European Agency for Safety and Health at Work

Safer and healthier work at any age

Country Inventory: Austria

European Agency for Safety and Health at Work

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Abbreviations

AGG:	Arbeit-und-Gesundheit-Gesetz (Work and Health Law)
AK:	Kammer für Arbeiter und Angestellte (Federal Chamber of Labour)
AMS:	Arbeitsmarktservice Österreich (Austrian Public Employment Service)
AschG:	ArbeitnehmerInnenschutzgesetz (Protection of Employees Act)
ASVG:	Allgemeines Sozialversicherungsgesetz (General Social Insurance Act)
AUVA:	Allgemeine Unfallversicherungsanstalt (Austrian Social Insurance for Occupational Risks)
B-VG:	Bundesverfassungs-Gesetz (Austrian Constitution)
BBRZ:	Berufliches Bildungs- und Rehabilitationszentrum (Centre for Rehabilitation)
BMASK:	Bundesministerium für Arbeit, Soziales und Konsumentenschutz (Federal Ministry of Labour, Social Affairs and Consumer Protection)
BMG:	Bundesministerium für Gesundheit (Federal Ministry of Health)
BSB:	Bundessozialamt (Federal Social Office)
BVA:	Versicherungsanstalt der öffentlich Bediensteten (Insurance Institution of Public Sector employees)
ENWHP:	European Network for Workplace Health Promotion
EU:	European Union
Eurofound:	European Foundation for the Improvement of Living and Working Conditions
EU-OSHA:	European Agency for Health and Safety at Work
HR:	Human resources
ILO:	International Labour Organization
IV:	Industriellen Vereinigung (Federation of Austrian Industries)
LKÖ:	Landwirtschaftskammer (Chamber of Agriculture)
MSD	Musculoskeletal disorder
NGO:	Non-governmental organisation
OECD:	Organisation of Economic Cooperation and Development
ÖGB:	Österreichischer Gewerkschaftsbund (Trade Union Federation)
OSH:	Occupational Safety and Health
P.p.:	Percentage point
PVA:	Pensionsversicherungsanstalt (Pension Insurance Organisation)
RTW:	Return to work
SVB:	Sozialversicherungsanstalt der Bauern (Social Insurance Institution for Farmers)
VAEB:	Versicherungsanstalt für Eisenbahnen und Bergbau (Statutory insurance institute for railway and mine workers)
WHO:	World Health Organisation
WKÖ:	Wirtschaftskammer Österreich (Federal Economic Chamber)

Introduction

This report is part of the project 'Safer and healthier work at any age', initiated and financed by the European Parliament[1][2]. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The **information** used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report's bibliography.

The **indicators** presented in the first section of the reports have been selected taking into account:

- *Relevance to the topic:* In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- *Availability of data by age groups:* As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- *Geographical coverage:* In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

[1] Official Journal of the European Union, '04 04 16 – Pilot project - Health and safety at work of older workers', Chapter 0404— Employment, Social Solidarity and Gender Equality, 29.02.2012, pp. II/230 - II/231. Available at: http://bookshop.europa.eu/en/officialjournal-of-the-european-union-l-56-29.02.2012-pbFXAL12056/ (Accessed December 2014

[2] The activities carried out for the European Parliament's pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).

In Austria, the expert workshop “Safe and healthy workplace in the context of an ageing society” took place on 8 May 2014, with around 35 participants. The Austrian Labour Inspectorate, EU-OSHA’s focal point, provided extensive support for the organisation and execution of the workshop. Due to the holistic approach favoured in Austria for OSH prevention and rehabilitation, making a distinction in the discussions between the OSH of older workers and rehabilitation/return-to-work was not justified. The discussions at the workshop therefore considered the two topics together.

Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the Chamber of Labour, the Chamber of commerce, the Austrian Workers’ Compensation Board (AUVA) and several Austrian businesses gave presentations to introduce the topics for discussion. All relevant stakeholders for OSH in Austria, including representatives from the social partners, then took part in the active discussions. A summary of the stakeholders’ views is provided in the conclusions of this report.

The present report describes policies and strategies in Austria, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Austria, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Austria with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Austria that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts & Figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Austria with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:[3]

- "Median age" is the age that divides a population into two groups that are numerically equivalent.
- The "old age dependency ratio" is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- "Old age pension" is payment to maintain the income of a person after retirement from employment at the standard age or payment made to support the income of elderly persons.[4]
- "Anticipated old age pensions" are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.[5]
- "Survivors' pension" is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).[6]
- "Healthy life years", also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.[7]
- The "demand-control-model"[8] is used to measure certain dimensions of occupational stress; it shows that the combination of a large number of demands made to a worker and the low level of control that the worker has on his/her own tasks has a negative effect on his/her health.
- The model of "effort-reward-imbalance" (ERI)[9] is also used to measure certain dimensions of occupational stress; it shows that the lack of rewards received by a worker (including money, esteem and career opportunities) in return for his/her efforts spent at work causes job strain. The ERI model therefore measures the proportion of 'rewards' for the level of effort provided.

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

[3] Definitions were extracted from the Eurostat glossary (unless stated otherwise): http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Thematic_glossaries (Accessed December 2014)
[4] Eurostat, Methodologies and Working Papers, *The European System of integrated Social PROtection Statistics (ESSPROS), ESSPROS Manual and user guidelines*, 2012, p. 58. Available at: http://ec.europa.eu/eurostat/documents/3859598/5922833/KS-RA-12-014-EN.PDF/6da3b2bf-85ba-4665-b318-a41d6a2df37f?version=1.0 (Accessed December 2014)
[5] Definition according to Eurostat Methodology Paper on ESSPROS, p. 51
[6] Ibid, p62.
[7] This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.
[8] This model was created by Karasek (1979) Job Demands, Job Decision Latitude, and Mental Strain - Implications for Job Redesign. Administration Science Quarterly 24: 285-307.
[9] This model was created by Siegrist (1996) 'Adverse Health Effects of High-Effort/Low-Reward Conditions', Journal of Occupational Health Psychology 1: 24-41.

Table 1, Overview table of main indicators

	Austria	EU-28
Median age 2013 (2060)	43 (47)	41.9 (46.3)
Share of population aged 55 to 64 years (2013)	12%	13%
Share of population aged 65+ (2013)	18%	18%
Old age dependency ratio 2013 (2060)	27% (50%)	27.5% (50.2%)
Employment rate of 55 to 64-year-olds (2013) (Δ since 2003)	44.9% (+15.8 p.p.)	50.2% (+10.3 p.p.)
Official Retirement age (2012)[10]	60 (f), 65 (m)	
Effective retirement age (2012)[11]	59 (f)/ 62 (m)	60.9(f)/62.3(m)* [12]
Share of pensioners (50-69) who quit working for health or disability reasons (2012)	29%	20.9%
Pension expenditures (% of GDP) (2011*)		
All pensions	14.8%	13.0%
Old-age pensions	10.4%	9.5%
Disability	1.5%	0.9%
Life expectancy at 65 years, in years (2011)	20.1	19.7
Women	21.7	21.3
Men	18.1	17.8
Healthy life years at the age of 65 (and 50) (2011)		
Women	8.3 (17.2)	8.6 (17.9)
Men	8.3 (16.4)	8.6 (17.5)
Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)	24%	11.4%[13]
Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs), 2012	6.9% (3.6%)	5.7% (3.8%)
Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs), 2012	35% (29%)	33.3%** (24.2%**)
Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months (2007)	70%	59.9%[14]
Women	75%	64.4%
Men	67%	56%
Share of workers above the age of 50 who think they could do their current job at the age of 60[15] (2010)	64%	71.4[16]%
Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace[17] (2013)	34%	31%

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS)
*figure refers to 2011; ** estimated by Eurostat

[10] Austria Federal Chancellery, National Reform Programme, 2014. Available at: http://ec.europa.eu/europe2020/pdf/csr2014/nrp2014_austria_en.pdf (Accessed December 2014)
[11] OECD estimates on the average effective age of retirement versus the official age, 2007-2012. Available at: http://www.oecd.org/els/emp/ageingandemploymentpolicies-statisticsonaverageeffectiveageofretirement.htm (Accessed December 2014)
[12] These figures refer to the EU-27
[13] This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.
[14] These figures are for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.
[15] European Working Conditions Survey 2010
[16] This Figure refers to the EU-27
[17] European Commission, Flash Eurobarometer on Working Conditions – Fact sheet for Austria, 2014. Available at: http://ec.europa.eu/public_opinion/flash/fl_398_fact_at_en.pdf (Accessed December 2014)

1.1.1 Demographic developments

The population in Austria has been ageing for several decades and even more strongly since 1990, going from a median age of 35 years in 1980 to 43 years in 2013 (table 2).

Table 2, Median age (actual and projections) of population in Austria and for EU, 1960-2060 (in years)

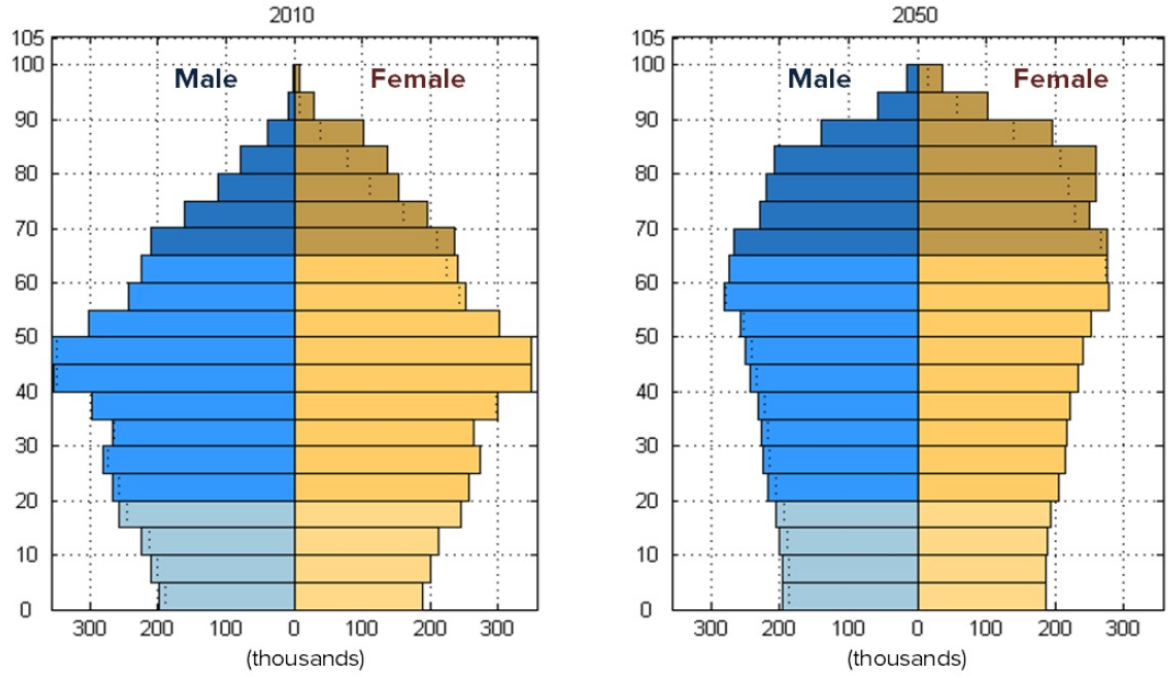
	1960	1980	1990	2000	2012	2013	2020	2040	2060
Austria	36	35	36	38	42***	43	44	46	47
EU	:	:	35	38	42*****	42**	44**	46**	46**

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind];
*figure for EU-27 for this year is flagged "estimated"
** figures from 2013 onwards are for the EU-28 aggregate; ***figure is provisional

The ageing of the population is also reflected in the change in the **distribution of the population across the different age groups** between 1990 and 2013. The share of the oldest age group (65 years and above) increased from 15% to 18% (EU-28: 18% in 2013); the share of the age group of 55 to 64-year-olds increased from 10% to 12% (EU-28: 13% in 2013).

The ageing of the population is predicted to continue. The age group "65+" will almost double between 2013 and 2060, from 18% in 2013 to 29% of the total population in 2060. This ageing is also shown in the age pyramid below which shows that between 2010 and 2050, the age groups up to 55 years will decrease in size, while the age group above 55 years will increase in size.

Figure 1, Total population by age group and gender, 2010 and projection for 2050



Source: International Conference on Population and Development Beyond 2014, Austria Country Implementation Profile[18]

The **old age dependency ratio** is also predicted to increase until 2060 (table 3). The increase will be strongest between 2020 and 2040. In 2010 there were still four people of working age per person aged over 65, whereas in 2040 there will be only two people of working age per older person.

[18] International Conference on Population and Development Beyond 2014, Austria Country Implementation Profile. Available at: http://icpdbeyond2014.org/about/view/19-country-implementation-profiles (Accessed December 2014)

Table 3, Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060

	1990	2000	2010	2015	2020	2040	2060
OADR	22%	23%	26%	28%	29%	44%	50%

Source: Eurostat, Old dependency ratio 1st variant (population 65 and over to population 15 to 64 years), population on 1 January: Structure indicators [demo pjanind], 1990-2010; the same ratio was calculated for 2015-2060 with figures from Eurostat population projections, [proj_10c2150p]

The population ageing in Austria is also reflected in the increase of the total numbers of **old age pension beneficiaries** (table 4). Between 2006 and 2011, the number of beneficiaries of all old age pensions increased by around 184,000[19]. In 2011, old-age pension beneficiaries made up around one fifth of the total population. According to the Main Association of Austrian Social Security Institutions (Hauptverband der österreichischen Sozialversicherungsträger), only one quarter (24.5%) of all new statutory pensions in 2013 were normal old age pensions, while one third (30.4%) were early retirement pensions, 26% were survivors' pensions and 19.1% were benefits due to reduced capacity to work[20].

Table 4, Number of beneficiaries of old-age pensions in Austria 2006-2011, in thousands

	2006	2007	2008	2009	2010	2011
Total old age pension beneficiaries	1,583	1,627	1,661	1,701	1,733	1,767
As % of total population	19.2%	19.6%	20%	20.4%	20.8%	21.1%

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.

Not only the number of pension beneficiaries, but also **pension expenditures** have increased over the past decade. Between 1990 and 2011, the expenditure on all pensions increased from 13.5% to 14.8% of GDP and more particularly the expenditure on *old age pensions* increased from 7.7% to 10.4% of GDP (table 5). Concerning the expenditures from federal funds on statutory pensions, a recent report by the pension commission (a long-term assessment updated every three years) found that the federal funding would increase from below 3% of the GDP in 2012 to around 6% of the GDP in 2050[21].

Table 5, Expenditures on all pensions, Austria and EU, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

Type of expenditure		1990	1995	2000	2005	2011*
Total	**AT**	13.5	14.2	14.2	14.2	14.8
	EU-27**				12.1	13.0
Old age pension	**AT**	7.7	8.4	8.6	9.3	10.4
	EU-27**				8.5	9.5
Anticipated old age pension***	**AT**	1.0	1.0	1.1	0.9	1.0
	EU-27**				0.7	0.7
Disability pension	**AT**	2.1	1.8	1.4	1.6	1.5
	EU-27**				0.9	0.9
Survivors' pension	**AT**	2.6	2.5	2.3	2.1	1.9
	EU-27**				1.7	1.6

[19] Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.
[20] Hauptverband der österreichischen Sozialversicherungsträger *(Main Association of Austrian Social Security Institutions)*: ‚Pensionszuerkennungen nach Pensionsarten in der gesetzlichen Pensionsversicherung im Jahr 2013'
[21] Pensionskommission, *Bericht über die langfristige Entwicklung der gesetzlichen Pensionsversicherung*, 2013

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011.
* figures for 2011 are provisional; ** figures for 2011 are for EU-28; ***'anticipated old age pension' are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.[22]

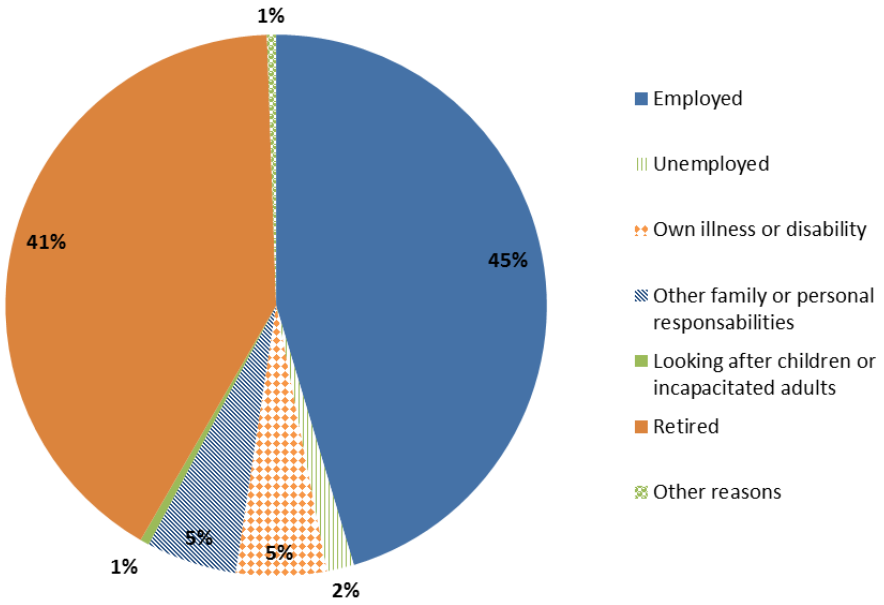
1.1.2 Labour Market Participation

Retirement age

The official **retirement age** in Austria is 65 years for men and 60 years for women[23]. In order to align the retirement age for both men and women, the statutory retirement age for women will increase by six months per year, starting from 1 January 2024 onward. This means that by the year 2033, the harmonisation process should be completed. The average **effective retirement age** between 2007 and 2012 was 61.9 years for men and 59.4 years for women (OECD estimates)[24]. Compared to EU averages from 2011 (based on averages from 2006 to 2011), this was slightly lower for men (EU-27: 62.3) and women (EU-27: 60.9).

The relatively low effective retirement age in Austria is also reflected in the employment rates of 55 to 64-year-olds: in 2013, only 45% of 55 to 64-year-olds were still employed (see section below "Employment rate") and 41% indicated that they had already retired (fig.2).

Figure 2, Population of 55 to 64-year-olds in Austria, by labour status (employed, unemployed or inactive) and reason for inactivity (not seeking employment), 2013



Source: EU-LFS, Eurostat "Population by sex, age, nationality and labour status (1 000) [lfsa_pganws]" and "Inactive population - Main reason for not seeking employment - Distributions by sex and age (%) [lfsa_igar]"; all green shades show the share of the inactive population; note that the figure for 'looking after children or incapacitated adults' is flagged with low reliability.

In 2012, pensioners (50 to 69 years) claimed that the main reason they stopped working was because they had reached eligibility for a pension (53%) and the second main reason was their own health or disability. Both figures were higher than the EU-averages (table 6).

[22] Definition according to Eurostat Methodology Paper on ESSPROS, p. 51
[23] Austria Federal Chancellery, National Reform Programme, 2014, as above.
[24] OECD estimates on the average effective age of retirement versus the official age, 2007-2012; as above.

Table 6, Main reason for economically inactive people who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012

Main reason	Austria (%)	EU-28 (%)
Favourable financial arrangements to leave	6.0	7.2
Lost job and/or could not find a job	6.1	7.5
Had reached the maximum retirement age	:	9.8
Had reached eligibility for a pension	52.7	37.0
Other job-related reasons[25]	:	4.0
Own health or disability	29.3	20.9
Family or care-related reasons	1.7	3.9
Other reasons	3.3	5.3
No answer	:	4.3

Source: Main reason for economically inactive persons who receive a pension to quit working (%) [lfso_12reasnot], 2012

The next table (table 7) shows the reasons for pensioners (50 to 69 years) to continue working. A significantly higher percentage of people indicated that non-financial reasons (including work satisfaction, flexible working arrangements, good opportunities to update (labour) skills, a healthy and safe workplace, appreciation at work, social contacts, etc.)[26] were the reason to continue working (65% compared to an EU-28 average of 29%).

Table 7, Main reason for people who receive a pension (50-69 years) to continue working (%), 2012

Main reason	Austria (%)	EU-28 (%)
To establish or increase future retirement pension entitlements	9.0*	6.8
To provide sufficient personal/household income	23.5	37.3
To establish/increase future retirement pension entitlements and to provide sufficient personal/household income	:	14.5
Non-financial reasons**	65.4	29.1
No answer	:	12.3

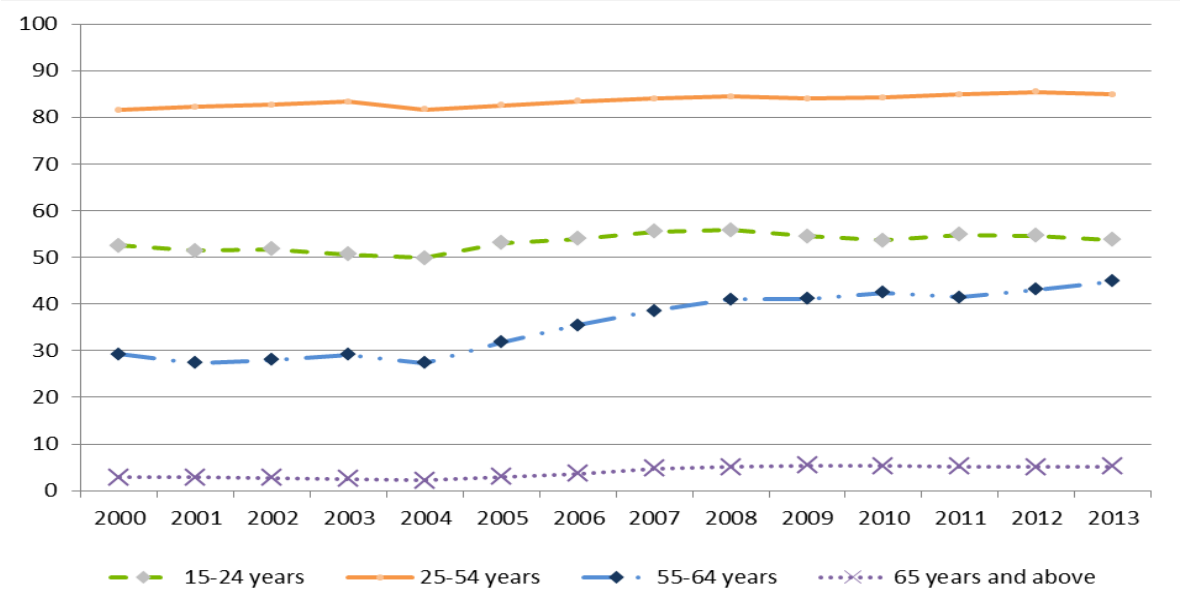
Source: Main reason for persons who receive a pension to continue working (%) [lfso_12staywork], 2012
* Low reliability
** e.g. work satisfaction, flexible working arrangements, good opportunities to update (labour) skills, healthy and safe workplace, appreciation at work, social contacts; see Eurostat Explanatory Notes on ad-hoc module 2012

Employment rate

Although around 40% of the 55 to 64-year-olds in Austria have already retired in 2013, the **employment rate** of this age group strongly increased from 27% in 2004 to around 45% in 2013 (fig.3). This increase is much stronger than for the other age groups. Compared to the EU-27 average, employment in Austria among 55 to 64 year olds has been substantially lower since 2002, however rates are starting to catch up (EU average in 2013 was 50%). The employment rate of the oldest age group (65 years and above) in Austria has grown from 3% in 2002 (compared to an EU-average of 5%) to 5% in 2007 when it caught up with the EU-27 average (still 5%).

[25] Other job-related reasons not included above, such as inconvenient working hours, tasks, health and safety at the job place, job stress, job too demanding, skills not adequate or not valued, employer's attitude.
[26] See Eurostat Explanatory Notes on ad-hoc module 2012

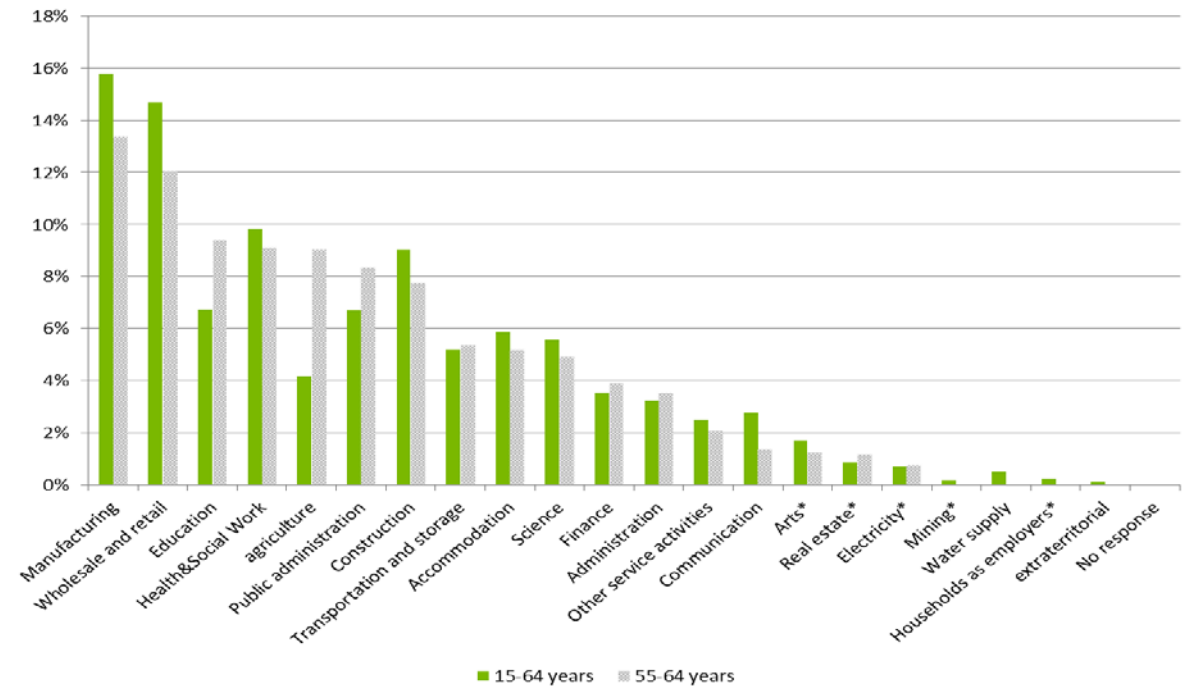
Figure 3, Employment rates per broad age groups, trend 2000-2013, residents in Austria (in %)



Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

As can be seen in the graph below (fig.4), around 41% of workers in Austria aged 15 years and above work in three **sectors**: manufacturing, wholesale and retail, and health & social work. A smaller portion of older workers (55 to 64 year-olds) are present in these three sectors (which are still the dominant sectors even for older workers) but they are overrepresented in agriculture, education and public administration.

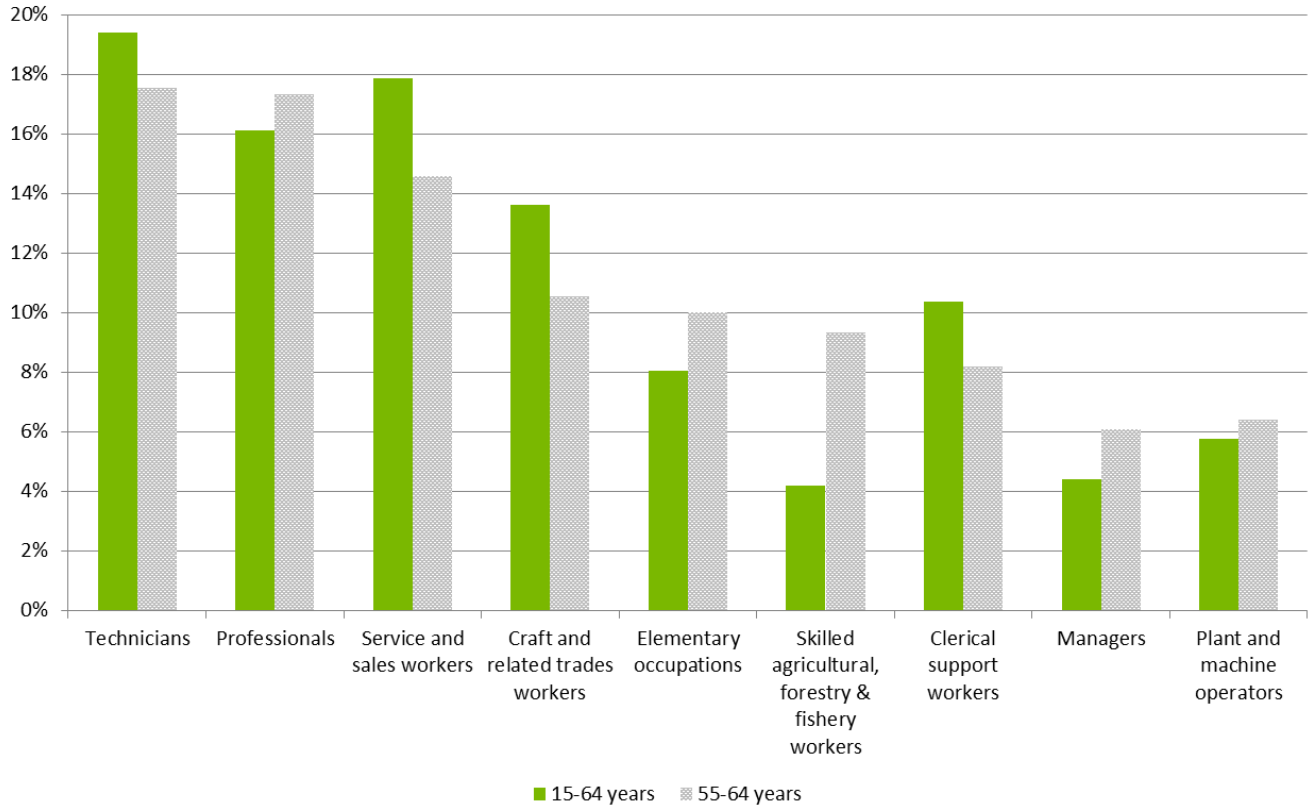
Figure 4, Shares of workers employed in different sectors, by age groups 15 and above and 55 to 64 years, 2012 (in %)



Source: EU-LFS, Employment by sex, age and economic activity (from 2008 onwards, NACE Rev. 2) - [lfsa_egan2]; shares refer to total number of workers in above-mentioned sectors;
* figures for the age group 55 to 64 years are unreliable; sector labels were abbreviated for presentation purposes.

As shown in fig.5, the distribution of employed persons across different **occupations** is very similar between all workers and older workers – with a few exceptions, in particular older workers are much more represented in skilled agricultural work and they are slightly underrepresented in service and sales and craft and related trade works.

Figure 5, Distribution of employed persons across different occupations, by age group; shares from total employed persons per age group, 2013 (in %)



Source: Eurostat, EU-LFS, Employment by sex, age, professional status and occupation (1 000) [lfsa_egais]
* no data available (for both or one age group)

Gender gap

Women are less likely to be employed than men in Austria. This **gender gap** in employment rates can be seen in all age groups although it has been reducing continuously for the past decade. In 2002, the gender gap for the 55-64 year-olds age group was 24 p.p., while in 2012 it was 18 p.p. Among the 25-54 year-olds age group the gender gap dropped from 16% in 2002 to 9% in 2013. Interestingly, the gender gap in the 65+ age group has slightly increased over the years: from 2.5% in 2003 to 3.9% in 2012[27].

1.1.3 Working conditions and quality of work

Working conditions

[27] Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation for the Improvement of Living and Working Conditions (Eurofound) in 2010,[28] the following conclusions can be drawn with regard to the working conditions of older workers in Austria[29]:

- In Austria, the exposure to *carry heavy loads* at work does not decrease significantly with age (39% of young workers, and 37% of older workers). The percentage of older workers in Austria carrying or moving heavy loads for at least a quarter of the time is higher than the EU average among older workers: 37% compared to 32% respectively.
- While the shares of workers from the age groups "under 30" and "30-49" indicating that their job involves *tiring and painful positions* (almost) all of the time is 3 to 4 p.p. lower than the EU average, the share of older workers in Austria reporting the same thing is slightly higher (16.1% compared to EU average of 15.5%).
- A lower share of older workers in Austria is exposed to *shift work* than across the EU-27 (9.5% compared to 14% on EU average). However, a higher share of older workers is exposed to *night work* in Austria than across the EU-28 (18% compared to EU average of 16%).
- In Austria, satisfaction with the *work-life-balance* among older workers is higher than the EU-average: in 2010, 90.6% of the older Austrian workers felt that their working hours fit in well with their family or social commitments outside work, while the EU-average was 84.5% for that year.
- As in most other EU Member States, the number of people reporting *three or more external constraints on their work pace* (such as demands from people or production/performance targets) decreases with age in Austria: 38% of young workers report that at least three external factors determine their work pace against only 19% of older workers (considerably lower than the EU-27 average of 27% of older workers).
- In Austria, a significantly higher share of workers from all age categories receive *on-the-job training* compared to the EU average. For older workers, this is 36% compared to 26% respectively.
- Around one third of older workers (30%) in Austria think that their *work negatively affects their health*. The figure is similar for the other age groups in Austria and close to the EU average (27%).
- In Austria, a higher share of older workers is *satisfied with their working conditions* (89%) compared to the EU average (84%).
- The percentage of older workers in Austria who think they will still be *able to do their current job at the age of 60* is lower than the EU-27 average (64% in Austria compared to 71.4% EU average).
- In Austria, 34% of employed people and people with working experience (EU-28: 31%) indicated that *measures to adapt the workplace for older people* had been put in place at their workplace (compared to 31% at EU-28 average). Seven percent of those that responded did not know whether their workplace had been adapted to older workers.

Quality of work and early retirement

While the ESWC data mentioned above shows differences in working conditions between age groups and countries, another data source, the Survey on Health, Ageing and Retirement in Europe (SHARE) allows drawing conclusions on how working conditions impact early retirement. SHARE is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Its first wave of data

[28] Unless mentioned otherwise, the figures in this paragraph relate to the EWCS from 2010. Available at: http://eurofound.europa.eu/surveys/ewcs/2010/european-working-conditions-survey-2010 (Accessed December 2014).

[29] The term "older workers" in this section refers to workers aged 50 years and above, the term "young workers" refers to workers below 30 years.

was collected in 2004 and it is the first study to examine the different ways in which people aged 50 and older live.[30]

Several studies include an analysis of SHARE data that measures certain aspects of occupational stress (low control at work/high effort-reward imbalance[31]).

One analysis shows that first, these two conditions of occupational stress are worse in Austria than in some other EU countries[32]:

- Older workers in Austria have fewer control of their work (measured as possibilities to work in their own way and to acquire new skills) than in other European countries (apart from Greece, Spain and Italy).
- Older workers in Austria receive a lower level of reward for their efforts than in other European countries (apart from Italy and Greece)

Second, another analysis[33] shows that these aspects are closely related to early retirement. The analysis has been made for several countries, but for Austria the following was found: accordingly, older workers who receive less reward for their efforts are about twice as likely to want to retire early than the ones who receive more reward for their efforts. In addition, older workers who have a low level of control on their own work tasks are more than twice as likely to want to retire early as those who experience higher levels of control on their own work tasks.

1.1.4 Health

In 2011, the **life expectancy** of Austrian men and women of the age of 65 was around 20 additional years (21.7 for women and 18.1 for men), similar to the EU-28 average[34]. Austrian men and women of the age of the 65 could expect in 2011 8.3 additional **healthy life years**, slightly below the EU average (around 8.6 years).

Past trends (2004-2011) show that life expectancy in Austria for men and women increases at a similar pace as the number of healthy life years.

General health status

The health status among employed persons decreases with age (table 8): while among 45 to 54-year-olds employed the share of those who report a very bad or bad health status is only 3.6%, it increases to 6.9% among 55 to 64-year-olds. Interestingly, it decreases again to 2.4% among those aged 65 years and above. This is most likely because those in bad health at that age will have retired.

Table 8, Self-perceived health among employed in different age groups, 2012; shares of age group reporting "very bad" or "bad" health status (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	2.2%	3.6%	6.9%	2.4%*

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01]
* Figures are of low reliability

[30] For further information, see: http://www.share-project.org/home0/overview.html
[31] These measures refer to two models of occupational stress, namely the 'demand-control-model' and the model of 'adverse health effects of high-effort/low-reward conditions'; for a definition, see glossary; for details on measurement, see the related studies.
[32] Straka, Heidemarie (2010), 'Determinants of labour market participation of Europeans above 50 – an analysis with data from SHARE' ('Determinanten der Arbeitsmarktbeteiligung von EuropäerInnen über 50 – Eine Analyse mittels SHARE-Daten'), Master Thesis, University of Vienna, table 11, p. 47
[33] Siegrist, J. et al. (2006) 'Quality of work, well-being, and intended early retirement of older employees – baseline results from the SHARE Study', European Journal of Public Health, Vol. 17, No.1, 62-68.
[34] Eurostat 2013'Life expectancy by age and sex' [demo_mlexpec]

Based on data from SHARE (Wave 4 in 2010)[35], the percentage of people aged 50 and above reporting **poor self-perceived health** in Austria was just below 30% in 2010-2011[36]. This is in line with the rates of poor self-perceived health in other Western and Northern European countries. Higher prevalence of poor self-perceived health were reported in Eastern and Southern European countries (for example in Estonia the share of respondents reporting poor self-perceived health was 70%; in Hungary above 60% and 59% in Portugal).

While a relatively small part of the Austrian employed population considers their health to be in a very bad or bad status, a higher share reports **long-standing illnesses or health problems** (table 9). For employed people, the probability of suffering from a long-standing illness gradually increases with age.

Table 9, Long-standing illness among employed people, by age group, 2012 (in %)

	16-44 years	45-54 years	55-64 years	65 years and above
Employed	17.2%	29%	35%	42%*

Source: EU-SILC, People having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.
* Figures are of low reliability

Based on the data from SHARE (Wave 4), **health related activity limitations**[37] were reported in Austria by 8% of the respondents who were aged 50 years and above[38]. However, **long-standing limitations**[39] in usual activities because of health problems were reported by almost 50% of the respondents in Austria[40]. This is similar to other Western European countries, such as the Netherlands, Belgium, France, but somewhat higher compared to the Southern European countries, such as Italy and Spain.

As shown in table 10, **psychological well-being** decreases slightly, but continuously with age. Furthermore, psychological well-being among women is slightly worse than among men (across all age groups).

Table 10, Psychological well-being, per age group and gender, 2008

Age groups	Men	Women
25-34 years	72	70
35-44 years	72	69
45-54 years	69	66
55-64 years	66	65
65-74 years	65	62

Source: Eurostat, European Health Interview Survey, Psychological well-being (energy and vitality index) by sex, age and educational attainment level (average score) [hlth_ehis_st8]; Based on the Energy and Vitality Index (EVI) instrument which consists of two vitality-related items and two energy-related items. It has a score of 0 to 100, where a score of 100 represents optimal mental health. The indicator is presented in the form of average score. For instance in Austria population aged 15-24 has the average score of psychological well-being equal to 72 whereas population aged 75-84 in Austria has this average score 53.3. *figures are flagged with low reliability.

35 The Survey on Health, Ageing and Retirement in Europe (SHARE) is a large, cross-national survey that was conducted in 20 European countries (plus Israel). Wave 4 was the third regular panel wave (meaning that the same persons are surveyed in the different waves) and was conducted in 2010.
For further information, see: http://www.share-project.org/home0/overview.html (Accessed December 2014)

36 Eriksen, Mette Lindholm et al. 'Health among European – a cross sectional comparison of 16 SHARE countries' chapter 13 in Börsch-Supan, A. et al. (2013) 'Active ageing and solidarity between generations in Europe. First results from SHARE after the economic crisis', de Gruyter. Available at: http://www.degruyter.com/viewbooktoc/product/185064 (Accessed December 2014)

37 "Health related activity limitations" is defined as having at least one health-related limitation which hinders the execution of basic daily activities

38 Eriksen, Mette Lindholm et al. 'Health among European – a cross sectional comparison of 16 SHARE countries', as above.

39 For at least 6 months.

40 Eriksen, Mette Lindholm et al. 'Health among European – a cross sectional comparison of 16 SHARE countries', as above.

Work-related health

As shown in table 11, the share of Austrian workers between the age of 55 and 64 years who reported that they suffered from **work-related health problems** was much higher than the EU average in 2007 (24% in Austria compared to 11% in the EU) This is also true for workers aged 45-54 (19% in Austria compared to 16% in the EU)[41].

Table 11, Self-reported work-related health problems by workers in Austria and EU, by age group, 2007

Age group	Share
AT 25-34 yrs	10%
AT 35-44 yrs	14%
AT 45-54 yrs	19%
AT 55-64 yrs	**24%**
AT 55-64 yrs women	***20%***
AT 55-64 yrs men	***28%***
EU-27* 55-64 yrs	**11%**

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by age - % [hsw_pb1]
*this figure is for EU-27 excluding France, since the question wording was slightly different for France, causing a bias. Eurostat suggests to use the aggregate without France.

The most **serious work-related health problems** reported in 2007 among the 55 to 64-year-olds were musculoskeletal disorders. Other problems frequently reported by this age group include cardiovascular diseases, stress, depression and anxiety, pulmonary disorders and infectious diseases (table 12). While men seem to suffer more from cardiovascular disorders, women report stress, depression and anxiety slightly more commonly as their most serious work-related health problem. The remaining types of health problems (hearing disorders, pulmonary disorders, infectious diseases, skin problems and headache and eyestrain) were much less prevalent (men and women). The frequency of these problems did not increase with age.

While younger respondents reported stress, depression and anxiety more frequently than older respondents, older respondents reported musculoskeletal disorders and cardiovascular disorders more often.

Table 12, Most serious work-related health problem during the past 12 months, % of all employees who reported a work-related health problem; by gender and by most prevalent types of diseases[42], 2007

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
35-44 yrs.	**Total (EU-27*)**	3% (2.9%)	65% (60.9%)	10% (16.4%)	6% (4.9%)
	Women	*1%*	*62%*	*13%*	*5%*
	Men	*4%*	*67%*	*7%*	*6%*
45-54 yrs.	**Total (EU-27*)**	5% (6.2%)	70% (61.3%)	7% (13.5%)	4% (4.7%)
	Women	*4%*	*68%*	*7%*	*4%*

[41] EU LFS ad-hoc module 2007 on accidents at work and work-related health problems "Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]"; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.

[42] More recent figures are available (EU-LFS ad-hoc module 2013); however, several countries have not delivered data for 2013, which is why no EU aggregates for this variable could be calculated. Due to these limitations, the 2007 data was used in this report. Data for 2013 can be obtained from Eurostat, available at: http://ec.europa.eu/eurostat/web/lfs/data/database

		Cardiovascular disorders	Musculoskeletal disorders	Stress, depression, anxiety	Pulmonary disorders
	Men	*6%*	*71%*	*7%*	*5%*
55-64 yrs.	**Total (EU-27*)**	7% (11.3%)	70% (59.9%)	4% (12%)	4% (5.8%)
	Women	*4%*	*75%*	*7%*	*6%*
	Men	*9%*	*67%*	*5%*	*4%*

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total; according to Eurostat, 'minor wording, conceptual, or cultural differences were identified' for data from this country; therefore, comparability with other countries has to be interpreted with caution[43].
*this figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

Mental health

Although musculoskeletal diseases are reported as the most common serious work-related health problems by Austrian workers, **psychological illnesses** (which can be related to pressure at work, lack of control, lack of social support, etc.) are nevertheless an important reason for workers to leave the labour market early. According to a study reported by the Austrian Labour Chamber (Arbeiterkammer) in 2011, 32% of all new invalidity and disability pensions were due to mental health problems. The Labour Chamber quotes figures from the national statistical office, which show that invalidity and disability pensions due to diagnosed psychiatric illnesses rose from 59,600 in 2002, to almost 98,800 in 2010[44].

Furthermore, there are indications of the association between **stressful work** – measured as effort-reward imbalance – **and disability.** According to a study based on the data from SHARE[45] of employees aged 50 to 64 years, low income and stressful work[46] are associated with disability. In Austria, disability (defined in this context as 'restriction in activity and social participation') is a lot more prevalent among persons who have experienced a lower level of reward for their efforts (effort-reward imbalance) than among others[47].

1.1.5 Definition of an older worker in Austria

There is no legal definition of an older worker in Austria.

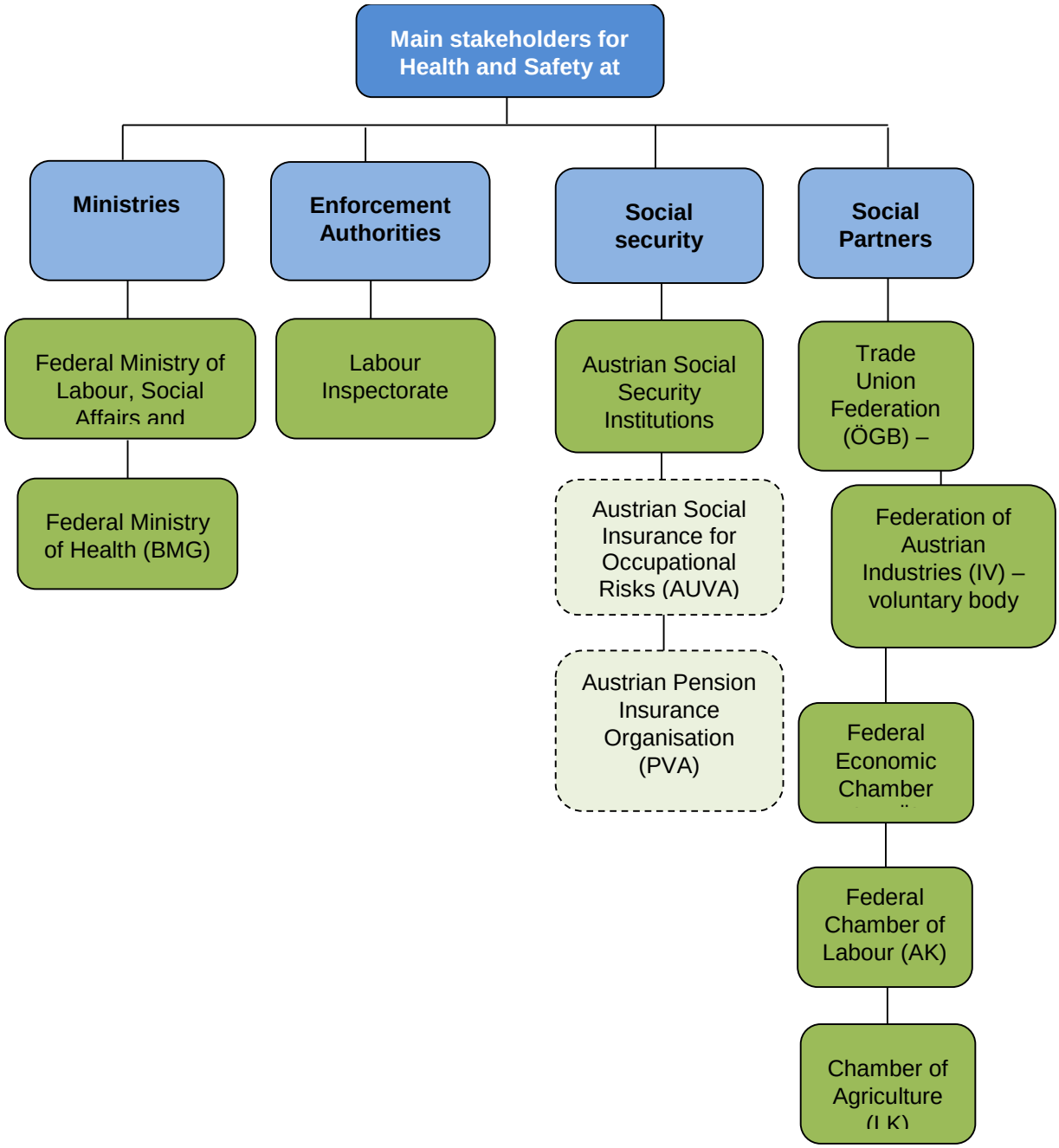
1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Austria.

Overall structure

[43] See Eurostat Evaluation Report AHM 2007, p. 26, available at: http://ec.europa.eu/eurostat/documents/1978984/6037334/Evaluation-Report-AHM-2007.pdf
[44] Web portal of the Austrian Labour Chamber (Arbeiterkammer): summary of results of a study on 'psychological stressors at work and their costs' ('Psychische Krankmacher in der Arbeit und was sie kosten'). Available at: http://www.arbeiterkammer.at/beratung/ArbeitundGesundheit/psychischebelastungen/Psychische_Krankmacher.html (Accessed December 2014)
[45] Reinhardt, J.D, Wahrendorf, M., Siegrist, J., 'Socioeconomic position, psychosocial work environment and disability in an ageing workforce: a longitudinal analysis of SHARE data from 11 European countries' in: *Occupational and Environmental Medicine,* 2013, 70: 156-163; the data analysed was from the first two waves of SHARE (2004-2005 and 2007-2008). Available at: http://oem.bmj.com/content/70/3/156 (Accessed December 2014)
[46] 'Quality of work' was measured through the demand-control model and the ERI (Effort-Reward-Imbalance) model (see explanations in footnotes 23 and 24; further explanations on these models are given in the article itself.
[47] Reinhardt, J.D, Wahrendorf, M., Siegrist, J. (2013), as above, p. 160 fig. 1

Figure 6, The OSH infrastructure in Austria on an implementation level



Source: Authors of the report

Ministries

The main ministry in charge of occupational safety and health is the **Federal Ministry of Labour, Social Affairs and Consumer Protection** (BMASK), also responsible for employment-related issues including working conditions and labour inspections. Another important ministry is the **Federal Ministry of Health** (BMG), responsible for public health (including all health topics mentioned in the Protection of Employees Act) but also disease and accident insurance.

Labour inspectorate

There is one central labour inspectorate in Austria, with 19 departments and one special department for the mining industry. The **labour inspectorate** is established by law and aims at protecting the safety and health of persons employed at a company, excluding the self-employed. The issues covered by the labour inspectorate include working hours and working conditions.

The inspectorate aims to:

- prevent accidents at work and work-related diseases
- ensure that an assessment of risks is carried out
- raise awareness for safety and health at work
- provide initial and further training in occupational safety and health

As with many inspectorates in the EU, the Austrian labour inspectorate has, over recent years, shifted its focus from on-site inspections (which can only reach a small proportion of workplaces because of resources limits) to prevention and advisory work with employers.

Austrian Social Security

The Austrian social security system for sickness, accidents and pensions in Austria is organised around 28 social insurance institutions, 19 of which are sickness insurance funds, five are pension insurance funds and four are accidents insurance funds.[48] The insurance institutions are organised either by province (there are nine regional sickness insurance funds) or by occupational groups (there are six occupational sickness insurance funds for miners, farmers, railway workers, employees of the public service, self-employed and notaries). All Austrian social security institutions, including the AUVA and the PVA (below) are self-governed bodies under public law. Membership of an insurance organisation is compulsory for all employers as per §186 of the Protection of Employees Act. The insured do not have a choice of insurance organisation as membership is based on occupational group and geographical location.[49] The Austrian social security system also covers unemployment insurance and family-related allowances (such as family, benefits, parental leave allowance and long-term care allowance).

In relation to work-related matters, sickness and accident insurance funds are responsible for[50]:

- occupational health care, prevention of occupational accidents and diseases, and research;
- first aid for occupational accidents, post-traumatic treatment, and rehabilitation;
- compensation for sick leave (after 10 weeks paid by the employer)

The **Association of Austrian Social Security Institutions** (Hauptverband der Österreichischen Sozialversicherungsträger) represents the general interests of social insurance organisations. It provides guidance and coordinates the activities of the different organisations of the Austrian social security system. Among others, it also provides specific guidance on accident insurance and rehabilitation to facilitate a return to work.

The **Austrian Social Insurance for Occupational Risks** (Allgemeine Unfallversicherungsanstalt, AUVA) insures 3.2 million employees and 1.3 million school children and students against work-related accidents and illnesses. It is also responsible for rehabilitation (see Section 3). The AUVA aims to maintain workers' ability to work by providing know-how in occupational medicine, health surveillance and age-related working conditions. Occupational physicians of AUVA examine workplaces and are in contact with employers and safety experts in order to provide support for risk assessment and advice for improving the design of the workplace. The AUVA also covers the costs of health surveillance with

[48] MISSOC – Mutual Information System on Social Protection, Information on the system of social protection in Austria as of January 2014. Available at: http://www.missoc.org/INFORMATIONBASE/COUNTRYSPECIFICDESCS/ORGANISATION/organisationSocialProtection2014.htm (Accessed December 2014)

[49] European Union of General Practitioners/Family Physicians, webpage on Austria: http://www.uemo.eu/national-sections/4-austria.html (Accessed April 2014)

[50] OSHA, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007, p45

its programme "same threats – same protection". In case of illness or accidents, the AUVA provides the worker with subsidies to compensate for lost income[51]. Besides this practical activity, the AUVA researches potential occupational risks and looks for safe alternatives through its Safety Technology Testing and Research Centre (more details about their work in Sections 2 and 3).

The **Austrian Pension Insurance Organisation** (Pensionsversicherungsanstalt, PVA) is the largest social security institution in Austria, with more than 4.7 million insured (employed people in Austria). The PVA's mission is to protect the insured against the financial risks of old age and disability / invalidity through pensions. It also provides services to the insured for health care and rehabilitation with a view to maintaining work ability (more details about their work in Sections 2 and 3).

Equal rights

The **Attorney for Persons with Disabilities** of the Federal Ministry of Social Affairs and Consumer Protection is responsible for supporting people to enforce the federal law for equal rights for people with disabilities. The **Federal Social Offices** are mainly responsible for disability laws concerning people with disabilities at the workplace and for supporting people to enforce the federal law for equal rights for people with disabilities.

Social dialogue

The Social Partnership in Austria plays a central role in policy-making, through the evaluation of draft legislation, recommendations to law-making bodies and direct legislation drafting in relation to the interests of the social partners (e.g. social welfare and labour law, etc.). It is widespread and highly institutionalised at cross-sectoral, sectoral, and enterprise level, and in different policy fields.[52] According to the website "Die Sozial Partner Österreich" (the Austrian social partnership), 90-95% of private sector employees are covered by collective agreements.[53] It is interesting to note that trade union density[54] has decreased in Austria from 36.6% in 1960 to 28.1% in 2011, like in most other OECD countries, but still remains above OECD average (17.5% in 2011).[55]

The Austrian Social Partnership[56] was established after the Second World War in order to safeguard social stability and also to foster economic growth.

- Workers' interests are represented by the **Trade Union Federation** (ÖGB), which is an umbrella organisation of seven smaller affiliated trade unions.
- The **Federation of Austrian Industries** (IV), is a voluntary body representing the interests of the Austrian industry and currently comprises about 4,200 members.

One actor of the Austrian Social Partnership especially relevant for OSH is the **Federal Chamber of Labour** (Arbeiterkammer). It carries out research and provides counselling on labour and social legislation, protection of apprentices, wage and tax inquiries, protection of consumers, gender issues and represents employees in issues related to the government and the economy. It provides information on labour law, workers protection, apprentice and youth protection, questions of social security issues, taxes, consumer protection, gender, education, culture, etc. It represents workers in front of the national government as well as in the media. In conjunction with the Federation of Austrian Trade Unions, the Chambers of Labour represent the interests of more than 3 million workers and consumers in Austria. The Chambers of Labour evaluate legislative drafts from the viewpoint of worker and consumer

[51] AUVA web portal: http://www.auva.at/portal27/portal/auvaportal/channel_content/cmsWindow?action=2&p_menuid=1997&p_tabid=5 (Accessed September 2014)
[52] EU-OSHA OSHWIKI, "OSH system at national level – Austria". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Austria (accessed September 2014)
[53] Die Sozial Partner Österreich, The Austrian Social Partnership. Available at: http://www.sozialpartner.at/sozialpartner/Sozialpartnerschaft_mission_en.pdf (Accessed September 2014)
[54] Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD *Labour Force Statistics).* Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD)
[55] OECD (Online OECD Employment database: http://www.oecd.org/els/emp/onlineoecdemploymentdatabase.htm#union (Accessed December 2014)
[56] Die Sozial Partner Österreich, The Austrian Social Partnership, as above.

interests, submit proposals for amendments and are involved in the implementation of laws. This involvement results from their participation and co-operation in several advisory boards and bodies. In addition, the Chambers of Labour – supported by studies undertaken by their experts – also provide impetus to initiate legislation[57].

The **Federal Economic Chamber** (WKÖ) represents the interests of more than 400,000 Austrian companies on a national and international level. As a service to its members, the Chamber provides guidance and counselling also in the field of OSH. The Federal Economic Chamber, together with the other social partners, the Federal Chamber of Labour and the AUVA, has developed forms for the evaluation of OSH at the workplace[58].

In the field of occupational health and safety, the social partners are represented through the **OSH Advisory Board**, a tripartite body established by §91 of the Health and Safety at Work Act (see Section 1.3). Its role is to advise the Ministry of Labour and the Ministry of Health on OSH-related matters. The Board includes two representatives from each of the social partners and expert organisations, such as the Chamber of Engineers, the Chamber of Medical Doctors, as well as the Austrian Social Insurance for Occupational Risks.

At the workplace level, the **works council** (Betriebsrat) represents workers in labour relations' issues in workplaces with more than 5 employees. They have important information and consultation rights but are in effect rarely set up in companies with fewer than 50 employees. While the works council are not directly a trade union body, they are usually mostly composed of unionised employees. In employment and social issues, such as health and safety, the works council has a general right to oversee the actions of the employer, to ensure that the law and collective agreements are properly observed. In some areas, the employer even needs the agreement of the works council, or failing that a decision of the specially constituted conciliation body, to act (e.g. for the arrangements for reporting sickness).[59]

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and antidiscrimination and whether they contain any provisions in relation to older workers.

Occupational health and safety legislation

The Austrian law covers occupational health and safety within the Federal Act on Health and Safety at Work, also known as the "**Protection of Employees Act**" (ArbeitnehmerInnenschutzgesetz – AschG)[60] of 1994. The law covers employees and temporary staff, but not persons employed by the federal or provincial governments and local or municipal councils, in agriculture or forestry, in private households, and those who work from home. The law requires that workplaces are assessed and that dangers are recorded in the safety and health protection documents. An amendment of the "Protection of Employees Act", which entered into force on 1 January 2013, requires an assessment of **psychosocial risks** and the prevention of psychological strain caused by work (BGBl. I Nr. 118/2012). The assessment of psychosocial risks includes assessing psychological, psycho-emotional and psycho-mental burdens. In this context, a psychological burden covers all factors that can have an impact on a human being's psychological state. A negative psychological burden is caused by working conditions that negatively influence the worker's physical and psychological state of mind.[61] Following the assessment of

[57] Presentational leaflet of the Chambers of Labour (in German, English and French): http://media.arbeiterkammer.at/PDF/Die_Arbeiterkammern_neu.pdf (Accessed December 2014)
[58] Forms for the evaluation of OSH at the workplace available at: www.eval.at (Accessed December 2014)
[59] Fulton L., *Health and Safety Representation in Europe*, Labour Research Department and ETUI (online publication prepared for worker-participation.eu), 2013. Available at: http://www.worker-participation.eu/National-Industrial-Relations/Countries/Austria/Health-and-Safety (Accessed December 2014)
[60] Act of 1994 concerning occupational safety and health, 1994, CIS 98-358
[61] Labour Inspectorate (2014). Workplace evaluation of mental workload.

psychosocial risks, measures should be taken with the participation of the workers, to optimise work organisation and minimise risks to the workers.[62]

The Federal Act on Providing Information, Advisory and Support Services in the Areas of Health and Work, also known as the "**Work and Health**" law (Arbeit-und-Gesundheit-Gesetz AGG), has been in force since January 2011. It was adopted following the successful completion of the Fit for the Future programme, which aimed to maintain employability, reduce the number of invalidity pensions and foster and preserve work ability through primary prevention in a number of pilot companies. The aim of the "Work and Health Law" is also to maintain and improve **work ability** and avoid (permanent) illnesses but through secondary prevention, i.e. by taking measures to support employees who have mental and physical health problems in maintaining their employability and avoiding job loss. This should be achieved through early interventions and advice provided to relevant actors (individual workers and companies) by a nationwide network of counselling centres. This network has been in place since 2013 and is coordinated through the **fit2work programme**. The Work and Health Law describes the functioning and financing of fit2work. The services offered by fit2work are available to economically active workers, unemployed workers, and employers and representatives of employees (see Section 3 for more details).[63]

The **General Social Insurance Act** (ASVG) of 9 September 1955 is the main piece of regulation for social insurance in Austria. It regulates health insurance, occupational diseases and accidents' insurance and pensions for employed persons in Austria. The primary objective of the ASVG is to restore a person's health and capacity for work through rehabilitation following the principle 'rehabilitation, rather than pensions'.

Labour and employment legislation

No specific legal act has been identified in the Austrian labour and employment legislation that relates to the working conditions of older workers or to sustainable work.

Antidiscrimination legislation

Antidiscrimination on the grounds of gender, ethnic origin, religion or belief, age or sexual orientation – including antidiscrimination of older workers – is regulated by the **Austrian Constitution** (Art. 7 Abs. 1 Bundesverfassungs-Gesetz, B-VG) and by the national implementation laws of Directive 2000/43/EC (equal treatment between persons irrespective of racial or ethnic origin), Directive 2000/78/EC (equal treatment in employment and occupation) and Directive 2002/73/EC equal treatment for men and women). The **Ombuds Office for Equal Treatment** (Gleichbehandlungsanwaltschaft) is in charge of acting against discrimination in relation to gender, ethnic origin, religion or belief, age or sexual orientation in employment and occupation. The Federal Act on the Equal Treatment Commission governs the tasks and powers of the Ombuds Office for Equal Treatment and defines the basic principles of the proceedings before the Equal Treatment Commission[64].

The **Federal Act on Employment of Persons with Disabilities** (Behinderteneinstellungsgesetz)[65] protects against discrimination on the grounds of disability in employment and occupation, and includes the concept of reasonable accommodation. It requires companies with more than 25 employees to employ at least one disabled person per 25 employees or pay an allowance compensation fee to the Compensation Fund. Protection from dismissal is provided to people with a degree of disability of more than 50%.[66] The Federal Disability Act[67] created the Ombuds Office for Disabled People.

Available at: http://www.arbeitsinspektion.gv.at/AI/Gesundheit/Belastungen/default.htm (Accessed December 2014)

[62] This is regulated in the ASchG §2 Abs. 7 (2) and §2 Abs. 7a

[63] Austrian Federal Ministry of Labour, Social Affairs and Consumer Protection, *Basic Information Report Austria, Reporting Year 2012/2013: Institutions, Procedures, Measures*, 2013.
Available at: http://www.ams.at/_docs/basic_information_report.pdf (Accessed December 2014)

[64] Ombuds Office for Equal Treatment webpage in English:
http://www.gleichbehandlungsanwaltschaft.at/site/6428/default.aspx#a12 (Accessed December 2014)

[65] BGBl Nr. 22/1970, last amended by Federal Law Gazette BGBl. I Nr. 51/2012.

[66] EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007, p45

[67] BGBl Nr. 283/1990, last amended by Federal Law Gazette BGBl I Nr. 51/2012

1.4 Pension system in Austria

Retirement age

The official *retirement age* in Austria is 65 years for men and 60 years for women[68]. In order to align the retirement age for both men and women, the statutory retirement age for women will increase by six months per year, starting from 1 January 2024 onward. This means that by the year 2033, the harmonisation process should be completed.

The average *effective retirement age* between 2007 and 2012 was 61.9 years for men and 59.4 years for women (OECD estimates)[69]. Compared to EU averages from 2011 (based on averages from 2006 to 2011), this was slightly lower for men (EU-27: 62.3) and women (EU-27: 60.9).

From 1 January 2014 onwards, every person in Austria will have a pension account, administered by the Social Security Administration (in particular, the Pension Insurance Organisation, PVA).

Early retirement

Currently, there are several types of early retirement benefits, including:[70]

- *Corridor pensions* (Korridorpension), which should allow early retirement after having reached a certain amount of months insured. This is possible from the age of 62 years on.
- *Early retirement pensions* for women aged 57 and men aged 62 who have been insured for 40 (women) or 45 (men) years (Vorzeitige Alterspension bei langer Versicherungsdauer) including long-term insured workers and heavy labour insured workers. (Hackler – Langzeitversicherung, Hackler – Schwerarbeit). The difference with the corridor pension is the time that the worker has been insured.
- *Heavy labour pensions* (Schwerarbeitspension), which is possible, since 2007, for persons aged 60 years. Heavy labour includes: irregular night shift work between 22h and 6h for at least 6 hours and at least 6 working days a month; regular tasks under the condition of extreme heat or cold; those working in care. For women, the “heavy labour” regulation will be valid from 2024 onwards.

It is possible to combine pension revenues with work revenues. In case of early retirement the work revenue may not exceed the limit of EUR 395,31 a month (2014). Early retirement schemes for reduced work capacity were phased out between 2000 and 2003.[71]

[68] National Reform Programme 2014, Austria, as above.
[69] OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”, as above.
[70] Pensionsversicherungsanstalt, *Pensionen im Überblick* webpage (in German): http://www.pensionsversicherung.at/portal27/portal/pvaportal/channel_content/cmsWindow?action=2&p_menuid=5263&p_tabid=4 (Accessed December 2014)
[71] OECD, *OECD Economic Surveys – Austria*, Volume 2005/8, July 2005, p51.

2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Austria to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/ government-affiliated organisations

Occupational health and safety

The **Austrian Occupational Safety and Health Strategy 2007 – 2012**[72] (Austrian OSH Strategy) involves all national and regional actors for health and safety at work and, essentially, those whose interests relate to this topic. The follow-up strategy 2013 – 2020 has not been implemented yet.

Five subject areas, covered by specific working groups, have been defined in the Strategy.

- Risk assessment and hazard awareness
- Prevention of occupational accidents
- Prevention of occupational diseases
- Training and information on OSH (including improving the work of prevention experts)
- Raising awareness on OSH

A number of targets have been defined (including the reduction of occupational accidents and diseases) and in order to achieve them, the work should focus on, inter alia, demographic change and rehabilitation and reintegration of employees.[73]

Gender and diversity mainstreaming in labour inspections[74]

In 2003, the **Austrian Labour Inspectorate** embarked on a programme to ensure that gender was incorporated in the work of the entire Labour Inspectorate in a systematic and permanent way. In 2007 the gender-mainstreaming scheme was expanded to cover all the areas of diversity in relation to employee protection (including the protection of older workers). This was to ensure fair working conditions and effective OSH for all workers, combined with qualitative improvements in efficiency and sustainability in the advisory and control activity of the Inspectorate.

The Labour Inspectorate ensured that it undertook the following steps:

- driving forward the implementation process inside (focusing on ensuring that gender mainstreaming and diversity became part of the Labour Inspectorate's culture) and outside (when the Labour Inspectorate is dealing with external companies or working with partners);
- strengthening the exchange of experience;
- transferring knowledge on gender mainstreaming and diversity in occupational safety and health and the Austrian Labour Inspectorate;
- helping to achieve the above by establishing a gender mainstreaming/diversity network (by means of a mailing list, discussion platform in the intranet section, and annual meetings on special topics, such as employees with disabilities and migrants).

[72] Austrian Labour Inspectorate webpage on the OSH strategy: http://www.arbeitsinspektion.gv.at/AI/Arbeitsschutz/strategie/en_strategy_0010.htm (Accessed December 2014)
[73] EU-OSHA OSHWIKI, "OSH system at national level – Austria". Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Austria (Accessed December 2104)
[74] Austrian Labour Inspectorate webpage on the implementation of gender mainstreaming in labour inspections: http://www.arbeitsinspektion.gv.at/AI/Arbeitsschutz/gender/gem_030.htm (Accessed December 2014)

It was recognised that, for OSH, the inclusion of gender and diversity aspects, gender/diversity-equitable participation and the questioning of stereotypes at work, are particularly important.

The incorporation of the gender and diversity-perspective into the functioning of the Inspectorate has been done to influence the following factors at the workplace:

- gender and diversity in risk assessment
- gender and diversity-equitable development of working conditions
- agreement of adequate and effective risk prevention and protection measures
- overcoming role stereotypes in work
- information and training
- gender and diversity-equitable personnel selection
- design of work processes and work equipment
- preventive care services (safety engineering, occupational hygiene, occupational health)
- workplace health promotion
- function appointment (such as first aider and first safety engineer)

The Inspectorate has also developed a webpage specifically related to the natural decline of physical and mental capacity, as part of the campaign of the European Agency for Health and Safety at Work on musculoskeletal disorders "Lighten the load". The page provides advice on age management at the workplace. [75]

Providing support to companies in the areas of health and work: activities of the Social Security institutions

In 2007, the Ministry for Social Affairs, BMASK, launched an initiative called "Disability in Transition" (*Invalidität im Wandel*)[76], where an expert working group was created to work on the reform of the disability pension system and reflect on the topics of disability, health and work. Following these discussions, the government, in cooperation with the Austrian social security institutions and representatives from the social partners, decided in 2008 to launch a prevention programme within companies to maintain employability, to reduce the number of invalidity pensions and to foster and preserve work ability. The result of these discussions was the implementation of the **Fit for the Future** *(Fit für die Zukunft)* programme for primary prevention (reduction of disability retirement and promotion of work ability). Based on the success of the Fit for the Future programme, the government adopted the Work and Health Law (*Arbeits- und Gesundheitsgesetz* – see Section 1.3), which came into force in January 2011. The law established the **fit2work** programme for secondary and tertiary prevention (case-management, rehabilitation and return to work). The fit2work programme is described in Section 3 of the present report.

Between 2008 and 2012, 20 companies participated in the **Fit for the Future** programme, led by the Austrian Social Insurance for Occupational Risks (AUVA) and the Pension Insurance Organisation (PVA) (see section 1.2), and with a budget of EUR 1.5 Million for 4,5 years. A third of these were SMEs. The first steps of implementation of the programme consisted of a series of workshops, to raise awareness of workplaces to a number of work ability-related concepts. Following the workshops, the counselling stage of the programme was launched, during which one counsellor was allocated to each company participating, with additional support from ergonomics and technical experts and experts from the AUVA (altogether forming a steering group). Counselling took place on a monthly basis and was supported by the use of guiding tools, such as the **ABI Plus Index** (see below) and by a series of interviews (with relevant parties in the company).

Following the counselling and interview stage, activities were implemented to support sustainable employability, based on a tool box of good practice measures. A total of 300 tailor-made interventions

[75] Austrian Labour Inspectorate webpage "Lighten the load": http://www.arbeitsinspektion.gv.at/ew07/artikel/artikel01-03.htm (Accessed December 2104)

[76] Arbeitsgruppe zur Neugestaltung des Invaliditätsrechts (Working Group to redesign the disability law), Endbericht (final report), Invalidität im Wandel (September 2007 – Juli 2008), Manz, 2009. Available at: https://shop.lexisnexis.at/invaliditaet-im-wandel-9783214002565.html. Information on the initiative *Invalidität im Wandel 2*, with a specific focus on mental illness, is available on the website of BMASK: http://www.sozialministerium.at//site2/Soziales/Pensionen/Invaliditaet_im_Wandel_2/ (Accessed May 2015)

were executed, supported by a number of quick-win actions, such as recreation rooms, ergonomic measures and adjustments of working devices. The measures implemented within the 20 pilot companies and the results from the programme were published in 2012. An evaluation of the programme showed that work ability was related strongly to the following factors: workload, values, capacity to take an active role, health and cooperation. The evaluation showed that the strongest effects of the programme were actually on younger workers (apprentices). Factors that could have helped optimise the effects of the programme include: stronger management involvement, stronger support from the works council (wary of the effects of reducing working time on wages), the need for regular repetition of the project.[77]

Within the programme "Fit for the Future", the AUVA and the PVA have developed the **ABI Plus™ index**.[78] ABI Plus™ is based on the workability index (WAI), developed by Professor Ilmarinen from Finland, and measures the status of work load management according to the resources of the employees within a company. The ABI Plus™ index has the advantage of taking into account factors such as senses – usually hard to measure – when looking at work tasks, competences and work-life balance. It allows a company to find out in which fields they could invest (fostering health, ergonomics, training, etc.)

The AUVA has also developed the **AUVAfit programme,**[79] with an interdisciplinary team, which aims to reduce physical and mental strain at work. The first step is an assessment of the work load. On this basis, the external consultants work on focused measures for improving working conditions. In every phase of the process, the AUVA assists with psychological and ergonomic consulting. It had its first pilot phase in 2007 in several sectors with 20 participating companies.

Workplace Health Promotion and age management

An Austrian report shows that the costs for illnesses are up to EUR 6.7 billion and most of them concern musculoskeletal disorders, respiratory problems and a rise in mental illnesses. The objective of the network BGF "**Betriebliche Gesundheitsförderung**" (Workplace Health Promotion), funded by the National Fund for a Healthy Austria (*Projektförderung des Fonds Gesundes Österreich* – FGÖ), is to promote and maintain healthy lifestyles ain the companies implementing the project.[80] This should be achieved through three pillars: exercise, nutrition and relaxation. These three elements should help employees modify their working habits to achieve a more sustainable working life (stress reduction, ergonomics training, time management). Those measures also support older workers, as their needs are addressed by participating in the project, e.g. through healthy nutrition or through supporting measures that reduce back-pain when having to work in front of the computer or in production facilities. So far, the projects have helped achieve a 25% reduction in illnesses and the return on investment (ROI) lies between 1:2.5 and 1:10.1. The BGF network is the Austrian partner of the European Network for Workplace Health Promotion (ENWHP).

The seal of quality **NESTOR GOLD** is a certification and a standard of good practice for age(ing) and generation sensitive labour organisation in Austrian companies and organisations, and thus a practical guideline for managers, executives and employees as a tool for internal location and implementation of measures. Against the background of the upcoming demographic challenge, the seal of quality has been created by the Federal Ministry of Labour, Social Affairs and Consumer Protection in cooperation with the social partner organisations, the Federal Ministry of Economy, Family and Youth, the Public Employment Service AMS as well as proven experts on age(ing) management. Since the year 2010, the seal of quality is awarded biannually by the Federal Minister of Labour, Social Affairs and Consumer

[77] For more details on the Fit for the Future programme, see the detailed case study carried out in the framework of the project "Safer and Healthier Work at Any Age".
[78] Fit2work homepage: http://www.fit2work.at/home/ (Accessed December 2014)
[79] AUVAfit webpage: http://www.auva.at/portal27/portal/auvaportal/channel_content/cmsWindow?action=2&p_menuid=73559&p_tabid=4&p_pubid=662008 (Accessed December 2014)
[80] Webpage "Arbeit und Gesundheit" (in German): http://www.arbeitundgesundheit.at/; and webpage of Betriebliche Gesundheitsförderung (BGF) (in German): www.netzwerk-bgf.at (Accessed December 2014)

Protection, after a successful completion of a specific certification process. The seal of quality is awarded for a period of three years, a re-certification is offered subsequently.[81]

Employment

The **National Reform Programme (NRP) for Growth and Jobs** reconciles the aims of the employment policy, especially in terms of economic and structural policy, educational policy and regional policy. With the Territorial Employment Pacts[82], the NRP can point out in what form improved institutional reconciliation can be achieved between Federal Institutions, Provinces and Municipalities to secure and create jobs. One of the main topics of TEPs is the employment of older workers. According to the National Reform Programme for 2014[83], on 27 March 2014, the Austrian National Council passed a labour market package for older employees. The objective of these measures is to restore older persons' capacity to work and to reintegrate them into the workforce. A total of 350 million will be allocated by 2016 in order to promote the employment of older persons more effectively (EUR 100 million per year in 2014 and in 2015, EUR 150 million in 2016). It is not clear whether some of these measures will include an occupational health and safety component, to ensure that the work capacity of older workers does not deteriorate while they are working, or whether it will focus solely on reintegrating older unemployed workers in the labour market.

Austrian Public Employment Service (AMS)

The **Austrian Public Employment Service** (AMS) (with its regional offices), in collaboration with the social partners and the national and regional insurance associations, has put in place a number of measures to promote the sustainable employment of older workers:

- It provides financial assistance to employers for hiring workers aged 45. Financial support to employers is also possible for "**Kurzarbeit**", a concept that offers the possibility to reduce working hours instead of dismissing employees.[84] This is done with the support of the European Social Fund.
- It has also set up **part-time work for older workers** (Altersteilzeit), which allows older workers to reduce working hours with the incentive not to lose any entitlements towards pensions, insurance or unemployment benefits for a maximum time of five years.[85] Employees may reduce their work by 40 to 60 % and get up to 70 to 80 % of their previous income, if they have worked as an employee for at least 15 years. The age to benefit from this measure is 53 years (women) and 58 years (men). The measure was very popular at the beginning of the years 2000, when it was created, as it served as a "replacement" for the early retirement scheme for reduced capacity which was phased out between 2000 and 2003. Its popularity then decreased as conditions got stricter.[86]

[81] BMASK, *Seal of Quality for age(ing) oriented organisations and companies, Information and Indicators*, Vienna, June 2013. Available at: http://www.nestorgold.at/cms/nestor/attachments/0/4/5/CH2020/CMS1369642929722/information_and_indicators.engl.pdf (Accessed December 2014)

[82] Territorial Employment Pacts in Austria webpage: http://www.pakte.at/teps/kurz.html?_lang=en; Employment Pact in Vorarlberg webpage: http://www.beschaeftigungspakt.at/; Employment pact in Steiermark webpage: http://www.stebep.at/hintergrund-stebep.html (Accessed December 2014)

[83] Austria Federal Chancellery, *National Reform Programme*, 2014, as above.

[84] AMS, *Qualifizierungsförderung für Beschäftigte in Kurzarbeit im Rahmen des ESF (Ziel 2)*. Available at: http://www.ams.at/_docs/001_QfBKZiel2_Infoblatt.pdf; HELP.gv.at webpage on measures for older employees: https://www.help.gv.at/Portal.Node/hlpd/public/content/201/Seite.2010100.html#qual; Schmidt, K., Kailer, N., Weiterbildung älterer ArbeitnehmerInnen, ibw for the AMS, Wien, September 2008. Available at: http://www.forschungsnetzwerk.at/downloadpub/Enbericht_aeltere_weiterbildung_schmid_ibw.pdf (Accessed December 2014)

[85] Chamber of Labour webpage on partial retirement: http://www.arbeiterkammer.at/beratung/arbeitundrecht/pension/altersteilzeit/Altersteilzeit.html (Accessed December 2014)

[86] OECD, *OECD Economic Surveys – Austria*, Volume 2005/8, July 2005, p51.

2.2 Initiatives from social partners

The Federal Chamber of Labour, the Federal Economic Chamber, the Federation of Austrian Industries and the Trade Union Federation have set up a very comprehensive webpage **"Arbeit & Alter"**[87], which lists good practice examples of large and smaller companies and the measures they take towards well-being at work with a special focus on older workers. It includes a link to the seal of quality NESTOR GOLD (see above).

Following a report published in 2004 on "Health through Work"[88], the Federal Economic Chamber (WKÖ) has initiated the programme **"proFITNESS: healthy employees – healthy enterprise"** (*proFITNESS: Gesunde Mitarbeiter – Gesundes Unternehmen*) to support SMEs with health promotion.[89] The initiative is intended to help raise awareness of Austrian SMEs on issues related to healthy living and working conditions. Besides generally informing employers, the campaign offers supporting materials on the topics of nutrition, exercise and stress-reduction to assist with company-internal health promotion activities.[90] Existing initiatives and measures related to healthy workplaces have been compiled and relevant benefits for SMEs have been extracted in order to create the programme. One special focus group of the programme is older workers, as demand for health prevention is increasing for this age group because of the demographic change. A focus is to prevent diseases like diabetes, adiposities and psychological illnesses.

The Chamber of Labour supports several counselling initiatives and publishes material dealing with OSH in Austria. One in particular relates to older workers: the leaflet **"Older workers – the gold within the company"** *(Ältere ArbeitnehmerInnen – Das verborgene Gold im Unternehmen)* from September 2012 highlights the potential of the elderly population, issued together with the Trade Union Federation.

The aim of the 2007 initiative **"Winning age. Getting future!"** *(Älter Werden. Zukunft Haben! – WAGE)*, developed by the Chamber of Labour of Upper Austria, is to provide a regional platform for information and know-how transfer between companies and intermediaries (e.g. social partners) and institutions for successful age management policies, in order to foster innovation and connect research, policy and economy. The WAGE network claims to be a centre of expertise in generation management, a platform for information and knowledge-transfer, an inducer of innovation and an interface between research, practical application, policy interests, providers and business. The actors involved in the network are businesses, developers at managerial and corporate levels, decision-makers, employees and the general public. The network also develops guidelines for "demographically correct" personnel policy and continuous measures of quality control and quality control criteria for advisory and qualification proposals. [91]

2.3 Initiatives from other organisations/projects

The **WAI Network Austria** is a platform for dialogue to maintain and foster work ability. It was founded in 2008 at the initiative of the ÖPWZ (Österreichisches Produktivitäts- und Wirtschaftlichkeits- Zentrum), a centre for training and knowledge management.[92] The Work Ability Index (WAI) was developed in Finland in the 1980s. The platform is provided for experts (consultants, NGOs, government, social insurance, social partners, occupational physician, safety experts, etc.) and users (employers, human resources managers, employee representatives and employees). It is a tool that provides an overview of the work ability and age structures in each department of a company and, as a whole, enables an

[87] Arbeit & Alter website: www.arbeitundalter.at (Accessed December 2014)
[88] Kriener B., Neudorfer E., Künzel D., Aichinger A., *Gesund durchs Arbeitsleben, Empfehlungen für eine zukunfts- und alternsorientierte betriebliche Gesundheitsförderung in Klein- und Mittelunternehmen*, diepartner.at for WKÖ, Wien, September 2004. Available at: https://www.wko.at/Content.Node/Profitness/Uns-geht-s-gut---Betriebliche-Gesundheitsf-rderung/BGFStudie_2.pdf (Accessed December 2014)
[89] proFITNESS homepage: http://www.profitnessaustria.at/ (Accessed December 2014)
[90] Kraftwerk webpage on proFITNESS: https://www.kraftwerk.co.at/EN/projects/WKO+proFITNESS.aspx (Accessed December 2014)
[91] WAGE webpage "Who we are" (in English): http://www.wage.at/index.php?id=89&L=1 (Accessed December 2014)
[92] WAI Netzwerk Austria homepage: http://www.wai-netzwerk.at/ (Accessed December 2014)

HR policy tailored to age and work ability. Employees can evaluate their own work ability and their chances for development.

Ximes, a consultancy and research institute on human resources issues, has produced a **handbook for organising shift work (Handbuch Schichtpläne)**.[93] The handbook gives advice on different models of shift work with regards to the needs of the employees (especially older workers) and also the ability for short term adjustments. It has an extra chapter on ergonomics, long work days, breaks and accidents with relation to work time. The second edition of the handbook was published in 2007.

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. As shown by the data presented in Section 1.1, 29% of Austrians who have retired, report that they stopped working for health reasons. In addition, in 2013, 30.4% of all new statutory pensions were early retirement pensions and 19.1% were benefits due to reduced capacity to work[94]. By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Austria, the objective of rehabilitation is to restore or improve health, to integrate or reintegrate people into society (with an emphasis on occupational reintegration) and to enhance the status of insured persons with physical, mental or psychological disabilities so that they can take on a role suitable to their capabilities in their profession and in society.[95] In Austria, while the work insurance funds have a prevention role, most emphasis is put on rehabilitation.[96] Rehabilitation in Austria also includes research, medical and social measures and measures at the workplace to rehabilitate the injured person in their previous job, or if this is not possible, to retrain them for a new occupation.

The following chapter first describes the institutional system in Austria for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick/injured workers

Legal and policy framework

The Austrian legal system for occupational health and safety as described in Section 1.3 fully integrates the concept of maintaining or restoring one's ability to work following a disease or an accident. While the **Protection of Employees Act** (AschG) focuses on prevention, risk assessment and mitigation

[93] Gätner J., et al., *Handbuch Schichtpläne – Planungstechnik, Entwicklung, Ergonomie, Umfeld*, XIMES GmbH, Hochschulverlag, 2. Auflage, Zürich, 2008.
Available at: http://wiki.ximes.com/images/a/af/Handbuch_Schichtpl%C3%A4ne_Ergonomie.pdf (Accessed December 2014)

[94] Figures from the Main Association of Austrian Social Security Institutions *(Hauptverband der österreichischen Sozialversicherungsträger)* on „Pensionszuerkennungen nach Pensionsarten in der gesetzlichen Pensionsversicherung im Jahr 2013" from IV presentation of March 2014 entitled „Zukunftssicherung und Altersvorsorge – Sozialpolitische Perspektiven".
Available at:
http://www.denkwerkstatt-stlambrecht.org/wp/wp-content/uploads/Zukunftssicherung-Aubauer.pdf (Accessed December 2014)

[95] Österreichische Sozialversicherung (Austrian Social Security) page on rehabilitation:
http://www.sozialversicherung.at/portal27/portal/esv_enportal/channel_content/cmsWindow?action=2&p_menuid=70570&p_tabid=4&p_pubid=644079 (Accessed December 2014)

[96] EU-OSHA, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007, p44

measures and the **General Social Insurance Act** (ASVG) regulates health insurance, occupational accidents and diseases insurance and pensions, the **Work and Health Law** (AGG) puts in place a system for the rehabilitation of workers after an accident or a disease. The overall objective of the Austrian legal framework, as is also highlighted in the General Social Insurance Act (ASVG), is to encourage people with reduced work capacity to go back to work rather than remain out of work and receive a pension (disability or old age).

Specifically in relation to people with disabilities, the **Federal Disability Equality Act** (see section 1.3) coordinates measures of medical, vocational and social rehabilitation for people with disabilities from the different competent bodies. Disability in Austria is defined in relation to the most commonly performed activity (in the last 15 years). A disabled/ invalid person has a work ability at least 50% lower than someone with similar training, knowledge and skills for reasons related to their mental or physical health.

The **Rehabilitation plan 2012**, based on the Rehabilitation Plan 2009, was developed by the Association of Austrian Social Security Institutions (Hauptverband der Österreichischen Sozialversicherungsträger) and Health Austria GmbH (Gesundheit Österreich GmbH) in order to plan the health care needs with regard to the rehabilitation of people with disabilities for the years 2015, 2020 and 2025.[97]

Main actors and steps in the rehabilitation process

The main actors for the rehabilitation of workers following an accident/disease (occupational or not) are the **Austrian Social Security Institutions**, including sickness insurance funds (including the more specific bodies such as the Insurance Institution for Rail and Mine Workers (VAEB), the Social Insurance Institution for Farmers (SVB) and the Insurance Institution of Public Sector employees (BVA) for specific occupational groups), the Austrian Social Insurance for Occupational Risks (AUVA) and the Pension Insurance Organisation (PVA) (see Section 1.2 for more details on the Austrian social security system).

1. Medical rehabilitation

Work-related health problems

As described in section 1.2 the role of **AUVA** covers occupational medical care, treatment and rehabilitation, prevention and research. In the event of a claim following an occupational accident or disease, the AUVA is responsible for providing medical treatment with the use of all suitable resource. It is also responsible for providing compensation to injured/sick workers.[98]

Medical rehabilitation is typically managed by rehabilitation centres run by the accident insurance. The AUVA counts four such rehabilitation centres in the country. In addition to this role, the AUVA also provides expert advice to workplaces as preventive action (see Section 2 for more details on specific programmes).

Occupational accidents and diseases, which cause more than three days of sick leave, should be reported to the accident insurance institution within 5 days of the prescription by the general practitioner (or the hospital if the worker has been hospitalised) and by the employer. Following a first general check, the worker receives advice as to which relevant medical institution they should go to for medical rehabilitation (e.g. specialised rehabilitation centres, therapists, etc.)

[97] Reiter D., Fülöp, G., Gyimesi, M., Nemeth C., *Rehabilitationsplan 2012*, Gesundheit Österreich Forschungs- und Planungs Gmbh for the Federation of Austrian Social Security Institutions, Wien, September 2012. Available at: http://www.hauptverband.at/portal27/portal/hvbportal/content/contentWindow?&contentid=10008.564714&action=b&cacheability=PAGE (Accessed December 2014)

[98] ENETOSH webpage on AUVA: http://www.enetosh.net/webcom/show_article.php/_c-94/_nr-1/i.html (Accessed December 2014)

Non-work-related health problems

While accident insurance institutions are the primary providers of medical rehabilitation in cases of work-related accidents or diseases, in cases of non-work-related accidents or diseases, medical rehabilitation is provided by the pension insurances, and in particular the **Pension Insurance Organisation** (PVA), and is paid by the sickness insurance funds.[99] The PVA for instance proposes specific health care treatments for rehabilitation purposes such as inpatient stays at spas and rehabilitation facilities. These are proposed to the insured on the recommendation of their treating physician (GP or hospital).[100]

2. Vocational rehabilitation

Vocational rehabilitation, i.e. measures to reintegrate workers in the labour market following a long-term sickness absence, is coordinated at the federal level by the **Austrian Public Employment Service** (AMS), often in coordination with the federal social welfare agency (the Bundessozialamt). People who get reintegrated back to work can opt for part-time work or mobility towards a different job or get supported by the programme fit2work or by measures proposed by employment agencies and vocational rehabilitation centres (e.g. the Vocational Rehabilitation and Education Centre – Berufliches Bildungs- und Rehabilitationszentrum, BBRZ) (see Section 3.2 for more details on specific initiatives).

Work-related health problems

In the case of occupational accidents/diseases, the **AMS** coordinates with the accident insurance institutions to provide vocational rehabilitation following medical rehabilitation. As soon as the accident insurance is made aware (by the GP or hospital) that a worker is undergoing medical rehabilitation following an occupational accident/disease, it sends a team of experts to evaluate the need for vocational rehabilitation and the measures to be taken to allow the worker to go back to the same job, the same company or a different company. This may include covering the costs of workplace adaptation, re-training or technical aid to allow the worker to go back to the same position. They may also provide training courses to return to a different position in the same company.

Non-work-related health problems

In the case of non-work-related accidents and diseases, the **AMS** coordinates with the pension insurance institutions to organise or fund training courses or grant loans or other assistance in order to ensure that the persons (covered by the insurance) are re-employed by their former or a different employer.[101] Vocational rehabilitation may also include social measures such as loans to cover the costs of adapting a home to the needs of a disabled person to maintain their social mobility.

In the case of non-occupational health problems, vocational rehabilitation can take place at a rather late stage in the process (long after medical rehabilitation has been carried out) as no systematic attention is paid to the prospects for re-entering employment (e.g. by the employer or the occupational accident insurance).[102]

Compensation system

Compensation system for sickness absence

Expenditure on health insurance is covered by contributions paid both by the insured and by employers. Each worker pays a percentage of their income towards social security and the employer contributes for each worker. This money goes to the appropriate **sickness insurance fund**, **accident insurance fund** and **pension insurance fund**. These funds then compensate workers who are on sick leave and cover the costs of vocational rehabilitation for both work-related and non-work-related accidents or

[99] C. Gobelet et al., *Vocational rehabilitation*, Series of European Academy of European Medicine, Springler, France, 2006, p225
[100] PVA webpage on health care services: http://www.sozialversicherung.at/portal27/portal/pvaportal/content/contentWindow?contentid=10007.707577&action=2&viewmode=content (Accessed December 2104)
[101] D. Schindlauer, *Report on Measures to Combat Discrimination, Directives 2000/43/EC and 2000/78/EC, Country Report 2012, Austria, State of affairs up to 1st January 2013*, European Network of Legal Experts in the Non-discrimination Field. Available at: http://www.non-discrimination.net/countries/austria (Accessed December 2014)
[102] C. Gobelet et al., *Vocational rehabilitation*, 2006, p236

diseases. The employer should pay for the worker's salary for a duration of 10 weeks before this is passed on to the relevant insurance company.

As mentioned before, medical, vocational and social rehabilitation measures are provided to workers through the national social security system (accident or pension insurances). However, workers can also subscribe to private health insurance, which enables them to get immediate rehabilitation privately rather than wait within the state system.

Compensation system for disability or reduced work capacity

Until 2012, independently of receiving their salary and independently of the success of reintegration into the workplace, all workers who suffer from a health impairment following an occupational accident or disease could receive an **invalidity or disability pension**, based on the degree of impairment as evaluated by medical experts. In 2010, the OECD noted that, in Austria, the share of disability benefit recipients were "quite high among older workers but comparatively low among young and prime-age groups", suggesting that disability benefit partly fulfilled an early-retirement function.[103] However, following an amendment of the law in 2012, the invalidity pension is replaced by **financial support for rehabilitation**. The aim is to rehabilitate persons with health impairments in the labour market. Those who cannot continue in the same job as before will be retrained for a similar job more adapted to their abilities.

From 1 January 2014 onwards, **disability/ invalidity pension** (Invaliditäts – bzw. Berufsunfähigkeitspension) is available only to workers older than 50 years, if measures leading to rehabilitation are not suitable and reasonable and therefore the worker cannot work anymore. Those who are younger than 50 at the date of 1 January 2014 will have no access to the invalidity pension any more. Apart from the condition of age, the conditions to receive disability pension are that it should last for more than 6 months, that the minimum years of insurance have been paid and that no old-age pension can be granted. Disability pensions are paid from pension insurance funds.

3.2 Specific Initiatives

3.2.1 Government or government-affiliated

Fit2work is a programme created by the Austrian Government on the basis of the Work and Health law (Arbeit-und-Gesundheit-Gesetz – AGG, see section 1.3).[104] It started in 2012 and is still ongoing. Mid-2014, around 200 companies were involved in fit2work covering around 30,000 workers.

The programme is funded by those entities that will derive financial benefits from it in the medium and long term, in particular the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK) and the insurance institutions (including the Austrian Social Insurance for Occupational Risks (AUVA), the Austrian Pension Insurance Organisation (PVA), and the sickness insurance funds). It is also supported financially by the Austrian Public Employment Service (AMS) and the Federal Social Office (Bundessozialamt BSB). The fit2work services are provided through a nationwide network of fit2work counselling centres.

The general objectives of fit2work is to prevent job loss for health reasons, enhancing and maintaining fitness to work, reintegration after a long illness, finding alternative types of employment, information and awareness-raising. Fit2work takes a holistic approach, as it looks at medical, vocational and social rehabilitation. The programme covers any person (also non-Austrian citizens) who is employed, self-employed or unemployed in Austria and pays insurance contributions.

With regard specifically to rehabilitation and return-to-work, fit2work aims at helping workers, who have been on sick leave several times or for a longer period and/or have problems at work due to their illness (e.g. fear of losing the job or having lost the job for this reason). Illnesses include both physical and

[103] OECD, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010, p60.
[104] Fit2work homepage: http://www.fit2work.at/home/ (Accessed December 2014)

mental health problems. The programme is voluntary, confidential and aims at early intervention before invalidity is a problem.

The programme takes place in two stages:

- Step 1: Initial counselling through face-to-face discussion, telephone (hotline), electronic or regular mail
- Step 2: Case Management (Problem Solving): Fit2work organises and combines the services of the partner organisations – e.g. the federal social office (Bundessozialamt), which has the task of coordinating measures to foster re-integration for disabled persons – to provide an individual solution to the worker, including a basic check-up by an expert, physical and mental health examination and extensive discussions related to personal life. The fit2work case managers provide personal support and assist in implementing the plan that has been worked out, e.g. finding a new type of occupation (with the former employer or with a new one).[105]

The programme works as a two way intervention: for employees and for employers. The use of the ABI Plus™ index (see Section 2) is obligatory for every company participating in the fit2work programme. The homepage of the fit2work programme offers the possibility of carrying out a self-assessment, measured by the Work Ability Index.

An evaluation of the fit2work programme was carried out in 2012 by "abif analysis consulting and interdisciplinary research"[106]. It was mostly positive regarding the quality of the advice provided, the case management system and the coordination of the various actors but noted challenges related to the lack of follow-up of individual workers following the return to work. In addition, it did not provide any quantitative results from the programme.

The project **Healthy Regions** (Gesunde Gemeinde)[107] establishes a network of experts (in sports and nutrition) and an infrastructure for employers, employees and the non-working population to maintain and foster health and prevent illness. The measures for workers/employers are adjusted to the needs of the individual community/enterprise and therefore vary. It is implemented by the regional governments in each of the nine provinces, providing not only expertise but also financial support. There is also an award for the five most innovative measures. As the consultation for Healthy Regions is based on every individual needs, the needs of the elderly population are especially taken into account.

Another initiative is the **Austrian Rehabilitation compass**, provided by Health Austria GmbH (GÖG), which is a website replacing the handbook for medical rehabilitation.

3.2.2 Non-governmental organisations

In existence since 1982, REiNTEGRA is one of the largest rehabilitation institutions in Europe. It is a non-profit organisation that aims at reintegrating workers with psychological problems.[108] This is done by assessing individual talents, interests and needs and helping people acquire new skills in certain sectors (ReINTEGRA focuses on art and crafts, like jewellery manufacturing). They are assisted by rehabilitation trainers in a step-by-step process in order to get used again to a daily business routine. Businesses have the chance to get to know the future employees first through volunteering work. The employees are then integrated in the company with the help of a REiNTEGRA coaching. By now 4000 persons have been reintegrated through the REiNTEGRA process. The institution also supports companies by providing education for employees with psychological problems within the premises of

[105] For more details on the fit2work programme, see the detailed case study carried out in the framework of the project "Safer and Healthier Work at Any Age".
[106] Egger-Subotitsch A., et al., *Implementierungsevaluierung „fit2work" Zwischenbericht* (Interim report of the evaluation), abif for BSB, Wien, 2012. Available at: http://www.fit2work.at/cms/home/attachments/2/6/6/CH0080/CMS1339583320044/zwischenbericht_fit2work_31072012.pdf (Accessed December 2014).
[107] Gesundheit.gv.at webpage on "Gesundheitsförderung und Gesellschaft" (health promotion and society): https://www.gesundheit.gv.at/Portal.Node/ghp/public/content/gesunde-gemeinden.html (Accessed December 2014).
[108] REiNTEGRA homepage: http://www.reintegra.at/home/ueberreintegra/willkommen (Accessed December 2014).

REiNTEGRA, preparing them for requirements at work, composing profiles for job descriptions, providing information on financial support to the company for the employment of persons with psychological problems, providing a contact person for critical situations at the workplace, ongoing counselling and support.

The **Vocational Rehabilitation and Education Centre** (Berufliches Bildungs- und Rehabilitationszentrum – BBRZ), established in 1975, provides support to people with a health impairment to help them get back to professional life after an illness or an accident.[109] It is the largest provider of vocational rehabilitation measures in the country. It covers both workers who are unemployed and workers who are still in employment, but, it seems, with a focus on the former category. The centre offers individualised support to help people return to the labour market, or return to their existing job when relevant, in particular through training. Training courses at BBRZ are available in both the commercial and technical fields and have a maximum duration of two years. Within the scope of the qualification training, the participants are able to test and expand their coping strategies. The teams are trans-disciplinary, consisting of social workers and psychologists, but also physicians/doctors and educationalists. BBRZ also has a centre for mental health in Leopoldau Vienna, which is the first rehabilitation hospital for persons with mental illnesses, offering the possibility to be treated as an out-patient. BBRZ also held the International Rehabilitation Congress on 16 & 17 September 2010 at the Design Centre in Linz (Upper Austria), where 600 participants from 15 countries attended. Panel discussions, workshops and topical discussions offered participants the opportunity to exchange their thoughts, experiences and information on the current international developments and the ever-changing challenges of vocational rehabilitation.[110]

[109] BBRZ (Vocational Rehabilitation and Education Centre) webpage "Who we are": http://www.bbrz.at/ueber-uns/was-wir-tun.html (Accessed December 2014).

[110] Homepage for the International Rehabilitation Congress 2010: http://www.rehakongress.at/cps/rde/xchg//rehakongress/hs.xsl/index.htm?rdeLocaleAttr=en (Accessed December 2014)

4 Conclusions

General Context

Facts & figures

- *Austria's population will continue to become older:* Like in all other EU Member States, the population in Austria has been ageing since the 1980s. This ageing is projected to continue until at least 2060. The number of working age people per older person (aged 65 and above) will decrease from around four today to around two in 2040. Expenditures on pensions were above EU-average in 2011.
- *Employment among 55 to 64-year-olds in Austria is lower than the EU average:* The official retirement age in Austria is 65 years for men and 60 years for women, and although the employment rate of 55 to 64-year-olds has been steadily rising, only 45% of this age group were employed in 2013 (lower than the EU-27 average).
- *Reasons to continue working:* 65% of people who receive a pension (50 to 69 years) indicated that non-financial reasons (including work satisfaction, flexible working arrangements, opportunities to update skills, a healthy and safe workplace, appreciation at work, etc.) were the main reasons for them to continue working (compared to an EU-28 average of 29%).
- *Health and life expectancy:* in 2011, Austrian men and women aged 65 had a life expectancy of around 20 additional years (21,7 for women and 18.1 for men, similar to the EU-28 average), including 8.3 expected to be "healthy life years" (slightly below the EU average of 9 healthy life years).
- *Austria is performing well (better than the EU-27 average) concerning most aspects of working conditions:* For instance, Austria seems to perform particularly well concerning on-the-job training for older people (36% compared to 26% on EU average). However, a study based on SHARE data shows that a high share of older workers in Austria (compared to other EU countries) report having limited control over their work and a lack of reward for their efforts.
- *More work-related health problems among older workers:* In Austria, 24% of older workers reported suffering from health problems in the past 12 months (16% in the EU). While the most serious work-related health problems for the majority of older workers (70%) are musculoskeletal disorders and not stress, depression or anxiety (4%), national data shows that the allocation of invalidity/disability pensions due to diagnosed psychiatric illnesses almost doubled over the last 10 years.

The legal and institutional framework

The Austrian's legal framework for health and safety at work encompasses both prevention and rehabilitation and focuses on people's ability to work rather than purely people's health and safety at work. In the recent years, it has developed more and more towards ensuring the return to work of people with health problems with a view to reduce invalidity pension and early retirement.

One particular strength in Austria are the coordinating mechanisms in place to include social partners in all discussions related to OSH, at the federal, regional and company level. Another interesting feature of the Austrian system, which is particularly relevant for the topic of sustainable employment, is the strong involvement of the social insurance institutions. Social insurance institutions – and in particular the AUVA – play a major role in the promotion of healthier and safer working conditions for all workers and the implementation of company-centred programmes for the prevention of an early exit from the workplace, such as *Fit for the Future* and *fit2work*.

Views from the stakeholders[111]

In general, stakeholders are of the opinion that the holistic approach of the current legal framework for OSH in Austria, covering all workers equally, works well, although many, in particular worker

[111] These views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age", which took place on 8 May 2014 (more details provided in the introduction to this report).

representatives, deplore the gaps in implementation resulting in a lower level of protection. Rather than changes in legislation, what is needed to improve the working conditions of older workers is a change in mentality on both sides. While workers should be encouraged to see work as an emancipating factor rather than a constraint, employers should be more willing to train their older employees and involve them more in discussions related to work ability. Preconceived ideas regarding the potentially higher costs of older workers (in terms of incomes, insurance costs and workplace adaptations) and the limitations in terms of productivity because of age are strong among employers and among employees themselves.

OSH and older workers

Austrians leave the labour market relatively early, with an effective retirement age of 61.9 for men and 59.4 for women, which is lower than the EU-average. To guarantee the sustainability of the social security and pension system, the Austrian government and the organisations that are most affected by pension costs (i.e. social insurance organisations) are active in finding innovative solutions to encourage the older workforce to stay at work.

The OSH policy framework in Austria does not specifically focus on older workers but rather adopts a life course approach to prevention for all workers at all stages of their working lives. In addition, the current focus of the Austrian government in relation to OSH is on improving the assessment of the psychological strains on workers as these have intensified over the past decade.[112]

The labour inspectorate has adopted a diversity strategy, which aims to mainstream issues regarding gender and diversity (including age) in their procedures. This involves, for instance, making sure that employers take into account the issue of age when carrying out their risk assessment.

A number of initiatives implemented at the federal level by the social insurance institutions, with support from the government, clearly stem from the wish to retain older people at work and maintain peoples' employability. In particular, the programme *Fit for the Future*, implemented by the AUVA, aimed to raise awareness and to train employers in the concept of work ability and prevention to maintain work ability. An evaluation of *Fit for the Future* showed that the strongest effects of the programme were actually on younger workers (apprentices), supporting the Austrian's focus on a life course approach to OSH. From an employment perspective, the Austrian Public Employment Service (AMS) promotes the use of more flexible work arrangements for older workers.

Views from the stakeholders[113]

Most stakeholders recognise that certain companies are very committed to retaining their older workers and therefore have put in place many measures to adapt working conditions (e.g. adapted ergonomic standards) and introduce incentives to stay at work (e.g. more flexible working arrangements). But many other companies, in particular small and micro enterprises, do not make this effort, often because of a lack of awareness. It is therefore suggested that additional support to companies, outside the large *Fit for the Future* and *fit2work* projects, is greatly needed from the government and from intermediary organisations.

Rehabilitation / return to work

The Austrian legal framework for health and safety at work promotes the concept of rehabilitation as an instrument for maintaining and restoring work ability.

The rehabilitation process, from medical rehabilitation to return-to-work strategies, is coordinated by the social insurance system. The system aims at providing multidisciplinary support, including medical, occupational and social rehabilitation. There is a dual system for work-related ill health and non-work-related ill health, with varying degrees of effectiveness:

- For work-related accidents or diseases, the AUVA is the coordinating body and takes charge of the rehabilitation of workers (including medical) in its own facilities. It also coordinates with

[112] BMASK, Statement on implementation report (ÖGB; Reif/MS 23.05.2013; BMASK-464-203/0005-VII/A/6/2013)
[113] As above, these views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age".

the Public Employment Service for vocational rehabilitation measures and participates in a number of projects to support employers with reintegrating workers with reduced capacity at the workplace. For occupational health problems, there is therefore a continuity in the process between medical rehabilitation (treatment) and vocational rehabilitation, with the goal of helping the worker reintegrate into the workplace.

- For non-occupational diseases and accidents, the PVA coordinates the rehabilitation efforts, from medical to vocational but certain experts noted (in the literature) that there are coordination issues between the institutions in charge of medical rehabilitation and those in charge of vocational and social rehabilitation. In these instances, vocational rehabilitation can take place at quite a late stage. In addition, rehabilitation measures (in cases of non-occupational health problems) are more likely to be covered by insurance organisations when the prospects of reinterring employment are high, which may disadvantage people with chronic illnesses (including mental illnesses).[114]

The active role played by the social insurance organisations in the development of innovative rehabilitation programmes is directly related to their interest in reducing the number of people on disability pension and benefits. This explains their pivotal role in the implementation of the *fit2work* project, following the pilot project *Fit for the Future* described above, with support, and under supervision, of the Austrian government. A particular strength of *fit2work* is that it is supported by legislation: the Work and Health Law requires the implementation of a programme aimed at maintaining or restoring people's work ability. In practice, *fit2work* owes part of its success to:

- Its focus on early intervention, which means that the rehabilitation process starts as soon as a problem appears and before it develops into a chronic or long-term condition. It can even be used by a company as a preventive tool, before any particular issue has arisen
- The close cooperation between the worker, the employer and the *fit2work* consultant, ensuring that the worker's return to work (at the same workplace or at a different workplace) takes account of both the worker's needs and the employer's constraints.

The *fit2work* evaluation carried out in 2012 was mostly positive in particular regarding the quality of the advice provided and the case management system, but also noted a number of areas for improvement.

Views of the stakeholders[115]

The discussions on sustainable employment and rehabilitation are very much interlinked in Austria reflecting the global approach in the Austrian legal and policy framework from prevention to rehabilitation. While the current system for rehabilitation is considered successful by many stakeholders, experts have identified a number of areas for further improvement:

- Early detection of health problems should be encouraged to allow workers to reach pension age in good health
- The current rehabilitation system may not be adapted to long-term or chronic illnesses as numbers show that people with long-term illness hardly have any chance of reintegrating the labour market.
- Employment should be promoted even more strongly as a treatment goal during the rehabilitation process and medical and vocational rehabilitation should be better coordinated.
- The question of responsibility for rehabilitation is disputed between worker and employer representatives, reinforcing the view that a coordinated programme bringing both together is needed.

General conclusions

Because of a strong legal framework which considers the worker's health and well-being in a holistic manner, with a life course approach from prevention to rehabilitation, and because of a long-standing

[114] C. Gobelet et al., *Vocational rehabilitation*, 2006
[115] As above, these views were expressed during the national expert workshop on "Safer and Healthier Work at Any Age".

tradition of cooperation between the government, the social partners and the social security institutions, Austria has put in place, over the past 10 years, a number of innovative programmes and strategies that aim to address the challenges of an ageing working population. This has been accompanied by a major increase in the employment rate of older workers (from 27% in 2004 to around 45% in 2013) and an increase in the effective retirement age (from 59 for men and 58.4 for women in 2004 to 61.9 and 59.4 respectively in 2012). At the workplace level, while large companies are increasingly aware of the need to implement age and return-to-work strategies, additional effort is needed to involve smaller companies.

5 References and further information

European and international sources:

EU-OSHA – European Agency for Safety and Health at Work, *Work-related musculoskeletal disorders: Back to work report*, Luxembourg, 2007.

EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, "OSH system at national level – Austria".

EU-OSHA – European Agency for Safety and Health at Work, *Ageing workers prevention report*, "Section II – Policy actions on occupational safety and health and ageing workers", unpublished, 2006.

Eurofound – European Foundation for the Improvement of Living and Working Conditions, *Sustainable work and the ageing workforce, A report based on the fifth European Working Conditions Survey*, Publications Office of the European Union, Luxembourg, 2012.

Eurostat, *Active ageing and solidarity between generations, A statistical portrait of the European Union 2012*, Publications Office of the European Union, Luxembourg, 2011.

ISSA – International Social Security Association, *Demographic change in the world of work: Challenges for prevention*, Working Group "Demography and Prevention" of the Special Commission on Prevention of the International Social Security Association, Geneva, 2010.

Meggender O., Boukal C., *Healthy Work in an Ageing Europe – A European Collection of Measures for Promoting the Health of Ageing Employees at the Workplace*, 5th initiative of the European Network for Workplace Health Promotion, Mabuse-Verlag, Frankfurt am Main, 2005.

Morschhäuser M., Sochert R., *Healthy Work in an Ageing Europe – Strategies and Instruments for Prolonging Working Life*, 5th initiative of the European Network for Workplace Health Promotion, Essen, 2006

OECD – Organisation for Economic Cooperation and Development, *OECD Thematic Follow-Up Review of Policies to Improve Labour Market – Prospects for Older Workers – Austria* (situation mid-2012).

OECD – Organisation for Economic Cooperation and Development, *OECD Economic Surveys – Austria*, Volume 2005/8, July 2005

OECD – Organisation for Economic Cooperation and Development, *Sickness, Disability and Work: Breaking the Barriers – A synthesis of finding across OECD countries*, 2010

National sources:

AMS – Arbeitsmarktservice Österreich, *Alter hat Zukunft Informationen für ältere Arbeitsuchende (45+),* Informationsbroschüre des AMS Wien, 6. Auflage, Wien, 2013.

Austria Federal Chancellery, *National Reform Programme*, 2014.

BBRZ REHA GmbH – Berufliche Bildungs- und Rehabilitationszentrum, *Trends, internationale Entwicklungen und künftige Herausforderungen in der beruflichen Rehabilitation,* Linz, 2009

Czeskleba, R., Maurer, S., Reifinger, I., *Ältere ArbeitnehmerInnen - Das verborgene Gold im Unternehmen; Arbeit alternsgerecht gestalten*, AK Wien, ÖGB Verlag, Wien, 2004.

Domburg, E., *Die Rolle der Ergonomie: Von der Lesebrille bis zur Anlagensteuerung; Innovatives Betriebliches Gesundheitsmanagement*, Wien, 2011.

Eberherr, H., Fleischmann, A., Hofmann, R., *Alter(n)svielfalt im Betrieb; Gender and Diversity in Organizations*, Wirtschaftsuniversität Wien, Graz, 2006

Egger-Subotitsch A., et al., *Implementierungsevaluierung „fit2work" Zwischenbericht* (Interim report of the evaluation), abif for BSB, Wien, 2012. Available at:

Eichhorn, G., “Innovative Ansätze in der medizinisch-beruflichen Reha”, *Wiso*, 4/2012, pp30-44, Linz, 2012.

Fulton L., *Health and Safety Representation in Europe*, Labour Research Department and ETUI (online publication prepared for worker-participation.eu), 2013.

Gätner J., et al., *Handbuch Schichtpläne – Planungstechnik, Entwicklung, Ergonomie, Umfeld*, XIMES GmbH, Hochschulverlag, 2. Auflage, Zürich, 2008.

Gobelet C., et al., *Vocational rehabilitation*, Series of European Academy of European Medicine, Springler, France, 2006.

Götz, R., Naylon, I., Natter, E., *Active Ageing. Recherchestudie zu good practice im Auftrag des AMS Österreich*, Wien, 2005.

Gruber, Brigitta, *Arbeit und Gesundheit, Aktuelle Herausforderungen für Betriebe und Betriebliche Gesundheitsförderung,* Vorchdorf, 2013.

Hasselhorn, H-M., Peter, R., “Die Rolle der Arbeit bei der Sicherung der Erwerbsteilhabe der älteren Erwerbsbevölkerung”, *Sichere Arbeit*, Auva-Magazin, 4/2013, Wien, 2013.

IBG – Institut für humanökologische Unternehmensführung, *Erfahrung hat Zukunft. Generation 45+ Chance für Unternehmen und Beschäftigte,* Wien, 2007.

Ivansits, H., “Gesundheitspolitische Dimension und Ziele der beruflichen Rehabilitation in Österreich”*, Wiso,* 4/2012, pp16-28, Linz, 2012.

Karazman, R., *Generationen Balance. Wege zum 3-Generationen-Unternehmen. Productive Ageing,* IBG, Wien, 2004

Krenn, M., Vogt, M., “*... da kräht kein Hahn nach Ihnen.* – Die Situation von „älteren“ Arbeitslosen und ihre Chancen auf Reintegration in Beschäftigung”, *FORBA-Forschungsbericht*, 1/2007, Wien, 2007.

Kriener B., Neudorfer E., Künzel D., Aichinger A., *Gesund durchs Arbeitsleben, Empfehlungen für eine zukunfts- und alternsorientierte betriebliche Gesundheitsförderung in Klein- und Mittelunternehmen*, diepartner.at for WKÖ, Wien, September 2004.

Lenz, G., “Rehabilitation bei psychischen Störungen unter besonderer Berücksichtigung der ambulanten Reha”,*Wiso*, 4/2012, pp54-68, Linz, 2012.

Mahlberg, B; Freund, I; Prskawetz, A, “Ageing, productivity and wages in Austria”, *Labour Economics*, 2/2011, TU Wien, 2011.

Pöschl, R., “Von der Idee zum Gesetz: Ergebnisse aus 10 Jahren Erfahrungen des BBRZ (2001-2011) im Bereich Sekundärprävention”, *Wiso,* 4/2012, pp70-86, Linz, 2012.

Reiter D., Fülöp, G., Gyimesi, M., Nemeth C., *Rehabilitationsplan 2012*, Gesundheit Österreich Forschungs- und Planungs Gmbh for the Federation of Austrian Social Security Institutions, Wien, September 2012.

Schmidt, K., Kailer, N., Weiterbildung älterer ArbeitnehmerInnen, ibw for the AMS, Wien, September 2008.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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