC, people with disabilities show a higher risk of living in households with comparatively low income, and can therefore be expected to face a higher incidence of financial strain due to private co-payments etc. According to data from EU-SILC 2020, 26% of all people aged 18-64 with self-reported severe impairment due to disabilities lived in households with low equivalised income (less than 60% of the median income), 70% in middle-income households (60% to less than 180% of the median income), and 5% in high-income households (180% or more of the median income). The related numbers for people without self-reported severe impairment due to disabilities are: 12% live in low-income households, 77% in middle-income households, and 12% in high-income households.³⁸

³⁶ See https://www.ig-pflege.at/service/finanzielles/befreiung_von_gebuehren_und_entgelten/kostenanteilbefreiung_heilbehelfe_voraussetzungen.php.

³⁷ As already described in Section 1.1.1 above, the CSRR stipulates minimum benefit levels for recipients of pension benefits from the public pension scheme. Furthermore, the CSRR is also used as a reference level for other benefits. In 2022, the gross monthly CSRR amounted to: €1,030.49 for single people; €1,578.36 for couples; and for each dependent child in a household an additional €159.00.

³⁸ Source: Statistik Austria, EU-SILC 2020 and own calculations.

1.3.2 Housing

The following deals with benefits and financial aid dedicated to home adaptations in cases of disability, excluding other issues of housing and housing benefits. Financial aid for home adaptations is available both from a programme of the Federal Republic (i.e. the national level) via the support fund for people with disabilities (SFPD – *Unterstützungsfonds für Menschen mit Behinderung*), and from specific programmes by the federal provinces. Regarding the latter, the following section deals with the example of the federal province of Vienna (related programmes also exist in the other nine federal provinces).

1.3.2.1 Förderung für behindertengerechten Umbau (Allowance for home adaptations for disability in Vienna)

a) Brief description

The federal province of Vienna provides financial support for home adaptations for people with disabilities (*Förderung für behindertengerechten Umbau*).³⁹ This financial support is available both for rented apartments/houses and for owner-occupied dwellings. Measures attracting financial support include making sanitary rooms accessible for people with disabilities, and the installation of stair lifts or door extensions. The financial support is a one-time, non-repayable subsidy amounting to 75% of the eligible reasonable renovation costs. However, there is a maximum total of eligible costs, usually amounting to €12,000 for apartments and to €35,000 for houses.⁴⁰ In order to be entitled to the subsidy, people with disabilities must either be recipients of LTCA at level 3 or above (see above, Section 1.1.2), or they must hold the "disability passport" (*Behindertepass*). To be certified as a person with disabilities for the disability passport, the degree of disability has to amount to 50% or over according to the Barema method.⁴¹

b) Main gaps/obstacles

The definition of disability applied to get access to this type of financial support appears to be rather broad. Furthermore, access is not subject to means-testing against income or assets. However, this measure does not come with a legal entitlement. This means that if an application is rejected, no formal appeal is possible.

c) Main adequacy challenges

The maximum financial support may be low compared with actual costs, and the limitation to a maximum of 75% of eligible costs might in practice exclude people without disposable resources of their own.

1.3.2.2 Unterstützungsfonds für Menschen mit Behinderung (Support fund for people with disabilities)

a) Brief description

The Support fund for people with disabilities (SFPD – *Unterstützungsfonds für Menschen mit Behinderung*) is a central government programme, introduced under §22ff. of the Federal Disability Act (*Bundesbehindertengesetz*).⁴² Measures and aids especially co-financed by the SFPD are: home adaptations, inclusive adaptations of sanitary rooms, stair lifts, communication tools, car adaptations required due to disability, and

³⁹ For an overview see: <https://www.wien.gv.at/amtshelfer/bauen-wohnen/wohnbaufoerderung/wohnungsverbesserung/umbau.html>.

⁴⁰ For details, see: <https://www.wien.gv.at/wohnen/wohnbaufoerderung/ahs-info/wohnungsverbesserung/baukosten.html>.

⁴¹ For details see: https://www.sozialministeriumservice.at/Menschen_mit_Behinderung/Behindertenpass_und_Parkausweis/Behindertenpass/Behindertenpass.de.html.

⁴² See <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008713>.

assistance dogs. In order to be entitled to financial aid from the SFPD, two main conditions have to be met.⁴³ First, the degree of disability has to amount to a minimum of 50%, which may be proved by different means, for example by having been issued with a disability passport (see above, Section 1.3.2.1), by being a recipient of LTCA (see above, Section 1.1.2), by being entitled to increased family allowance (see above, Section 1.1.3) or due to a decision or judgement based on other federal regulations. Second, the income of the applicant may not exceed a specific maximum. For single people, the limit is set at 200% of the CSRR, which means that the income threshold currently amounts to €2,060.98 gross per month. This level is increased by €380 for a spouse/ partner living in a common household and by another €380 for every additional dependent person in the household. The maximum financial support that may be granted from the SFPD amounts to €6,000.

b) Main gaps/obstacles

The definition of disability appears to be rather broad, but the means-testing of income comes with the risk of excluding a substantial proportion of people with disabilities.⁴⁴ Furthermore, no legal entitlement exists to financial support from the SFPD, which also means that no formal appeal is possible.

c) Main adequacy challenges

The maximum financial support may be low when compared with the actual costs of home adaptations in cases of disability.

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

2.1.1 Gesetzliche Alterspension (Statutory old-age pension)

a) Eligibility conditions

For statutory old-age pensions (*Gesetzliche Alterspension*), the usual eligibility conditions apply without any differentiations for people with disabilities. IP/WIP (see above, Section 1.1.1) can, on application, be converted to an old-age pension after someone reaches the statutory retirement age. However, a conversion (with recalculation) is only possible if the contributory history required for an old-age pension is met. Otherwise, the entitlement to IP/WIP remains.

b) Additional amount/compensation included and adequacy issues

There is no additional amount/compensation.

c) Gaps/obstacles

People with disabilities are likely to face a number of gaps/obstacles regarding statutory old-age pensions. First, they can be expected to face a higher likelihood of not meeting the minimum insurance and contribution history necessary to obtain an old-age pension. People born after 31 December 1954⁴⁵ must have paid contributions for at

⁴³ For details see the directive on the SFPD: https://www.sozialministeriumservice.at/Downloads/richtlinien_u-fonds_aktuell.pdf.

⁴⁴ The average monthly gross earning of employees (yearly earning/14; taking into account holiday and Christmas compensation) amounted to €2,441 in Austria in 2019; Source: Statistik Austria, https://www.statistik.at/wcm/idc/idcplg?IdcService=GET_NATIVE_FILE&RevisionSelectionMethod=LatestReleased&dDocName=021668. This means that, for example in case of a couple, in order to get financial aid from the support fund, total income may not surpass the level of ca. one average gross earning.

⁴⁵ For conditions applying to people born before 1 January 1955 see: <https://www.pv.at/cdscontent/?contentid=10007.707664&portal=pvportal>.

least 180 months. Of these 180 months, 84 months must come from employment (or contribution periods of similar quality). The remaining 96 months can come from other contribution periods, such as unemployment, sick leave, military service, or child-rearing. Second, due to the benefit formula applied, people with a comparatively short employment history and/or comparatively long periods with low income from gainful employment (due to part-time employment or other reasons) are likely to be granted only a rather low benefit, even if eligibility conditions are met.⁴⁶ However, this problem is to some degree mitigated by the fact that very low benefits on a means-tested basis are increased to the compensation supplement. It currently amounts to €1,030.49 gross per month for single pensioners, €1,578.36 for pensioners living in the same household with their spouse, and an extra €159 for each dependent child.⁴⁷ If the income of a household exceeds these income levels, no compensation supplement is granted. Third, the calculation of old-age pensions, and also the compensation supplement, does not take into account that people with disabilities might have much higher expenses than other people. This is, however, to some degree compensated for by the LTCA (see above, Section 1.1.2).

2.2 Unemployment benefits

2.2.1 *Arbeitslosengeld/ Notstandshilfe* (Unemployment benefit/Unemployment assistance)

a) Eligibility conditions

Both UB and unemployment assistance (UA – *Notstandshilfe*) are benefits under the unemployment insurance system, with UA granted after the maximum period for UB has been reached. To receive UB (and subsequently UA), unemployed people have to meet eligibility conditions,⁴⁸ such as a minimum preceding employment and insurance record. For people with disabilities the same general rules apply as for people without disabilities. However, there is one differentiation regarding unemployed people who have to look after a child with disabilities. Usually, in order to receive UB or UA, unemployed people have to be available for gainful employment amounting to a minimum of 20 hours per week. However, if they have to look after a child under 10 or a child with disabilities, and if no suitable institutional childcare is available, they are allowed to be available for a minimum of 16 weekly hours of gainful employment.

b) Additional amount/compensation included and adequacy issues

Within unemployment insurance, there is no additional amount/compensation for people with disabilities. However, different ALMPs are specifically targeted at people with disabilities (for an overview, see *Arbeitsmarktservice 2020*, 65ff.)

⁴⁶ The accrual rate amounts to 1.78% per year of insurance, with a maximum summing up to 80% (after 45 years of insurance). The calculation base is the sum of indexed yearly earnings.

⁴⁷ Source: <https://www.sozialversicherung.at/cdscontent/load?contentid=10008.763127&version=1640771817>.

⁴⁸ For more details see: <https://www.ams.at/arbeitsuchende/arbeitslos-was-tun/geld-vom-ams/arbeitslosengeld#welchebedingungenmssenseierfllen>.

c) Gaps/obstacles

The calculation of UB and UA follows a largely linear benefit formula.⁴⁹ This implies that comparatively low income from gainful employment results in comparatively low benefits in case of unemployment. People with disabilities are likely to be affected by this problem to an above-average degree, as it may be expected that they are more often engaged in part-time employment. However, no valid data on this issue appear to be available for Austria. Another problem is evidently caused by the fact that benefits from unemployment insurance do not take into account that people with disabilities are likely to face higher expenses, caused by disability.

2.3 Guaranteed minimum income schemes and other social assistance benefits

2.3.1 Sozialhilfe/ Bedarforientierte Mindestsicherung (Social assistance and means-tested minimum income)

In 2019 the national centre-right coalition government of the Austrian People's Party (ÖVP) and Austrian Freedom Party (FPÖ) decided to introduce the Basic Social Assistance Act (BSAA – *Sozialhilfe-Grundsatzgesetz*⁵⁰). Unlike earlier attempts at co-ordinating the minimum income schemes of the federal provinces, which continue to have their own legislation on minimum income and remain responsible for its implementation, the BSAA does not define minimum standards; instead it defines maximum standards (especially maximum benefit levels) that may not be exceeded by the minimum income schemes of the federal provinces (Fink 2022; Fink/Leibetseder 2019; Woltran 2019). These schemes, depending on the federal province, are called social assistance (SA – *Sozialhilfe*) or means-tested minimum income (MMI – *Bedarfsorientierte Mindestsicherung*).

However, it is important to note that the related legislation of the federal provinces may provide higher benefit levels than the ones stipulated by the BSAA for specific purposes and target groups. According to §2(4) of the BSAA, higher and/or additional benefits may be granted in cases of "old age, pregnancy, illness and childbirth or to cover a special need for care or disability". The concrete regulation of SA/MMI varies to substantial degree between federal provinces. The following paragraphs deal with the situation in Vienna, where the majority of all recipients of SA/MMI live.⁵¹

a) Eligibility conditions

As a basic principle, claimants are only eligible for SA/MMI if they are not able to raise the resources for basic subsistence either through "own efforts" (work, use of own income, assets and property), or through entitlements to social insurance or other priority benefits (principle of subsidiarity). Besides income, assets are also taken into account in means-testing for SA/MMI, meaning that many types of movable assets that are capable of being capitalised are included in the means test. These basic principles also apply to people with disabilities.

However, people who are incapable of working due to health reasons (including lasting disabilities) according to §14(4) of the Vienna Minimum Income Act (VMIA – *Wiener Mindestsicherungsgesetz*⁵²) are exempt from the obligations to be available for gainful employment and/or from being obliged to participate in ALMPs etc. Furthermore, people

⁴⁹ For details see: <https://www.ams.at/arbeitsuchende/arbeitslos-was-tun/geld-vom-ams/arbeitslosengeld#wiewirdihrarbeitslosengeldberechnet> and <https://www.ams.at/arbeitsuchende/arbeitslos-was-tun/geld-vom-ams/notstandshilfe#wiewirdihrenotstandshilfeberechnet>.

⁵⁰ BGBl. I No 41/2019 revised by BGBl. I No. 108/2019: <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20010649>

⁵¹ In 2020, ca. 60% of all recipients of SA/MMI lived in Vienna. Source: Statistik Austria, https://www.statistik.at/wcm/idc/idcplg?IdcService=GET_NATIVE_FILE&RevisionSelectionMethod=LatestReleased&dDocName=068819.

⁵² <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrW&Gesetzesnummer=20000246>

who are permanently incapable of working due to health reasons are treated as an independent “needs unit” (*Bedarfsgemeinschaft*) from the age of 18, even if they live in a common household with their parents or grandparents (§7(2) VMIA). This means that these people can independently apply for MMI and that the income of their parents or grandparents is not taken into account in means-testing, irrespective of living in the same household. For people who are not incapable of working due to health reasons, the same only applies from the age of 25. Besides that, the VMIA stipulates two additional specific rules for people with disabilities.

First, cars are exempt from being capitalised where they are necessary “for professional reasons or due to special circumstances (in particular disability, inadequate infrastructure)” (§12(3) VMIA). Second, for people with disabilities the maximum benefit level (and therefore also the maximum income level applied for means-testing) is increased by 18% when compared with the standard rate (§8(5) VMIA). Disability in this case is defined as having been issued with a disability passport according to the Federal Disability Act, which indicates that the disability amounts to 50% or more (see above, Section 1.3.2.1). In this context it should also be noted that income from LTCA and family allowance is not taken into account for means-testing concerning SA/MMI.

b) Additional amount/compensation included and adequacy issues

As mentioned above, in Vienna the maximum MMI benefit that may be granted is increased by 18% for people with a disability amounting to 50% or more.⁵³ Although no sound evidence exists regarding this point, this increased benefit rate might not be sufficient to cover the higher expenses caused by disability.

c) Gaps/obstacles

At the time of writing, no detailed assessment is available regarding gaps/obstacles in the context of SA/MMI for people with disabilities. Furthermore, more detailed regulations and benefit levels vary between federal provinces, which even makes it difficult to name gaps/obstacles of SA/MMI in more general terms.⁵⁴ However, non-take up and inadequate benefit levels appear to be two general problems.

According to Fuchs *et al.* (2019; 2020) non-take up of SA/MMI fell from (a national average of) 51% in 2009 to 30% in 2015 (no estimates are available for the more recent past or by federal province). Non-take up according to Fuchs *et al.* is caused by, among other things, the fact that there is no effective one-stop shop for recipients of low unemployment benefits, who could receive SA/MMI as a top-up, because stigmatising effects, irrespective of improvements, remain substantial; and by the fact that administrative processes generally show considerable room for improvement (for example, in terms of waiting times until a decision is taken, regarding the scope of proofs to be provided, or concerning the quality of information provided by the responsible authorities).

Another point is that benefit levels provided by SA/MMI (together with universal family allowance) usually just about reach the level of the extreme poverty threshold (40% of the median equivalised household income) and that households of recipients of SA/MMI are much more often affected by severe material deprivation than other groups (Fink 2022).

⁵³ For the detailed catalogue of criteria for measuring the degree of disability according to the Barema method (percentage disability scale), see the grading regulation and the attachment to it (determining which kind of disease/impairment counts as what percentage of disability):

<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=20006879> and https://www.ris.bka.gv.at/Dokumente/Bundesnormen/NOR40141063/BGBl_II_Nr_261_2010_Anlage_1.pdf.

⁵⁴ A comprehensive evaluation of the MMI/SA schemes of the federal provinces was commissioned by the Federal Ministry for Social Affairs in late 2021, with results expected by autumn 2022.

3 Provision of assistive technology and personal assistance

3.1 Assistive technology

The situation in Austria regarding assistive technology and devices is complex, with different institutions providing financial support for such instruments according to different conditions (for an earlier overview, see also Flieger *et al.* 2017, 6f.).

First, the public health insurance system provides therapeutic products and medical aids (see above, Section 1.3.1.1). This includes wheelchairs (including electrical ones), walking aids, prostheses, glasses, hearing aids, orthopaedic arch supports, orthopaedic shoes, bathing and toilet aids, medical oxygen, and ventilators. The related regulations by the health insurance providers stipulate the maximum costs to be covered in a specific time period; and private co-payments, amounting to 10%, usually apply. It appears that publicly available information on which therapeutic products are actually financed by the health insurance providers, and up to what maximum level, is scarce. This means that people in need of such devices have to contact their health insurance provider directly in order to find out more details. As described in Section 1.3.1.1, people with severe disability and/or households with low income are usually exempt from the 10% co-payment.

In cases where disability was caused by a workplace accident, an occupational disease, or an accident happening in the context of school education or university studies, the costs of assistive technology and devices of different types are covered by the Austrian Workers' Compensation Board (AUVA – *Allgemeine Unfallversicherungsanstalt*) within measures aimed at health, occupational and social rehabilitation. The AUVA reportedly⁵⁵ finances a wide variety of assistive technologies and devices, including comparatively costly instruments and measures. However, details are not publicly available.

For people with disabilities who are insured with the PVA or receiving a benefit from the PVA, the costs of assistive technology and devices may also be co-financed from this institution. A support fund (*Unterstützungsfonds*)⁵⁶ also exists to cover costs caused by an “emergency due to an unforeseeable event”. However, no detailed information is publicly available.

Other important instruments co-financing assistive technology and devices are set up by the federal provinces. For example, in Vienna such measures are provided according to the Vienna Equal Chances Act (*Chancengleichheitsgesetz Wien*⁵⁷). Details are stipulated in a related directive,⁵⁸ according to which the following assistive technologies and devices are financed up to specific maximum amounts.

- Hearing aids are funded up to €3,000, provided that the costs are not borne by the social insurance system and that no funding for the same purpose has been granted within the five years prior to the application being submitted.
- Therapy devices are funded up to a total of €2,500, provided that no funding for the same purpose has been granted within the last five years before the application.
- Wheelchairs and rehabilitation buggies are funded up to €1,500, provided that the costs are not borne by the social security system and no funding has been granted for the same purpose within the previous three years.
- Electric wheelchairs and electric vehicles will receive a total of up to €6,000 in funding, provided that the costs are not borne by the social insurance system and

⁵⁵ Personal interview with a representative of an NGO providing advice to people with disabilities.

⁵⁶ <https://www.pv.at/cdscontent/?contentid=10007.707695&portal=pvportal>

⁵⁷ <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrW&Gesetzesnummer=20000240>

⁵⁸ <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrW&Gesetzesnummer=20000241>

no funding for the same purpose has been granted within the five years prior to the application.

- Regarding communication tools, the following instruments are funded: communicators, special software and hardware, signalling equipment and subtitling instruments. Total funding for these communication tools amounts to up to €10,000, provided that no funding for the same purpose has been granted within the two years before the application was submitted.

Related measures for funding exist in all nine federal provinces, but with some variations regarding the instruments and tools for which financial aid is made available, and concerning the maximum costs to be covered. Reportedly,⁵⁹ the system established in Vienna appears to be rather generous when compared with many other federal provinces.

Financial support for assistive technology and devices is also made available via the SFPD of the national government (see above, Section 1.3.2.2, for conditions of eligibility and further details). Amongst other things, co-financing from this source is available for communication tools and devices necessary for mobility (such as the adaptation of cars). The maximum financial support amounts to €6,000.⁶⁰

Although all of the subsidies mentioned above are not subject to any income-related conditions, the multitude of possible sources of financial aid and overlapping competencies and responsibilities causes a substantial lack of transparency and problems for potential applicants. Reportedly,⁶¹ the usual strategy is – depending on the assistive technologies and devices needed – to first apply to the health insurance provider, and then to try to get some additional funding from the other potential sources mentioned above. This often leads to lengthy procedures where outcomes are difficult to foresee. Debates on establishing a one-stop shop to improve and speed up access and financial support regarding assistive technology and devices have been going on for a while in Austria. However, despite positive signals from different political actors, such a system has in practice not been implemented so far.

3.2 Personal assistance

Personal assistance in the narrow sense (for services provided in the context of long-term care, see European Commission 2021, 309ff.) is organised by two different types of schemes, described below.

Personal assistance for people in employment, professional training or education (as from the ninth year of schooling), studying at a university or searching for a job is offered under a national government programme called “personal assistance at work” (PAW – *Persönliche Assistenz am Arbeitsplatz*).⁶² This programme is implemented by the regional branches of the Social Ministry Service in co-operation with “assistance service units” (*Assistenzservicestellen*), which are contracted not-for-profit service-providers, acting as the employers of personal assistants.⁶³ Alternatively, personal assistants can also be directly employed by the person eligible for PAW. In order to be entitled to PAW, applicants must receive LTCA (see above, Section 1.1.2) at level three or above. PAW especially covers and finances the following types of support:

⁵⁹ Personal interview with a representative of an NGO providing advice to people with disabilities.

⁶⁰ https://www.sozialministeriumservice.at/Downloads/richtlinien_u-fonds_aktuell.pdf

⁶¹ Personal interview with a representative of an NGO providing advice to people with disabilities.

⁶² For an overview see:

https://www.sozialministeriumservice.at/Arbeitsmarktprojekte/Projektfoerderung/Sonstige_Massnahmen_und_Projekte/Weitere_Projekte_und_Massnahmen_am_Arbeitsmarkt.de.html#heading_Persoенliche_Assistenz_am_Arbeitsplatz.

⁶³ For the assistance service unit responsible for Vienna and Lower Austria, see: <https://www.wag.or.at/>.

- accompaniment and support on the way between home and work or a place of training, including necessary mobility in connection with childcare;
- support regarding employment-related duties outside the workplace (for example attendance of events, business trips);
- accompaniment and support for obtaining or fulfilling orders in the context of self-employment;
- support activities of a manual nature in the performance of a professional activity or during a training period (for example filing of documents, and copying activity – but not support services of a substantive or technical nature);
- assistance in personal care during a period of service or training; and
- other assistance services required due to disability (for example, assistance with getting out of or into a car, putting on or taking off a jacket, and help with lunch).

The costs assigned to the necessary PAW are fully covered by the Social Ministry Service. No private co-payments apply.

Besides PAW, the federal provinces have set up instruments (co-)financing personal assistance for private purposes. The following paragraph again deals with the example of Vienna. Here, the instrument (co-)financing personal assistance for private purposes is called “supplementary care allowance benefit for personal assistance” (SCA – *Pflegegeldergänzungsleistung für Persönliche Assistenz*).⁶⁴ The SCA is administered by the Vienna Social Fund, which is an administrative unit working on behalf of the City of Vienna. For SCA no legal entitlement applies, but the conditions applying for SCA are specified in rather detailed funding guidelines (*Förderrichtlinie*)⁶⁵.

The purpose of SCA is to provide additional assistance in the form of personal support in the areas of household, personal care and basic needs, maintenance of health, mobility, communication and leisure, in order to help people with disability to live a self-determined and independent life in their own private household. It may be granted to people aged 19-65 who receive LTCA (see above, Section 1.1.2) at level three or above, who independently live in their own private household or in a defined part of a private multi-person household (people living in institutions are not eligible). Furthermore, eligible people may not have a legal guardian. SCA is granted based on an assessment of actual needs and, depending on the income situation, private co-payments apply. The private co-payments amount to the level of any income exceeding 250% of the minimum benefit rate of the Vienna minimum income scheme applicable to single people,⁶⁶ whereby the LTCA is also taken into account (with the exception of “pocket money” amounting to 10% of the LTCA granted). The personal assistance may be organised via an institution recruiting and employing personal assistants (these are usually not-for-profit social NGOs), or people with disabilities may employ a personal assistant themselves.

Reportedly, the Vienna system for personal assistance appears to be the best established and most generous of all federal provinces.⁶⁷ In other federal provinces, access criteria tend to be more rigid and/or the financial means assigned are lower.

⁶⁴ For an overview, see <https://www.fsw.at/p/pflegegeldergaenzungsleistung>.

⁶⁵ https://www.fsw.at/downloads/foerderwesen_anerkennung/foerderrichtlinien/spezifische/Specz_FRL_PGE-fuer-PA.pdf

⁶⁶ See §1(1) of the Decree of the Vienna Provincial Government on the Vienna Minimum Security Act <https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=LrW&Gesetzesnummer=20000554>.

⁶⁷ Personal interview with a representative of the Austrian Disability Council (*Österreichischer Behindertenrat*), an umbrella group of 80 organisations and institutions dealing with disability in Austria. See: <https://www.behindertenrat.at/>.

4 National debates, reforms and recommendations

4.1 National debates

It appears fair to say that social protection for people with disabilities has not ranked high on the public political agenda in Austria recently. This applies irrespective of the fact that the "national action plan on disability 2012-2020" (*Nationaler Aktionsplan Behinderung 2012-2020*), enacted in 2012 to implement the UN Disability Rights Convention, has expired and was planned to be replaced by a new "national action plan on disability 2021-2030" by 2021 at the latest.⁶⁸ Debates on the renewed action plan, organised via a decentralised process of different working groups,⁶⁹ did not gain much public attention. The decision on the new action plan, to be taken by the national government, was repeatedly postponed, but reportedly may now be expected before summer 2022. However, there are currently no signs that the new action plan will include more comprehensive structural reforms, including large-scale institutional restructuring or harmonisation of the services and financial aid schemes of the federal provinces.

More specifically, the issue of long-term care has been on the political agenda for some time. The presentation of large-scale reform in this area was announced for 2021.⁷⁰ However, it has been repeatedly postponed, with no concrete reform plans having been made public at the time of writing this report (March 2022).

Overall, it appears that issues of social protection for people with disabilities have to a considerable degree been displaced from public political debates, which over the last two years have been dominated by more general topics linked to the COVID-19 pandemic.

4.2 Recent reforms and reforms currently in the pipeline

Social protection for people with disabilities in Austria has not undergone comprehensive structural or institutional reforms since 1 January 2017, and no major related measures were decided in the context of the COVID-19 pandemic. However, some reforms dealing with specific policy areas, also touching upon the situation of people with disabilities, are worth mentioning, as follows.

- Since January 2020, LTCA (see above, Section 1.1.2) has been indexed on a yearly basis. This is a major change, as long-term care cash benefits were previously indexed very infrequently, which implied a substantial devaluation of these benefits over the medium term.
- The minimum level of pension benefits, stipulated by the CSRR, has in recent years been repeatedly indexed/increased by more than the amount indicated by price inflation. This not only has a positive impact on minimum pensions, but also on benefits from SA/MMI, and on the accessibility of a number of other benefits and services, where the CSRR serves as an income threshold for means-testing (as described in different sections of this report).
- Health insurance, starting in 2019, underwent some structural reform, reducing the number of health insurance providers. Essentially, the reform involved a merger of the nine different regional health insurance funds (*Gebietskrankenkassen*), covering most private sector employees, into one common "Austrian health fund" (*Österreichische Gesundheitskasse*). This, inter alia, comes with a partial harmonisation of benefits and services. However, hitherto no detailed information

⁶⁸ See <https://www.sozialministerium.at/Themen/Soziales/Menschen-mit-Behinderungen/Nationaler-Aktionsplan-Behinderung.html>.

⁶⁹ For more information see: <https://www.behinderterrat.at/recht-und-soziales/nationaler-aktionsplan/>.

⁷⁰ See for example: https://www.ots.at/presseaussendung/OTS_20200528_OTS0261/nationalrat-begruesst-baldigen-start-der-pflegereform.

has been made publicly available on whether, and to what degree, this has led to changes regarding therapeutic products and medical aids (see above, Section 3). Overall, there are no clear signs that availability has improved and/or that levels of financial aid have been increased.

- Reportedly, some federal provinces have made attempts to improve the accessibility of personal assistance, partly in the course of new pilot projects etc.⁷¹ However, analysing these developments in more detail is beyond the scope of this report (for the situation in Vienna see above, Section 3).
- As already sketched out in Section 2.3, SA/MMI underwent some reform starting from 2019, with a new BSAA decided at national level. This reform did not imply any improvements for people with disabilities, as the BSAA does not define minimum standards, but instead maximum standards, which may normally not be exceeded by the minimum income schemes of the federal provinces. However, according to the BSAA, people with disabilities may be exempt from these maximum standards, meaning that the federal provinces may implement more generous benefits for this group.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

Evidently, social protection for people with disabilities in Austria is organised within a rather fragmented system of different benefits and services. This also comes with fragmented and partly overlapping responsibilities and competences, and substantial variation in the accessibility of benefits and services according to different initial causes of disability and also depending on the federal province within which people live.

Furthermore, there is a clear lack of empirical evidence regarding the more detailed living and income conditions of different groups of people with disabilities. Austria should therefore strengthen data-collection mechanisms, ensuring that comprehensive, reliable and disaggregated data on disability and people with disabilities are collected, in line with Article 31 (statistics and data collection) of the UN CRPD provisions.

Against this background, evidence-based stocktaking would be necessary as a first step, assessing the living conditions and income conditions of different groups of people with disabilities in more detail relying on empirical data. This could then be used to assess the different systems providing cash transfers, and their mutual interaction, in more detail.

An evident problem exists regarding accessibility and financial aid in the area of assistive technology and devices, with different institutions potentially providing and/or co-financing such measures and instruments. Irrespective of long-standing related debates and preliminary plans, aims to establish a one-stop shop for this policy area have not been successful hitherto. In this area, it appears that some more structural institutional reform would be recommended.

A related situation applies to “private” personal assistance (i.e. personal assistance not covered by the PAW), SA/MMI, and financial aid by the federal provinces dedicated to home adaptations. In these areas very substantial variations exist between the different federal provinces, which can hardly be justified from an objective point of view. Here, more harmonisation across the federal provinces or, alternatively, centralisation and shifting responsibilities to the national level (thereby also increasing transparency and political accountability) would be necessary.

⁷¹ Personal interview with a representative of the Austrian Disability Council (*Österreichischer Behindertenrat*), an umbrella organisation of 80 organisations and institutions dealing with disability in Austria; see: <https://www.behindertenrat.at/>; for further information see for example: <https://www.bizeps.or.at/Salzburg-antrag-auf-persoennliche-assistenz-seit-1-juli-2020-wieder-moeglich/>; <https://www.pa-vorarlberg.at/>; <https://www.bmkz-gmbh.at/>; <https://www.soziales.steiermark.at/cms/beitrag/11535752/5361/>.

References

- Arbeiterkammer Niederösterreich (2021). Pflegegeld. Anspruchsvoraussetzungen, Höhe, Antragstellung etc., St Pölten, <https://noe.arbeiterkammer.at/service/broschueren/arbeitundrecht/Pflegegeld2021.pdf>.
- Arbeitsmarktservice (2020). Rund um Arbeit und Behinderung, Vienna, https://www.ams.at/content/dam/download/flyer-folder-broschueren/oesterreichweit/001_arbeitundbehinderung.pdf.
- BMSGPK/Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (2020). Überblick über die Querschnittsmaterie "Behinderung" in Österreich, Vienna, <https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=436>.
- Czypionka Thomas/Gerald Röhrling/Eva Six (2018). Can People Afford to Pay for Health Care? New Evidence on Financial Protection in Austria. WHO Regional Office for Europe, Copenhagen, https://www.euro.who.int/_data/assets/pdf_file/0010/376651/austria-fp-report-eng.pdf?ua=1.
- Dachverband der österreichischen Sozialversicherungen (2021). Jahresbericht der Österreichischen Sozialversicherung, Vienna, <https://www.sozialversicherung.at/cdscontent/load?contentid=10008.747502&version=1621948595>.
- Dachverband der Sozialversicherungsträger (2021). Statistisches Handbuch der österreichischen Sozialversicherung 2021, Vienna, <https://www.sozialversicherung.at/cdscontent/load?contentid=10008.761515&version=1650540440>.
- European Commission (2021). 2021 Long-Term Care Report. Trends, challenges and opportunities in an ageing society. Country profiles. Volume II, Brussels, <https://ec.europa.eu/social/BlobServlet?docId=24080&langId=en>.
- Fink, Marcel (2018). ESPN Thematic Report on Inequalities in access to healthcare. Austria 2018, Brussels.
- Fink, Marcel (2022). Country fiche – Austria. Exploratory study: filling in the knowledge gaps and identifying strengths and challenges in the effectiveness of the EU Member States' minimum income schemes, Vienna/Brussels.
- Fink, Marcel/Bettina Leibetseder (2019). Die Österreichische Mindestsicherungsreform 2010: Von der Armuts- zur Arbeitsmarktpolitik, in: Österreichische Zeitschrift für Politikwissenschaft, Vol. 48(1), 19-36, <https://webapp.uibk.ac.at/ojs/index.php/OEZP/article/download/2714/2292>.
- Flieger, Petra/Ursula Naue/David Sporschill (2017). ANED Country report on Social Protection and Article 28, <https://www.disability-europe.net/downloads/724-country-report-on-social-protection-and-article-28-uncrpd-austria>.
- Fuchs, Michael/Katarina Hollan/Tamara Premrov/Anette Scoppetta/Katrin Gasior (2019). Falling through the social safety net? The case of non-take-up in Austria, Policy Brief 2019/2, Vienna: European Centre, <https://www.euro.centre.org/publications/detail/3435>.
- Fuchs, Michael/Katrin Gasior/Tamara Premrov/Katarina Hollan/Anette Scoppetta (2020). Falling through the social safety net? Falling through the social safety net? Analysing non-take-up of minimum income benefit and monetary social assistance in Austria, in: Soc Policy Admin., Vol. 54, 827–843.
- LSE/London School of Economics (2017). Efficiency Review of Austria's Social Insurance and Healthcare System Volume 1 – International Comparisons and Policy Options,

London, <https://www.lse.ac.uk/business/consulting/assets/documents/efficiency-review-of-austrias-social-insurance-and-healthcare-system.pdf>.

Nagl-Cupal, Martin *et al.* (2018). Angehörigenpflege in Österreich. Einsicht in die Situation pflegender Angehöriger und in die Entwicklung informeller Pflegenetzwerke, research report on behalf of the Federal Ministry of Social Affairs, Vienna University, Vienna, https://pflgewissenschaft.univie.ac.at/fileadmin/user_upload/i_pflgewissenschaft/Download_Projekte/Endbericht_Angehorigenpflege.pdf.

OECD/European Observatory on Health Systems and Policies (2019). Austria: Country Health Profile 2019, Brussels, <https://www.oecd-ilibrary.org/docserver/fe6121d2-en.pdf?expires=1646495071&id=id&accname=guest&checksum=2AC81023D5E91EC77EAF04E6D551C664>.

OECD/European Observatory on Health Systems and Policies (2021). Austria. Country Health Profile 2021, Brussels, <https://www.oecd-ilibrary.org/docserver/d4349682-en.pdf?expires=1646495129&id=id&accname=guest&checksum=62DD9B477040224FD23FDCC50F4D2061>.

Schalek, Kurt (in co-operation with Andrea Tumberger) (2021). Die Abbildung von Pflegebedürftigkeit. Vergleich zwischen der Pflegegeld-Einstufung und der Klassifikation PraxisOrientierte Pflegediagnostik (POP), Working Paper, Arbeiterkammer Wien, Abteilung Gesundheitsberuferecht und Pflegepolitik, Vienna, https://wien.arbeiterkammer.at/service/studienundzeitschriften/studien/gesundheitundpflege/WP_Abbildung_Pflegebeduerftigkeit_2021-11-19.pdf.

Wegscheider, Angela (2021). Es geht kein Weg vorbei am inklusiven Arbeitsmarkt, A&W Blog, 17th May 2021, <https://awblog.at/kein-weg-vorbei-am-inkluisiven-arbeitsmarkt/>.

Woltran, Iris (2019). Mindestsicherung Neu – zurück zur “alten” Sozialhilfe, in: WISO 1/2019, 13-31, <https://www.isw-linz.at/index.php?eID=dumpFile&t=f&f=884&token=6c85956ad3b2b96929db680781c587c1481790ce>.

Getting in touch with the EU

In person

All over the European Union there are hundreds of Europe Direct Information Centres. You can find the address of the centre nearest you at: <http://europa.eu/contact>

On the phone or by e-mail

Europe Direct is a service that answers your questions about the European Union. You can contact this service

- by freephone: 00 800 6 7 8 9 10 11 (certain operators may charge for these calls),
- at the following standard number: +32 22999696 or
- by electronic mail via: <http://europa.eu/contact>

Finding information about the EU

Online

Information about the European Union in all the official languages of the EU is available on the Europa website at: <http://europa.eu>

EU Publications

You can download or order free and priced EU publications from EU Bookshop at: <http://bookshop.europa.eu>. Multiple copies of free publications may be obtained by contacting Europe Direct or your local information centre (see <http://europa.eu/contact>)

EU law and related documents

For access to legal information from the EU, including all EU law since 1951 in all the official language versions, go to EUR-Lex at: <http://eur-lex.europa.eu>

Open data from the EU

The EU Open Data Portal (<http://data.europa.eu/euodp/en/data>) provides access to datasets from the EU. Data can be downloaded and reused for free, both for commercial and non-commercial purposes.

