



Eurofound

More and better jobs in home-care services

Austria



Contents

| | |
|---|----|
| Introduction | 1 |
| 1 Policy background..... | 3 |
| 2 Political and legal frameworks | 7 |
| 3 Structural framework, funding and actors involved..... | 9 |
| 4 Strategies for recruiting and retaining employees | 13 |
| 5 Outcomes, results and impact of policies | 15 |
| 6 Key trends, issues and policy pointers | 17 |
| Bibliography..... | 21 |
| Annex 1: Case studies | 23 |
| Case study 1: Labour Foundation for Social Work and Healthcare Professionals..... | 24 |
| Case study 2: Migrants Care | 30 |
| Case study 3: Boys' Day | 36 |
| Annex 2: Interviewees..... | 42 |

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Introduction

This country report gives an overview of the labour market policy in community-based care for adults with disabilities in Austria. The main topics discussed are the context in which community care labour market instruments are implemented, the funding structure, the strategies used to recruit new employees and retain current workers in the sector and the resulting impacts and outcomes. Three case studies were carried out into initiatives in the field of labour market policies in community-based care to support adults with disabilities: Labour Foundation for Social Work and Healthcare Professionals, Migrants Care and Boys' Day. Annex 1 to this report contains summaries of the three case studies and analyses the main outcomes and success factors.

In Austria, general responsibility for health lies at federal level. The healthcare system is also influenced by the federal structure of the country and by the delegation of competencies to self-governing organisations in the social health insurance system. Multi-stakeholder structures at national and regional level are responsible for cooperative planning, coordination and financing.

As a wide range of professions are active in the care sector (and in care for people with disabilities) and as various public and private (profit and non-profit) organisations employ healthcare professionals, no data or literature that exactly covers the research field could be identified. Instead, data provided in this report, including qualitative information, either relate to the broader field of nursing and care or cover segments of the research topic.

Extensive and regular reporting exists on the situation of people with disabilities in Austria. Some information is also available on people working in nursing and care, but no comprehensive information directly relates to the target group – people working in 'community-based care for people with disability or chronic illness at working age'. Studies and reports tend instead to cover the whole care sector (and mainly relate to hospital personnel) and long-term care (LTC) in general, or they focus on carers for older people, which due to demographic change is a major topic in Austria at the moment.

Nevertheless, there are plans to establish a reporting system on outpatient and inpatient services for people with disabilities and other dependants (GÖG / ÖBIG, 2007).

1 Policy background

Overview of the care sector in Austria

In Austria, the federal government is responsible for general healthcare and social insurance matters, while the nine federal provinces (*Länder*) are responsible for social assistance and the provision of long-term care (LTC) services and facilities. Arranging for the provision of mobile (health) services and home-care services is the competency of the federal provinces.

In 1993, a comprehensive LTC allowance scheme was introduced by the federal state, funded through general taxes. The federal provinces continued with the task of developing the network of services and residential facilities and respectively contracting in-kind services.

One important legal basis of the Austrian care system is the so-called Article 15a B-VG agreement in 1993 for people in need of care (*Vereinbarung zwischen dem Bund und den Ländern gemäß Art. 15 a B-VG über gemeinsame Maßnahmen des Bundes und der Länder für pflegebedürftige Personen*). According to it, the federal provinces have to develop demand and development plans (*Bedarfs- und Entwicklungspläne*, BEP) for an adequate and comprehensive system of institutional, semi-institutional, and home-based care services with full geographical coverage.

The 1993 agreement requires all federal provinces to provide decentralised institutional, semi-institutional and home-based services. For this purpose, it includes a catalogue of services and quality criteria for social services. The federal provinces are also responsible for interlinking the services offered and guaranteeing information and counselling.

In line with the Austrian federal constitutional law (*Bundes-Verfassungsgesetz*, B-VG), local authorities in many federal provinces ensure the provision and supervision of nursing homes and institutions, and are responsible for the organisation of support services such as respite and care. As the needs of people with disabilities may vary and as local authorities are the smallest and most local administrative entities, it is seen as their task to provide or arrange for appropriate care and services.

In recent years, local authorities have taken over an increasing number of tasks, especially concerning social welfare. Currently, discussions are taking place regarding proposed amendments to the fiscal equalisation scheme (*Finanzausgleich*).

Generally, there are four providers of social welfare and LTC: federal provinces, local authorities, social organisations (*Sozialhilfeverbände*) and social funds (*Sozialfonds*). Throughout the nine federal provinces, all local authorities are involved in care tasks, but framework conditions differ. For example, in Burgenland and Lower Austria, the federal provinces are the only providers of social services while in the other federal provinces the provider structure is two or threefold. The provision of social services is delegated to local authorities in Salzburg, social organisations in Upper Austria and social funds in Vienna. Carinthia and Styria pass on this responsibility to local authorities and social organisations, while Tyrol and Vorarlberg delegate it to local authorities and social funds (Riedl and Kraus, 2010).

According to data for Austria from the European Union Statistics on Income and Living Conditions (EU-SILC), in 2011, 29% of the people aged 20 to 64 years reported being chronically ill and another 6% stated they were severely affected by disability. These people live in private homes (Statistics Austria, 2012a). Of the people with disabilities who are of working age (16 to 64 years), about 19% of men and 23% of women live alone (BMAK, 2009).

Reasons for developing and maintaining community-based care services

The main goals of LTC and community-based care services in Austria is to relieve the burden on people in need of care and their family members by means of a direct cash allowance

(*Pflegegeld*), to enable them to lead self-determined lives where their special needs are looked after through social services and to improve their social participation (integration into working life, ability to leave home and engage in social life) (BMASK, 2012b). These benefits and services are available for all people with disabilities; this includes older people in need of care, people with physical disabilities and those with sensory, mental or cognitive disabilities of all ages.

Types of community care services available

Financial support and social services (care allowance, personal assistance and various social services) were created in order to offer people in need of care and people with disabilities the opportunity to lead an independent life and to be looked after according to their wishes and needs.

The following types of social services are available to clients:

- mobile services (for example, home-help providers or nursing care at home);
- semi-inpatient services (for example, day centres or day clinics where the patient stays for a few hours to receive treatment, but not overnight);
- inpatient services (for example, nursing homes);
- short-term care;
- alternative housing (for example, sheltered housing or shared accommodation for older people);
- case and care management (for example, individual care at home).

Domestic care, practical help, such as cleaning and cooking, and help with instrumental activities of daily living can be included in care plans designed to provide a package of suitable home-care services. The provision of equipment, assistive devices and technology is included in such home-care packages.

Labour market situation

The Austrian Institute of Economic Research (*Österreichisches Institut für Wirtschaftsforschung*, WIFO) has calculated that the demand for social care professionals, such as those caring for older people and/or people with disabilities and those providing life coaching and counselling, will rise by 4,500 people (3.5%) each year until 2016 (Hofstätter et al, 2012). One cause of this is the ageing of the population.

According to the Federal Ministry of Labour, Social Affairs and Consumer Protection (*Bundesministerium für Arbeit, Soziales und Konsumentenschutz*, BMASK) and the National Working Group on Non-statutory Welfare (*Bundesarbeitsgemeinschaft Freie Wohlfahrt*, BAG), up until 2020, 6,400 additional full-time care workers will be needed in mobile services (for older people, people with disabilities and other dependants) (BAG, 2012). Chronic illnesses and mobility restrictions, which result in many years of care requirements, become more relevant than intensive medical treatments.

The Public Employment Service (*Arbeitsmarktservice*, AMS) monitors provision and demand in various occupations. It has found that while there is a rising demand for care workers for older people, home help providers and social workers, demand for disability care workers in general remains constant (AMS, 2013). Nevertheless, according to the AMS, job perspectives in care for people with disabilities are currently very good for well-qualified personnel.

PESTLE analysis

The research used the 'PESTLE' model to identify the external factors influencing the development of the labour market. The six dimensions in the PESTLE model are the *political, economic, social, technological, legal* and *environmental* dimensions. The PESTLE approach was originally a business-study model used to describe a framework of relevant factors at the macro level, used mainly for analysing the business environment of organisations. It is a means

of measuring strengths and weaknesses against external factors and can help organisations develop strategies. In the same way, a PESTLE analysis can also be used for a contextual analysis of sectoral labour markets.

These six dimensions can greatly influence the sectoral labour market, although some are obviously more important than others. In the context of the research into the care sector, particular consideration must be given to the political and economic dimensions, as these have direct effect on the possibility of creating attractive and useful jobs in the community-based care sector. The financial dimension is of special importance in this context since this is not a commercial sector, but one generally financed with public money.

Since the situation in the different countries included in the research is different, the labour market discrepancy model connected to the PESTLE factors can identify where the issues lie in each country. The model provides, in a sense, a common language that describes the challenges faced by the different actors. As previous research has already shown that there is a general shortage of labour in the sector, and in some cases a shortage of jobs, it is to be expected that there are clear discrepancies. The model can swiftly record whether these are qualitative or quantitative, due to a lack of influx into the sector or too great an outflow than can be compensated for, or whether they are triggered by developments in one of the PESTLE dimensions. At the same time, the model offers a structured means of comparison.

Political and legal factors

A key objective of Austrian LTC arrangements is to help individuals remain at home and live independent lives for as long as possible. For this reason, mobile care services will be expanded in the future (Reformarbeitsgruppe Pflege, 2012), which might stimulate the labour market; however, budgetary constraints may delay execution or restrict expansion.

At time of writing (end of 2012), the government was discussing the option to abolish the invalidity pension within the next 15 years to reduce costs. People who are too ill to continue working in their occupation shall in future be medically rehabilitated or retrained for another occupation while receiving a newly created financial rehabilitation or retraining benefit. This strengthens the principle of 'rehabilitation before pension' and will stimulate the labour market in the healthcare and nursing sector.

Another main goal is to formalise contractual arrangements between the care recipient and the caregiver, including (often undeclared) migrant care workers. Following the formalisation of contractual agreements between care recipients and caregivers in 2007, the number of care workers rose. At the same time, the introduction of the 24-hour care benefit made care workers more affordable. It also supported the objective of legalising care personnel (which resulted in rising demand for official care personnel).

Since 2011 it is possible to obtain a trade licence for personal assistance; no specific training is required, but clients only receive funding when they contract a professional.

Mobile care services represent another prominent topic for the Nursing Care Fund (*Pflegefonds*), which was set up in 2011 under the Care Fund Act (*Pflegefondsgesetz*) to centralise administration and funding.

Economic factors

The health and social sector is the third largest sector in Austria in terms of employment figures (Statistics Austria, 2012b). It provides and safeguards jobs as it raises regional and local demand.

Jobs in the social and nursing sector are predominantly paid through public funds; salaries are on average 17% lower than the average level across all sectors. In the future, this sector will become more cost efficient, due to trends in outsourcing and contracting out specific tasks. Public and private nursing and care organisations are affected by attempts to reduce costs in the social and health sector and are therefore seeking means of reducing staff.

Due to the principle of ‘rehabilitation before granting pensions’, it is likely that funding for measures to integrate people with disabilities by safeguarding their jobs will remain or even expand. Nevertheless, a rising number of those needing care, and for longer periods, will cause the financial burden to constantly increase.

Consultations on the future financing of LTC are now being held, in an effort to build on the results of a study by the WIFO commissioned by the BMASK on the medium- and long-term financing of LTC and on alternative forms of financing LTC (Mühlberger et al, 2008). In 2011, restructuring took place and the Nursing Care Fund was introduced. There is a risk that structural or financial problems will lower demand for workers in the healthcare and nursing sector.

Social factors

Due to demographic trends and increasing life expectancy, the number of people requiring support and care will continue to rise. In spite of a general increase in the health of the population, a shift in the need for care into higher age groups is also expected, along with a need for care for longer periods. In particular, the number of people with psychosocial problems is rising.

At the same time, due to societal change, informal care by family members – still the strongest pillar of care – is declining. In 1995, 80% of people in need of nursing and care were looked after by their relatives, compared to 75% in 2005 (Mühlberger et al, 2008). In particular, the rate of women who work is rising and estimated to rise further (GÖG / ÖBIG, 2012). Professional nursing and care services become more important to support work–life balance.

The intended further expansion of mobile services will facilitate structural change as an increasing number of close relatives (mainly women) will be (partly) relieved from the burden of care work while new care jobs are being created.

Nevertheless, due to the common perception that work in this sector involves a heavy workload and comparatively low payment, staff turnover is high and rising in mobile nursing and care services; people who have further educational qualifications tend to leave the sector after a few years (Ludwig Boltzmann Institut für Medizin- und Gesundheitssoziologie, 2005).

Technological and environmental factors

Improved medical treatments and assistive technology both serve to facilitate the life of people with disabilities and enable greater independence; however, their influence on the labour market in community care seems very limited.

Environmental factors have a limited influence on the labour market in community care.

Recruitment and retention of care workers

The nine regional offices of the Federal Social Office (*Bundessozialamt*, BSB), the federal provinces and the local authorities contract out care services.

Care services may also be bought directly by those in need, as in general these people are receiving financial compensation (such as a care allowance or pension), while the BSB, the federal provinces and the local authorities provide advice and referral.

Care workers of various professions are either self-employed, or work as employees of institutions (such as hospitals or nursing institutions), non-profit organisations (often part-time positions; paid or voluntarily) or private sector enterprises.

2 Political and legal frameworks

Regulations and policies on recruitment in community care services

Certain national laws, policies and strategies concerning people with disabilities and their social inclusion that are relevant to community-based care for adults are summarised here.

- Federal Long-term Care Allowance Act, nine federal provinces Acts (*Pflegegeldgesetzgebung*): The long-term care allowance Acts of 1993 have the aim of ensuring that people who require nursing care have the opportunity to obtain the care and support they need through the granting of an LTC allowance. This LTC allowance is intended to provide flat-rate compensation for additional costs caused by care requirements and to help enable the person to lead an independent life that is orientated towards their personal needs.
- Social insurance legislation: The general principle of this legislation is ‘rehabilitation rather than granting a pension’. Apart from cash benefits, the social insurance institutions, the AMS, the BMASK (primarily via the BSB offices) and the federal provinces and their local authorities offer medical, social and occupational rehabilitation and support in the context of employment as well as other spheres of life. (No data are currently available concerning rehabilitation measures for people with disabilities in Austria.)
- The Federal Disability Act (*Bundesbehindertengesetz*), the Federal Disability Equality Act (*Bundesbehindertengleichstellungsgesetz*) and the Federal Disability Employment Act (*Behinderteneinstellungsgesetz*): These laws represent the main framework at national level, but numerous provincial laws include norms relevant for people with disabilities (and various definitions of disability, according to the respective target of each law).
- Preferential employment and quotas / work assistance: To promote the integration of people with disabilities into the world of work, companies with at least 25 employees are obliged to employ at least one person with a disability per 25 employees. If this quota is not fulfilled, a monthly contribution for each job not occupied has to be paid to a specially established state fund (Compensatory Tax Fund). The money in this fund is earmarked for the financing of services that directly benefit people with disabilities (for example, work assistance) and is granted to employers who employ people with disabilities. About 65% of the estimated 93,000 private sector jobs that should have been taken up by people with disabilities were filled (this quota is relatively constant over the years).
- Austrian Labour Relations Act and Collective Bargaining Agreements: In Austria, in addition to the legal regulations, working conditions (particularly payment, flexible organisation of working time and supplementary premiums) are regulated and negotiated through collective agreements between employers and employees’ representatives. The Austrian Labour Relations Act defines the scope of areas to be negotiated and some of the basic conditions (for example, collective bargaining ability). With regard to the content, the partners of a collective agreement are largely unbound in negotiating the area of wage policy, although some legal frameworks (such as the principle of equal treatment) must be taken into account. In the health and social sector, the organisation *Berufsvereinigung von Arbeitgebern für Gesundheits- und Sozialberufe* (BAGS) became an approved employers’ collective negotiating body in 1997. The main collective agreement for health and social services covers around 70,000 employees and is negotiated between the BAGS (renamed *Sozialwirtschaft Österreich* in 2012), GPA, the private employees’ union and vda, the services trade union.
- Home Care Act (*Hausbetreuungsgesetz*): This national law and accompanying legislation were endorsed in 2007 in order to legalise the numerous illegal foreign workers that provide private (and affordable) nursing care at home. Thus, illegally operating care workers may now be employed under the terms of the Private Household Workers Act (*Hausgehilfen- und Hausangestelltengesetz*) or be entitled to join the ranks of self-employed nurses. The

Act provides for maximum working periods of 14 days followed by free periods of the same duration. During two consecutive weeks the working time must not exceed 128 working hours. On-call periods (*Arbeitsbereitschaft*, up to 21 hours a day), during which the caregiver is based within the care receiver's house or in the immediate vicinity, are not regarded as working time. The Act allows an actual working time of 11 hours a day every day over two weeks; three hours of rest periods a day have to be granted. The general legal regulations on weekly rest periods do not apply.

Recruitment strategies for community care workers

Austria uses the 'central European subsidiarity model': care responsibilities are to a large extent assumed by family members. The situation has been changing gradually since 1993 with the introduction of the Federal Long-term Care Allowance Act, which made funds available to enable home-based care work to shift from family members to paid professionals. As the care allowance was in many cases not sufficient to pay for 24-hour care, the incidence of (illegal) cheaper migrant care workers coming to work in the social and care sector increased in Austria. In 2007, legislation to ameliorate the situation of these care workers was introduced.

The trend towards promoting independent living aims to enable those affected to remain in surroundings to which they are accustomed. The trend of employing professional care services at community level instead of a family member, alongside rising numbers of people in need of care, challenges local authorities to arrange for and (partly) finance local services.

Due to the provisions of provincial legislation, non-state welfare bodies have to ensure that only qualified personnel are employed. Further and continuing training as well as supervision are compulsory.

The current government programme includes plans – depending on available financing – to provide federal funding for the further extension of social services by the federal provinces. Possible measures include the extension of mobile services at weekends, semi-inpatient services, short-term care in homes, case and care management, and alternative forms of accommodation (BKA, 2008).

3 Structural framework, funding and actors involved

Employment in the care sector

On average in 2012 in Austria, 20,095 people were employed in ‘social work activities without accommodation for elderly and disabled people’ (this is category 88.10 of NACE, the classification system of economic activities). For comparison, in 2008 on average only 17,140 people were employed in this field (BMASK, based on data provided by HVSV; see also <http://www.dnet.at/bali/>).

Available data on the health and social service sector in Austria do not distinguish between public and private care providers. A definition of the ‘health and social service sector’, which identifies occupational groups covered by this term, seems to be missing. Reliable research on the size and importance of the health and social service sector could not be found. The cited data do not adequately illustrate the quantitative importance of this sector.

There are no comprehensive and reliable statistics on people working in community-based care for people with disabilities; data sources only refer to personnel in hospitals and nursing institutions. The most recent study on care workers for older people and people with disabilities was conducted in 2006 on behalf of the BMASK (GÖG / ÖBIG, 2007). In this study, 66% of the institutions approached agreed to complete the questionnaire. They identified an approximate total of 55,000 employees, 54% of whom worked part time. A total of 16,122 employees were reported to work with people with disabilities.

According to the Austrian Report for the UN Disability Rights Convention, social services are predominantly provided by specialist workers from social care occupations and the nursing profession (BMASK, 2010). Around 80,000 people (of whom about 82% are women) work in social services for older people and people with disabilities in the inpatient sector. In addition, 40,000 people are estimated to work outside hospitals or care institutions.

People on compulsory civilian service (an alternative to military service; duration nine months) also play an important role in the Austrian social welfare system. On average, 9,300 people carrying out compulsory civilian service are employed by 1,100 organisations throughout Austria; such organisations include rescue services, fire services, nursing homes, day care centres for people with special needs or agriculture services. In 2009, in total 13,122 people were carrying out compulsory civilian service, of whom 2,479 worked in services for people with disabilities and another 235 in general nursing and healthcare (excluding care for older people).

Funding structure

Austria has a mix of universal and income-related allowances, and in-kind benefits. In 1993, a universal cash allowance (*Pflegegeld*) was introduced, co-financed through contributions at federal, federal province and local levels. It is provided to eligible people in need of care, regardless of income and assets, and its amount varies with the level of dependency (with seven being the highest level of dependency). An income-tested grant for the most disabled recipients, that is a 24-hour care allowance (*24-Stunden-Betreuung*) was implemented in 2007 to complement the universal cash allowance. In many cases, the two allowances do not cover the full costs of care and, for people unable to meet the remaining costs themselves, public assistance organised by the federal provinces comes into play.

In-kind services can be bought using these funds to cover such costs. According to regional federal province arrangements, the beneficiary may opt for benefits in kind if they are better suited to their care needs. In 2010, for in-kind benefits, €1.5 billion was funded predominantly by local budgets and federal provinces (social assistance) (OECD, 2011).

As noted on the Alzheimer Europe website, according to Austrian civil law, married couples are legally responsible for each other’s care. They can fulfil this obligation by paying for or providing care services. In specific circumstances, children may be legally responsible for the

care of their parents. In the westernmost federal state of Vorarlberg, even grandchildren may be responsible for the care of their grandparents. Social assistance laws in most federal provinces state that children may, in certain circumstances, be obliged to contribute to the cost of community care and residential care for their parents. Numerous decisions have been made by the Supreme Federal Court with regard to the conditions upon which the provisional authorities can demand that relatives contribute to the cost of care.

Estimates from the federal provinces show a wide variation in the proportion of private co-payments for home care and residential care but total private contributions for LTC are not known (OECD, 2011). The Austrian LTC system is financed through tax payments, although the option of introducing compulsory LTC insurance has been discussed in recent years.

At the end of 2010, a total of 372,763 people received the LTC allowance on the basis of the Federal Long-Term Care Allowance Act. Since this Act came into force at the beginning of July 1993, the **federal LTC allowance** has been awarded according to the required care needs (and regardless of income and assets) at seven allowance levels; in 2010, Level 1 was €154.20, Level 2 was €284.30, Level 3 was €442.90, Level 4 was €664.30, Level 5 was €902.30, Level 6 was €1,242.00, and Level 7 was €1,655.80). The pension insurance authority pays the allowance for 91% of people requiring care, while others draw the allowance from accident insurance or another federal authority. Between 2000 and 2010, the number of beneficiaries of the federal LTC allowance rose by more than 87,300 people (30.6%). Among beneficiaries of the federal LTC allowance, at the end of 2010, 88% were aged over 60 years (Statistics Austria, March 2013 data).

In 2010, expenditure regarding the federal LTC allowance was around €2 billion (an increase of 43.3% from 2000). This resulted in an average allowance of €5,371 per year or €448 per month; the allowance is paid 12 times per year (Statistics Austria).

At the end of 2010, a total of 70,632 people received the LTC allowance on the basis of the care allowance Acts of the federal provinces (+3.8% compared with the previous year). Similar to the ruling at federal level, the **federal provinces' LTC allowance** is also granted according to care needs (and regardless of income and assets) at seven allowance levels. Between 2000 and 2010, the number of recipients of the federal provinces' LTC allowance increased by about 15,700 people (28.6%). In terms of age, beneficiaries of a federal provinces' LTC allowance were on average younger than those people receiving a federal care allowance: in 2010, just 38% were aged less than 40 years of age, while the share of recipients above 60 years was 46% (Statistics Austria).

Expenditure regarding the federal provinces LTC allowance in 2010 was around €374 million (+3.4% against the previous year and +36.9% against 2000), which equates to an average care allowance of €5,297 per year or €441 per month; the care allowance is paid 12 times per year (Statistics Austria).

Expenditure by the federal provinces in 2010 on **help for people with disabilities** totalled €1.33 billion (an increase of 6.3% on the previous year). Nationally, expenditure on accommodation and care of people with mental disabilities amounted to €599.6 million (45% of overall expenditure on help for people with disabilities), while €400.1 million was spent on occupational therapy measures (30% of overall expenditure) and €44.3 million on protected workplaces (3% of overall expenditure) (Statistics Austria).

In 2011, the Nursing Care Fund was set up at the BMASK, in order to facilitate administration and concentrate funding. The Care Fund is administered by the BMASK and the Federal Ministry of Finance (*Bundesministerium für Finanzen*, BMF) and will facilitate the needs-based extension and establishment of health and care services by the federal provinces and local authorities in LTC from 2011 to 2014 initially; the intention is to extend it beyond this period. The total budget is €100 million in 2011, €150 million in 2012, €200 million in 2013 and €235 million in 2014. Two-thirds comes from the federal government and one-third comes from the provinces and local authorities.

Organisations, actors and stakeholders involved

The BMASK is responsible for labour market policy (via the AMS) and policy for the integration of people with disabilities (via the BSB offices, which serve as main contact points for people with disabilities and their relatives).

At regional or local level, funds might also be available for counselling services and financial support for employees in further training or job (re-)orientation; the Waff in Vienna is one example.

The Group of Statutory Insurance Providers in Austria (*Hauptverband der Sozialversicherungsträger*, HVSV) is involved in the assessment of the stage of LTC allowance (*Pflegegeldstufe*) and thus the monthly cash allowance amount.

The Federal Ministry for Education, the Arts and Culture (*Bundesministerium für Unterricht, Kunst und Kultur*, BMUKK) and the Federal Ministry (*Bundesministerium für Gesundheit*, BMG) are responsible for the framework legislation in the educational system but the nine federal provinces are required to provide detailed educational curricula for care-related professions.

Social services for people with dependencies – such as mobile, outpatient semi-inpatient and full inpatient services – are provided by the major healthcare institutions, federal provinces and local authorities, non-governmental organisations (NGOs), self-help groups, associations and private companies (regional competence). These organisations, especially the large NGOs, are also active labour market players, as they run campaigns to attract new workers or engage in their education.

Institutional care services are mainly provided by the federal provinces and local authorities, or by religious and other non-profit organisations. These services usually include care in residential homes, nursing homes, day-care centres and night-care centres. Home-care services are predominantly provided by non-profit organisations, such as Caritas, Diakonie, Hilfswerk, Red Cross and Volkshilfe. They include, among others, home help, home nursing care, mobile therapeutic services, meals on wheels, transport services, home cleaning, laundry services and weekend help. Accompanying assistance in the workplace is arranged by the BAG in cooperation with the AMS and social insurance scheme, and is provided by non-profit organisations or self-employed specialists.

4 Strategies for recruiting and retaining employees

According to the current Programme of the Austrian Federal Government for the 24th Legislative Period (2008–2013), one of the greatest long-term challenges is safeguarding the necessary labour force in the nursing and healthcare sector (BKA, 2008). In order to continue to preserve the broadest possible access to the labour market, previously illegal jobs and self-employed work in nursing and care have been legalised and safeguarded.

At the end of 2012, the Minister of Labour presented solutions for coping with the rising demand for nursing and care personnel. These were the results of a working group on structural reform of the health and care sector, set up in autumn 2011, which included several ministries and the large NGOs (Reformarbeitsgruppe Pflege, 2012). The structural reform of the health and care sector foresees further standardisations and closer cooperation between the different federal provinces (concerning quantity and quality of the home-care services offered, raising qualification standards of personnel, affordability for clients, administrative procedures, and guidance and support for caring relatives).

Apart from the federal and federal province governments, public bodies (such as the AMS) and local authorities and NGOs that are important employers in the sector and that also run training facilities are actively working on the recruitment and retention of employees.

Targeting labour reserves

With regard to the economic growth forecast, a ‘cyclical care package’ has been implemented by the AMS to promote 2,000 additional new nursing and care staff in 2009 and 2010, especially by targeting people reassuming their careers or changing direction.

There are plans to widen the target group for supported vocational retraining for professions in the healthcare and social sector (see Case study 1 in the Annex), so that it will be available to both unemployed people and those still working but willing to reorientate themselves.

The BAG, in cooperation with the Federal Ministry of the Interior (*Bundesministerium für Inneres*, BMI), in summer 2012 started the project Migrants Care to promote social work as a profession among people whose first language is not German. The project offers specific information and individual support, organises German language courses and ensures a training place (see Case study 2 in the Annex).

Throughout the year, several events and conferences provide information on careers in the healthcare and social sector and also aim to attract future professionals. Examples include the Nursing and Care Professions conference run by the Federal Chamber of Labour (*Bundesarbeiterkammer*, BAK), the National Day of Care Services (*Tag der Pflege*, on 12 May each year), the Boys’ Day run by the BMASK and the nine federal provinces governments, aiming to attract more men to ‘untypical’ sectors (see Case study 3 in the Annex).

At the end of 2012, in the framework of the presentation of the planned structural reform of the health and care sector, Minister Hundstorfer (BMASK) announced the intention to launch a further qualification initiative (*Ausbildungsoffensive*). The intention is to attract and qualify more low- or medium-qualified people as well as suitable unemployed people to the health and care sector by awarding a skilled workers grant (*Fachkräftestipendium*) and covering their living expenses during training. Up to 2,000 such grants will be available each year for different professions.

Promoting education and training

Agreement on Social Care Professions

The Agreement on Social Care Professions (*Vereinbarung über Sozialbetreuungsberufe*) was signed by the federal government and the federal provinces pursuant to Article 15a of the federal constitution in 2005. It was a major step towards regulating professional profiles,

occupational activities and training according to common targets and principles. The agreement provides for a modular system that facilitates the permeability of boundaries between the individual professions by increasing flexibility and mobility in the labour market. For example, the job profile ‘home helper’ has been introduced nationwide (before, it only existed in the federal provinces of Vienna, Lower Austria, Upper Austria and Styria, which have larger populations). The agreement anticipates an upgrading of the social care professions, and basic quality and education standards. People with a trade licence for providing personal assistance, working in private homes or working as self-employed nurses may attend free supplementary occupational training while working.

According to the current programme of the Austrian federal government, the training system in the care sector shall be further developed. In this regard, it should reflect developments in the general educational system. Breaks in training should be gradually phased out in favour of continuous career training with defined interfaces, similar to the general educational system. Greater consideration of the demand for LTC should be given during training.

Qualification support for employees

The AMS are tackling the lack of personnel in the healthcare and social sector by an employment campaign. Qualification support for employees (*Qualifizierungsförderung für Beschäftigte*) is financed through this programme, which is being run within the framework of the European Social Fund (target 2).

The minimum age for attending training in social and nursing professions is 17 years. Therefore, both the large social sector NGOs (such as Caritas and Diakonie) that are active in training and hospitals providing training in healthcare and the nursing professions offer voluntary job finding training or social work possibilities for up to one year to school-leavers (normally aged 15 years as compulsory education involves nine school years).

In the framework of the upcoming structural reform of the health and care sector, up to 2014 a concise competency model for the sector and the different professions will be developed, starting from an analysis of the current situation and including representatives of all professions and some employers. The intention is to ensure a nationally uniform high-quality education with at least the school-leaving examination (which enables the student to attend university). Qualifications required for a certain profession will meet the practical requirements of the job and will allow for further training or career shifts within the sector (Reformarbeitsgruppe Pflege, 2012).

Improving the situation of current employees

A collective bargaining agreement has been in place since 2004 for employees working in member companies of the umbrella organisation of employers in the health and social occupations (*Berufsvereinigung von Arbeitgebern für Gesundheits- und Sozialberufe*, BAGS). According to this union, some employers in the social and health sector have recently started to ask their employees about satisfaction with their work.

The planned structural reform will help reduce fluctuation in the health and care sector by improving working conditions. Plans have been made to consider the different working conditions in stationary and mobile care and then optimise framework conditions, for example concerning working time, offering childcare facilities, organisation of work and duty rosters (Reformarbeitsgruppe Pflege, 2012).

Improving operational management and labour productivity

The interface between health and social welfare occupations or different nursing and care settings was, at the time of writing, being evaluated. The emphasis is on extending statutory security for those in question as well as on defining clear framework conditions and proceedings for delegating tasks between different occupations.

5 Outcomes, results and impact of policies

Effectiveness of current instruments and policies

In Austria, a legal entitlement – regardless of income and property or the cause of the nursing need – exists in the seven-stage, demand-oriented LTC allowance, which was introduced in 1993. This involves a closed care allowance system, to which all dependants belong (BMASK, 2012b).

Following the introduction of this comprehensive LTC allowance, it became obvious that both providers and purchasers have to search for mechanisms to define, monitor and ensure the quality of relevant services. However, the federal constitution, the arbitrary but strict division between health and social care, the small size of local authorities and the long tradition of private non-profit providers (either affiliated to political parties or religious organisations), still continue to produce differing regulations and standards throughout the country (Leichsenring, 2009).

Although general policies in Austria aim at keeping people with LTC needs at home for as long as possible, net expenditure by the regional governments for care homes is still higher than for home care and semi-residential care (Leichsenring, 2009). LTC services in the community increased in terms of hours provided (+23% from 2004 to 2007) and in terms of additional employment (+36% between 2003 and 2006 in home-care services) (GÖG / ÖBIG, 2007).

Developmental plans by regional governments focus mainly on the quantitative extension of home-care services. Assumptions concerning actual needs are still characterised by huge differences between the individual federal provinces; for example, the projected density of supply with community care staff (full-time equivalents) for 2010 was 7.2 per 1,000 inhabitants above 75 in Upper Austria, while the same indicator was set at 19.7 in Lower Austria and Tyrol.

In the past, the lack of care and nursing personnel was tackled by a nationwide employment campaign by the AMS. Through this, over 4,000 additional care and nursing training courses were subsidised in 2009; and over 7,000 in 2010. Qualification measures supported by the AMS focused on training to become a home help or nursing assistant. Both training programmes are also offered on a part-time basis, to facilitate re-entry into the job market. Such employment campaigns and programmes will be continued in the future, though in a modified way.

So far, some steps have been made towards a structural reform of the health and care system in Austria and more standardised community-based care services throughout the country. The system still needs to become more transparent and affordable for clients and more professional in terms of common training standards and better working conditions for those working in the sector. The structural reform currently being discussed will seek to address these issues.

Views of employers, trade unions and representatives of target groups

The National Working Group of Non-statutory Welfare (BAG) includes the main NGOs working in the social welfare sector in Austria (Caritas, Diakonie, Hilfswerk, Red Cross and Volkshilfe) and is a major employer. It stresses that the attractiveness of caregiving and social care professions has to be improved. This can be done in a number of ways:

- reform of vocational training, for example by connecting training to the regular school system, through a vocational training and Austrian school-leaving certificate that guarantees access to higher education, more programmes at universities of applied sciences, and better offers for those who wish to change career;
- new teaching content in vocational training programmes, for example relating to new disease patterns, changing family structures or intercultural aspects;
- creation of more attractive workplaces, for example by extending the scope of professional profiles, extending competences and promoting careers;
- improvement of the image of caregiving and social care professions, for example through

information campaigns (BAG, 2006).

The ÖGB-affiliated union *ARGE-FGV für Gesundheits- und Sozialberufe* issued a ‘five point programme’ that emphasises the need for:

- educational reform;
- legal reform;
- improved worker’s safety and consideration of social factors;
- a register of people educated in healthcare;
- an optimisation of extramural (community-based) care services (ÖGB/ARGE-FGV).

For each of the five points, detailed suggestions are given in various areas.

Besides image problems, employees in the sector mainly have to deal with stressful working conditions and low payment. Moreover, the current trend to outsource tasks and groups of employees worsens the situation of the employees in the sector.

The wishes and suggestions of employer organisations and unions have been considered in the planning of the structural reform of the health and care sector and are partially reflected in the final report of this working group.

6 Key trends, issues and policy pointers

National context

In Austria, the federal government is responsible for healthcare and general social insurance matters, while the nine federal provinces (*Länder*) and the local authorities are responsible for social assistance and thus also for community-based care services. Home-care and mobile services are mostly offered by the large NGOs represented in the National Working Group on Non-statutory Welfare (BAG) (these NGOs include Caritas, Diakonie, Hilfswerk, Red Cross and Volkshilfe); some private sector enterprises also provide these services.

As the federal provinces have a rather large degree of autonomy in Austria, services offered, and the qualification and training requirements for staff in the health and care sector, vary throughout the country. In the past, efforts were made to mainstream services and to establish a more equal and transparent system. It is anticipated that the planned structural reform of the health and care sector will address this too. For this purpose, agreements in line with Article 15a of the federal constitution have been signed between the federal government and the federal provinces.

Financial support and social services (care allowance, personal assistance and various social services) were set up in order to offer people in need of care and people with disabilities the opportunity to lead an independent life and to be looked after according to their wishes and needs. As the needs of people with disabilities can vary and the local authorities are the most local public authorities, it is their task to provide or arrange for appropriate care and services.

A key objective is to help individuals remain at home and live independent lives for as long as possible. Thus, it is intended to expand mobile, home-care services and to reduce institutional care. Another main goal in home care is to formalise contractual arrangements between the care recipient and the caregiver, including (often undeclared) migrant care workers.

The health and social sector is the third largest sector in terms of the number of employees; it provides and safeguards jobs as it raises domestic (regional, local) demand. Jobs in the health and social sector are predominantly paid from public funds; salaries in this sector are on average 17% lower than the average income across all sectors.

According to the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK) and the BAG, up until 2020, 6,400 additional full-time care workers will be needed in mobile services (for older people, people with disabilities and other people with support needs). According to the Public Employment Service (AMS), job prospects in caring for people with disabilities are currently very good and well-qualified personnel are sought.

Care workers of various professions may either be self-employed, or be employed by an institution, such as a hospital or nursing home, a non-profit organisation (often part time; paid or voluntarily) or a private enterprise.

Policy and legal frameworks

Legislation provides that non-state welfare bodies and private enterprises have to ensure that only qualified personnel are employed. Further and continuing training as well as supervision are compulsory.

Besides legislation, a collective bargaining agreement exists, the employers' body BAGS *Kollektivvertrag* (BAGS-KV), which clarifies working conditions and payment for many of the employees in the health and care sector.

Strategies used to recruit and retain employees

Demand for mobile, community-based care services is rising in Austria. Groups of people in the labour market are in principle interested in working in social, nursing and care occupations. Safeguarding the required labour force in the health and care sector is identified as one of the

greatest long-term challenges of the Austrian federal government. Instruments to recruit more people to the sector and to retain employees therefore need to focus on:

- raising awareness among potential future care workers (that is, informing untapped existing labour resources and promoting structural change in the labour market by offering possibilities for requalification);
- offering high-quality, accredited education for future professionals in the sector, as well as opportunities for further training and career development;
- improving the sector's image among those already working in it but also among the general public, and also improving working conditions.

Several initiatives aim to tap into previously unconsidered labour resources and to match requirements of the market and employers with the qualifications of interested people. Such initiatives promote necessary structural change in the labour market by offering high-quality and demand-oriented qualifications to interested unemployed people or those wishing to make a career change with insufficient or inadequate qualifications for the social and healthcare sector.

The 'stimulation and facilitation of education' in the sector has been pursued by the Agreement on Social Care Professions, which, since 2005, regulates professional profiles, occupational activities and training according to common targets and principles throughout all nine federal provinces. Qualification-based training for employees in the sector can be financially supported by the AMS, although work to improve their education is ongoing.

The issue of improving operational management and labour productivity is not under major public focus at present, although several higher education colleges in the care sector have been set up in the past decade. Improving the situation of current employees is an important topic for both employer organisations (for example, the BAG) and representatives of employees; various issues and solutions are currently being discussed.

Outcome and impact of policies

Successful policies to cope with rising demand and an insufficient workforce in community-based health, care and assistance services for adults with disabilities have to:

- recruit new employees by accessing untapped resources and promoting structural change, which may also reduce unemployment in other areas;
- improve the sector's image and its working conditions, to allow for higher retention of personnel.

In order to become more appealing, the sector requires high-quality standards in education and qualifications that are recognised across different sectors in all nine federal provinces. Career opportunities that keep personnel motivated are another prerequisite.

Case studies for Austria

As stated above, the three Austrian case studies illustrate labour market policy instruments in community-based care to support dependent people and thus also adults with disabilities in the country.

- The **Labour Foundation for Social Work and Healthcare Professionals** (*Arbeitsstiftung 'Sozial- und Pflegeberufe'*) aims to reduce structural unemployment in Vienna by qualifying interested, unemployed people for a sector with staff shortages and future employment perspectives.
- **Migrants Care** prepares people with a first language other than German to work in health and care jobs.
- **Boys' Day** introduces boys to 'untypical' professions in education and care and are presented by male role models. They aim to improve the public image of these professions and enable boys to re-think traditional career choices.

Already, these three initiatives have proven successful in reaching their targets. They are sustainable in the sense that they are well established, their targets are long term and they are continuously being developed and adapted to requirements. Transferability exists, when certain framework conditions (outlined in the case studies) are considered.

Based on the success and (potential) fail factors of the three initiatives studied in-depth, a number of conclusions for labour market policy in community-based care can be made.

- Relevant and important stakeholders should be involved in the design of qualification measures, in order to ensure that the promotion of structural change in the labour market is effected in a way that is suitable to all parties.
- Concise demand planning by future employers and careful selection of people to be trained by the Public Employment Service for example (in cooperation with the enterprises) are essential for the success a care initiative.
- When employers and potential employees are matched before qualification measures start, the former have the opportunity to articulate particular requirements while the latter can get a guaranteed job upon successful completion of the required training.
- When required job profiles from the employer and motivation and existing qualifications from the future employee are clear, a targeted individual qualification plan can be developed and implemented.
- Qualification measures shall be chosen from the pool of officially regulated, acknowledged curricula so that they are accepted across companies.
- Some target groups, for example migrants, require specific support and information; the possibility of validating existing qualifications has to be checked and cultural misunderstandings have to be prevented.
- No or insufficient knowledge of the German language represents a real barrier for starting vocational training or work in the sector. It also lowers work satisfaction and thus retention of the whole team. To enable communication, a pre-qualification course in the German language might become necessary.
- The health and care sector is dominated by female staff and this will not change unless awareness is raised and traditional models are sustainably changed. Also, the image of the sector has to be improved.
- To attract more men to education, social and care occupations, boys have to be made aware of ‘untypical’ career choices and their self-esteem has to be strengthened. This needs to be done in a way that attracts the interest of boys and that invites them to re-think stereotypes in care professions.

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Annex 1: Case studies

This annex presents the results of the three Austrian case studies on initiatives in the field of labour market policies in community-based care to support adults with disabilities. The three case studies are:

- Case study 1: Labour Foundation for Social Work and Healthcare Professionals
- Case study 2: Migrants Care
- Case study 3: Boys' Day

Each case study includes a description of the initiative, definition of the problem, approach and implementation and contextual factors. This is followed by an analysis of the outcomes and results of the initiative. Finally, the lessons learnt and factors regarding the sustainability and transferability of the initiative are presented.

Case study 1: Labour Foundation for Social Work and Healthcare Professionals

Description of the initiative

This case study describes the Labour Foundation for Social Work and Healthcare Professionals (*Arbeitsstiftung Sozial- und Pflegeberufe*). Labour foundations are an instrument of labour market policy. They aim to help to overcome employment problems that result from the structural changes in the economy. The aim is the improvement of the structure of labour supply: adapting participants to the labour market requirements.

The Labour Foundation for Social Work and Healthcare Professionals is an initiative of the Vienna Employment Promotion Fund (*Wiener ArbeitnehmerInnen Förderungsfonds*, Waff) and the Public Employment Service (*Arbeitsmarktservice*, AMS) in Vienna. In 2013, its total budget for those starting their vocational training is €19.6 million. This is shared between the Labour Foundation's partners. Personnel and capital costs linked to the implementation of the Labour Foundation are borne by the Waff.

Overall objectives

With this Labour Foundation, the Waff and AMS Vienna support Viennese health and care sector companies in their search for personnel. It provides unemployed people in Vienna with access to free vocational training in the care sector and a suitable employment option.

Interested job-seekers get access to future-oriented occupations, such as home help, nursing assistance or certified nursing, with the objective of obtaining a full-time or part-time employment contract after completing vocational education.

Companies receive support through tailor-made personnel recruitment and qualification measures as well as demand-oriented, close-to-job qualifications for future employees.

Definition of the problem

Policy background

The Viennese provincial government created the Waff in 1995, on the recommendation of a representation of employees. Vienna thereby became the first province in Austria to establish its own institution for active, municipal labour market policy to implement suitable measures and programmes.

Labour foundations are an instrument of Austrian labour market policy. They offer comprehensive vocational training and a professional reorientation for unemployed people. In Vienna, the Waff is the central institution for labour foundations. Together with enterprises, works committee members and the AMS Vienna, the Waff develops socially acceptable solutions.

Role of the social partners

For the Waff, the cooperation of all important institutions in the area of labour market policy and economic policy is an essential precondition for occupational growth and an attractive economic location. Agreement among these partners is vital for developing occupational access in the social and care sector.

There is a legal obligation that employers and employees agree with the establishment of a labour foundation. Future employers of people qualified in the framework of the labour foundation are primarily companies belonging to an umbrella group of Viennese social institutions (*Dachverband Wiener Sozialeinrichtungen*). The following professional trade unions are responsible for employees: Vida, GPA and partly the trade union of local officials (*Gewerkschaft der Gemeindebediensteten*). The Waff is in contact with these unions and also

with work committees.

Issue at stake

The health and care sector represents a growth area, in which occupational growth is to be expected and where qualified labour is lacking. Almost all Viennese service providers in the sector have to cope with this situation. Not enough school-leavers are opting to work in the health and care sector; untapped staff resources need to be used, such as those wishing to make a career change or interested unemployed people. As an institution for active, municipal labour market policy, the Waff can mediate between enterprises, vocational training institutions, (potential) employees and employers, and thus contribute to solving these problems.

Approach and implementation

Overall approach

The Labour Foundation was set up to address specific industry demands from the health and care sector. It has existed since 2003 at the Waff and is constantly being adapted to the demands of the labour market and vocational training possibilities.

Enterprises providing services in the health and care sector in Vienna can participate. Another precondition is that new jobs are created or planned for employees. The enterprise concerned and the Waff prepare a written cooperation agreement about the personnel search, the planning and implementation of the vocational training measures. Occupational qualifications provided within this Labour Foundation involve legally regulated theoretical and practical training, leading to the acquisition of a generally accepted qualification in the following professions.

- Social care professions: home help workers; social workers with a specific focus (working with older people and people with disabilities); diploma social workers¹ with a specific focus (working with older people, families, people with disabilities).
- Healthcare and nursing professions: certified health carers and nurses, and up to 2011, nursing assistants (are now trained within the framework of a different AMS support model).

Interested people in Vienna who are or will soon be unemployed can apply via the Waff personnel finder and then go through a multistage selection procedure at the enterprise. This addresses factors such as personal suitability, motivation and language proficiency. The Waff conducts a pre-selection of applicants according to formal criteria.

Aim of initiative

The Labour Foundation is designed to address structural change in the Viennese job market. It meets this aim in three ways. First, unemployed people in Vienna receive free, close-to-job training, tailored to their interests and legally recognised, during which they are subsidised. Secondly, Viennese enterprises in the care sector that cannot meet their rising personnel demand receive free recruitment services from the AMS and the Waff and can send future employees to tailored vocational training courses. In this way, the enterprises save time and money. Thirdly, unemployment costs are reduced as formerly unemployed people find work. In the field of social care, new jobs can develop.

Recruitment versus retention

The measure is primarily aimed at the recruitment and qualification of unemployed people for the health and care sector. Nevertheless, the standards and quality criteria agreed upon in the future may contribute to employee retention.

¹ Case social worker (*FachsozialbetreuerIn*) and diploma social worker (*DiplomsozialbetreuerIn*) are similar professions but differ in qualification level.

Specific target groups

Unemployed people searching for a job receive qualification for and employment in the above mentioned professions. Participation depends on suitability to specific occupational fields as well as a statement of unemployment from the AMS.

Formal versus non-formal employment

This issue is not as relevant in Vienna as it is in other federal provinces. People working in the informal sector (for example in '24-hour care') or working 'independently' are not the target group of the programme; their legalisation was facilitated by changes to the law in 2007 (for example, the Home Care Act).

Project implementation

In 2013, 27 cooperation agreements were signed with Viennese enterprises, after which the Waff began searching for and pre-selecting personnel. This service is free of charge for the enterprises. In the Labour Foundation, the daily training hours are scheduled according to the training plan of the vocational training institutions. In order to enable 'near-to-job training', aspects of a course can be completed in the enterprise.

The Waff places participants in relevant qualification-based training courses, as stipulated by law, and supports the cost of training. The rest of the training costs and a monthly subsidy (of a minimum of €10 and a maximum of €200 per person) are financed by the future employer. AMS Vienna finances participants' living expenses during the vocational training (through an average grant of €800 per participant in 2013).

Monitoring and evaluation

In 2008 the implementation of the Labour Foundation programme was evaluated by the Institute for Advanced Studies (*Institute für Höhere Studien, IHS*). The evaluation aimed to answer two questions:

1. Why do participants drop out of the Labour Foundation programme?
2. Why do participants who have successfully completed their vocational training not start work in their planned job?

The evaluation also sought to analyse the cooperation between the institutions, which led action plans were developed to improve cooperation. In addition, attempts were made to conduct an impact evaluation regarding labour market integration, and an assessment was carried out of satisfaction levels among participating enterprises and trainees. The sustainability of the measure is evaluated through the monitoring of retention rates, in cooperation with the AMS.

Contextual factors

The proportion of older people and people with higher care needs is rising across the population. Furthermore, the increased demand for nursing, care and assistance can be derived from the structural developments of households, the development of care allowance receivers, the decline of nursing services by family members as well as the rise of the multi-morbidity (multiple illnesses) and dementia. Above all, demand for mobile services is rising.

These facts highlight the need for a suitable qualification for future care workers. In the Viennese labour market, qualified staff are not available in a sufficient number. Besides, the persistent trend towards higher qualifications alongside the marginalisation of labour requiring low qualifications complicates (re-)entry into the labour market for low qualified people and creates unemployment.

Enterprises from the social and care sector in Vienna involved in the Labour Foundation cannot meet the rising personnel demand solely with people available on the labour market (with their qualification level). The Labour Foundation and its close-to-job vocational training can address this issue by increase the number of available workers with relevant qualifications.

Outcomes and results

Type and numbers of job created

The IHS evaluation in 2008 demonstrates the positive effects of the programme. Between January 2003 and June 2007, 1,454 people looking for work entered the Labour Foundation programme. Of these, 61% trained as home help providers, 20% trained to be nursing assistants and 19% received training for the certified professions. By September 2007, 740 home helps, 206 nursing assistants and 20 certified health carers and nurses had successfully completed their vocational training.

Between January and September 2012, 82% (of the 414 participants) started work after passing the board examination (15% dropped out, 2% did not pass the exam and 1% became unemployed).

The employment rate for Labour Foundation participants who complete their training is 95%. After nine to 12 months, their employment rate decreases to 90%. In contrast, those who drop out of the training are rarely employed immediately afterwards. Their employment rate rises considerably over time, nevertheless one year later it still is at only 58%.

Other relevant outcomes

The evaluation of the IHS also shows that more than half of the nursing assistants (60%) do not start to work with the planned employer or only remain in the enterprise for a short time, particularly participants intended for mobile services; the proportion of these nursing assistants who change employer in the mobile area is 71%. The training cost repayment obligations on an employer who does not provide a job as planned, or who prematurely ends a contract, are too costly. Though the aim of the programme (more labour supply) is achieved, it comes with a high investment risk for the enterprises, which bear more than half of the vocational training cost.

The impact monitoring, conducted by Synthesis Forschung, concerning upgrading of skills in the care sector shows that approximately four out of five graduates of the Labour Foundation programme are better integrated into the occupational system after the programme ends and that their average increase in employment amounts to +240 days.

Main results

Apart from the high employment effect, the Labour Foundation programme has achieved other successes. There is the high number of places to which applicants are competently assigned. The considerable motivation of participants and their high levels of satisfaction with the training package are also striking. The relatively long and costly selection procedure in which the Waff engages with future employers and training institutions pays off. Employee interest in the training is very high. For example, about six times more people apply for home assistant training than can be accepted onto the course. About 70% to 80% of the participants successfully complete their training.

The figures from the IHS evaluation also show that 11% prematurely abandon the vocational training for home assistants, as do 18% attending vocational training for nursing assistants and 36% attending vocational training for the certified professions. This means that the likelihood of quitting a course increases by its length. The survey shows that the reasons differ according to job profiles: among the nursing assistants, health reasons dominate (46%), while for those training for the certified professions, incompleteness is more likely to be due to financial reasons (27%).

Lessons learnt

Success and fail factors

The success of this training programme depends on the cooperation between all partners

involved. The Waff as a neutral organisation assumes an important mediator's role between employers, vocational training institutes and employees and helps to balance interests and demand and supply.

Demand planning: The annual demand planning has been refined over time. The Waff is in regular contact with the enterprises, the AMS Vienna and the *Dachverband Wiener Sozialeinrichtungen*. Relevant developments in the labour market (also with regard to the development of job profiles) can always be considered.

Selection procedure: The multistage selection procedure that potential participants have to go through at the Waff and the enterprise is absolutely necessary and offers a realistic assessment, which is an essential factor for the success of the programme. However, it can also be difficult to have suitable applicants available at the right time. This can become a problem particularly for the longer training programmes.

Quality comparisons: The Waff constantly monitors the results of training programmes at different education institutions. By means of quality comparisons, the standard of the vocational programmes can be improved.

Follow-up and placement services: Some years ago, the Labour Foundation was supplemented by a placement service for people who were not employed their vocational training. Through this, a quick response can be made to the rare cases in which the employment guarantee does not hold.

Repayment obligations: Enterprises must pay most of the cost of vocational training and the risk involved must remain manageable. For this reason, some enterprises let their future employees sign (in some cases very far reaching) repayment obligations.

Sustainability and transferability

The Labour Foundation has stood the test of time; however, in the future it could also involve scholarships for continuing education for interested people. The involvement of all relevant actors is important to pursuing a common aim in a way that is beneficial to all partners.

The design of this programme began with bringing all relevant stakeholders together to collect ideas and proposals. Transferability also depends on the organisational structure of a country or region and the legal framework conditions. Labour foundations of this model have also been developed in other Austrian cities. Consideration should be made of existing measures, programmes and projects – at national, regional or local level – and how they can complement or hinder plans for a training programme like that of the Labour Foundation.

Conclusions

This case study describes the Labour Foundation for Social Work and Healthcare Professionals of the Waff and AMS Vienna. Within the scope of this Labour Foundation, which was created in 2003 to increase the number of workers in the growth areas of the health, care and social sector in Vienna, each year about 700 interested and suitable unemployed people that begin vocational training are placed into regular, temporary employment. This is enabled by cooperation agreements with participating enterprises.

Contractual arrangements, a multistage selection procedure, individual educational plans that are balanced according to the qualifications and interests of the participants and the needs of the enterprises, and follow-up services minimise the risk for participants and enterprises. An evaluation carried out in 2008 by the IHS underlines the high occupational effect of the programme: approximately 70% to 80% of participants successfully complete their training.

The stakeholders in the Labour Foundation exchange information on a regular basis, which enables adaptation to topical requirements and a continuous further development of this instrument. In this way, conditions for a sustainable development of the instrument are optimal. The concept can be transferred by taking into account the organisational structure of a country, the legal framework conditions and existing initiatives for this section of the labour market.

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Case study 2: Migrants Care

Description of the initiative

This case study focuses on the project ‘Migrants Care – Recruiting and pre-qualification of migrants for care and assistance’ (*Migrants Care – Gewinnung und Vorqualifizierung von MigrantInnen für die Pflege und Betreuung*).

Migrants Care is designed as a national initiative. However, due to budgetary constraints (the overall budget for the project in the period June – December 2012 amounted to approximately €75,000) so far it has only been implemented in Vienna. (It is also being considered in Upper Austria and Styria.)

The initiative was designed by the National Working Group on Non-statutory Welfare (*Bundesarbeitsgemeinschaft freie Wohlfahrt, BAG*), established by the main NGOs working in the social welfare sector in Austria. It is managed by Volkshilfe, which currently holds the presidency of the BAG. Migrants Care is financed by the State Secretariat for Integration (*Staatssekretariat für Integration*) and the Federal Ministry of the Interior (*Bundesministerium für Inneres, BMI*). Participants’ living expenses during the measure and the cost of examinations for the language diploma are borne by the Public Employment Service (*Arbeitsmarktservice, AMS*).

Overall objectives

The project objective is to prepare people whose first language is not German for health and care jobs and provide them with work. In order to be able to meet future challenges, it is important to bring qualified migrant care workers into the sector: Migrants Care is an important step in facilitating the integration of migrants into the Austrian labour market, specifically in the field of care and assistance. Through it, the labour market participation of migrants is increased and the shortage of skilled workers in the care sector is addressed.

Interested people are informed of work opportunities in the field of care and assistance, counselled individually and can receive pre-qualification support. Participants can take part in the regular vocational training schemes for the healthcare sector in Vienna.

Definition of the problem

Policy background

In Austria, due to demographic change, there is a rising demand for skilled workers in long-term care (both mobile and semi-inpatient). Recruitment and qualification of new employees for care therefore is an important supply policy objective.

Migrants Care is a follow-up of the project ‘diversity@care – migrants in mobile care and assistance’ (*diversity@care – Migrantinnen in der mobilen Pflege und Betreuung*), which was conducted from 2005 to 2007 in the framework of EQUAL, with financing from the European Social Fund and the Austrian Federal Ministry of Economic Affairs and Labour.

Role of the social partners

The social partners have been informed about the project but are not actively involved. Co-operation between the Public Employment Service (*Arbeitsmarktservice, AMS*) and the Waff have been established.

Issue at stake

The experience of the training institutions (the BAG NGOs and others) shows that migrants have a relatively high interest in entering this occupational field. A large number of these interested people are rejected during the admission procedure for the training as home help or nursing assistant mainly because of insufficient German language skills.

Moreover, for migrants entry into the labour market is often linked with de-qualification. The prevailing deficit orientation (that of considering migrants as not as skilled, qualified or adapted as natives) prevents the utilisation of their resources (such as multilingualism, education and training qualifications and experience). This is where Migrants Care comes into play. Through targeted vocational information and guidance, language support and pre-qualification courses, interested migrants are recruited for care and assistance professions and integrated into the labour market on a long-term basis.

Approach and implementation

Overall approach

Research, information and various support measures have already been prepared for migrants interested in care professions, in the framework of the preceding project 'diversity@care' (2005–2007). Due to budgetary constraints and in relation to modules 1 and 2 of 'diversity@care', the decision has been taken to implement for a second time 'counselling and information' and pre-qualification courses.

Aim of initiative

The main topics of the BAG are: care, social help, poverty, integration and childcare. The BAG NGOs run training programmes and have longstanding experience in the area of home help and nursing assistance. They are active in the areas of poverty prevention, social integration and vocational training in the area of care and assistance. Migrants Care provides both qualified and individual counselling and information, and through specifically designed pre-qualification courses, builds a bridge to qualified employment.

The staff shortage in the care sector (and predominantly in mobile care) can to a certain extent be tackled by employing interested migrants. Through this initiative, their integration into the Austrian labour market on a qualified level is enabled. The cultural diversity of migrants shall be used to better deal with people with a migrant background who need care. Moreover, knowledge of the German language means that migrants can work independently, and so staff with German as their first language are no longer forced to translate for their migrant colleagues in addition to coping with their own workload.

Recruitment versus retention

The project focuses on recruiting additional care workers and providing them with adequate training. Migrants with a sufficient level of German are also seen as contributing to work satisfaction and thus retention of both migrants and those whose first language is German.

Specific target groups

The target group is people whose first language is not German, with a valid work permit and a minimum age of 21 years, who have interest in working in a care profession. A school leaving certificate (ninth grade) is required as well as a certain level of German (A2 level).

Formal versus non-formal employment

The project is not primarily intended as a means of transferring non-formal into formal employment.

Project implementation

Previous project 'diversity@care': This formed the basis for valuing and making better use of the potential of people with a migrant background in Vienna. Paths to facilitate the entry of migrants into the occupational field of mobile care and assistance have been elaborated and implemented, such as a multilingual information website, online supported aptitude tests, mobile information events, and job-related German preparation courses and measures that

accompany vocational training.

Implementation of ‘Migrants Care’: The implementation of the different measures of the Migrants Care initiative is divided among the participating organisations. The project is managed by the Volkshilfe Wien. The different BAG organisations offer counselling and regular vocational training within their organisations.

The central contact point for counselling and information is located at the Wiener Hilfswerk in the centre of Vienna city. Here interested migrants can obtain comprehensive and individual counselling and information. The pre-qualification courses are managed and carried out by organisations such as the Viennese Red Cross. People with a migrant background can be reached through this central contact point, visits to migrant associations and close cooperation with the AMS and the Waff. In addition, diverse media strategies have been implemented to promote and advertise the Migrants Care programme.

‘Counselling and information’ module: Throughout Vienna, information events as well as personal counselling (upon arrangement by phone) regarding the occupational field of care and assistance are provided free of charge and are available in different languages. Those who want to work as home help providers in mobile care or as nursing assistant are in particular demand.

Advice is especially provided on the following topics: scope of activities; prerequisites; eligibility requirements; training possibilities; work permit.

‘Pre-qualification’ module: The pre-qualification courses consist of measures with a focus on German language skills, to allow for vocational professional training in care and assistance. The pre-qualification course comprises 350 training units. Key subjects are: German language (from A2 to B2 level); information on the occupational field and practical experience; learning and further training in a foreign language; self-reflection in a care relevant context; self-empowerment.

The pre-qualification course is financed by the BMI (as the overall project). The AMS covers living expenses of the participants and the cost of the examination for the language diploma.

Monitoring and evaluation

The BAG Steering Group met four times during the project period in 2012 to determine directions for the further course of the project. Besides this, a project team has been set up, which met each month during the project period to allow for its smooth running and to exchange experiences within the team. History logs and weekly reports of the pre-qualification course have been submitted to the project manager on a weekly basis for discussion by the project team. At the end of the course, each participant received an evaluation questionnaire.

Contextual factors

Statistics on migration in Austria, provided by Statistics Austria, paint the following picture.

On average in 2011, approximately 1.569 million people with a migrant background lived in Austria; this accounted for 18.9% of the total population. Approximately 130,000 people immigrated to Austria in that year, while in the same period about 95,000 people left the country. This results in a positive net immigration of 35,000 people in 2011. In comparison to 2010, emigration rose by 9.2% but immigration by 14.0%; therefore the migration gain also rose considerably.

People in Austria with a migrant background have a completely different educational profile than the native population. Migrants are disproportionately represented in the highest and the lowest educational levels, whereas the national population are more likely to have graduated at the medium educational level of apprenticeships and vocational schools.

In 2011, 11% of employees were foreign citizens; the largest group were from the EU-27 countries (5%), followed by citizens from the former Yugoslavian countries (without Slovenia; 4%) and from Turkey (1%). In 2011, 18% of the labour force had a migrant background, with 16% of the labour force belonging to the first generation of migrants and 3% to the second generation.

Outcomes and results

Type and number of jobs created

Migrants Care is not designed to create new jobs in the care sector; such jobs already exist but vacancies cannot be filled by those that are currently available on the labour market.

Other relevant outcomes

Due to low threshold for access to counselling and information, migrants who are not in the target group for the pre-qualification courses also receive valuable information for their future career in the care sector in Austria, primarily regarding the validation procedure for certificates, helping to prevent de-qualification. The pre-qualification course teaches migrants what to expect from vocational training and work in the sector, which helps to reduce (culturally related) drop-out rates from the (comparatively costly) regular vocational training.

Main results

Results of Migrants Care: Experience from the previous project shows that migrants have a high interest in working in the field of care and assistance, but many fail because of the required German language skills. The project Migrants Care succeeded in enabling its participants' transition from regular vocational training to employment.

Marketing for the project in 2012 was very effective; the target group of migrants was reached very well as the central contact point was visited a lot, and was from time to time overcrowded.

Module on counselling and information: Many people who attended the central contact point had problems with the validation of their certificates, many of whom had already worked in the sector in their home country. Here the problem of de-qualification arises.

Approximately 350 people came to the central contact point, which was open from July until September 2012. Many were helped through a short, informative conversation. Thus, the central contact point also served to share important general information. Approximately 200 more comprehensive and individual counselling sessions also took place.

Module on pre-qualification: The first pre-qualification course completed successfully. During it, the heterogeneity of the group was met and necessary adaptations were made in a timely fashion. Due to budgetary constraints, only one pre-qualification course for 18 people was held in 2012. The pre-qualification course started with 18 people, and one person left after approximately four weeks. It ended in December 2012 with 17 participants. Of these participants, nine passed all three parts (oral, written, reading) of the German exam. Eight participants have to repeat one part of the test (mostly reading) within one year. The applications for the transfer of the participants into regular vocational training were going well at time of writing, supported by all project partners.

Lessons learnt

Success and fail factors

A number of factors contributed to the success of this project. First, the project management and the BAG NGOs are committed to the project. Secondly, the consultant at the central contact point had a migrant background, allowing her to relate well to migrants and put them at ease. Thirdly, key issues were defined by assessing eligibility and motivation, while in-depth German lessons, with vocabulary focusing on the sector, meant that participants gained a real insight into the nature of their future work. Fourthly, financial support from BMI allowed for the (partial) recommencement of this project. Fifthly, cooperation with the AMS and the Waff played an essential role. In particular, regular vocational training for home help providers involved good cooperation with the Waff.

A number of issues were identified, which were remedied where possible. Counselling at the

central contact point of the Wiener Hilfswerk now requires an appointment to avoid overflow; use of appointments improves the quality and content of the information meetings with migrants. The eligibility assessment for the pre-qualification can be done online; a new assessment form was developed to avoid people filling them in inaccurately (for whatever reason). The closing of the central contact point for half the year (due to the start of the pre-qualification course) confused people; for 2013 it will be open all year. Finally, it has become more difficult to get funding for the project; most participants cannot pay the training costs themselves.

Sustainability and transferability

The project Migrants Care lasted from June until December 2012. Funding for 2013 was successfully raised and amounts to approximately €145,000. The initiative starts again in January 2013 and will last for the whole year.

For the years 2012 and 2013, funding and support for the project could be obtained from the BMI. For this reason, in 2013 the central contact point can be held open for the whole year and three pre-qualification courses for 18 participants could be scheduled. The usage of the central contact point and participation rates in information events on the NGO's different training institutes in 2012 show that interest among migrants is high. Forecasts show rising demand for care personnel (Reformarbeitsgruppe Pflege, 2012). Therefore, the BAG is currently looking for funding to run Migrants Care on a long-term basis and to extend it to other Austrian provinces.

In transferring this approach to other contexts, it makes sense to encourage cooperation between training and employer organisations in the sector, similar to the BAG in Austria. In doing so, a common procedure for the qualification of personnel can be developed which is accepted by all actors in the sector. Additionally, to replicate the project it is necessary to acquire (public) funding, both for the project for the living costs of participants taking part in training. Regarding counselling, a low threshold, non-bureaucratic first contact point is important. For the pre-qualification courses, a practical approach that allows for insights into future training and future work is important, so that participants can get a realistic picture of the profession, the challenges and the clients.

Conclusions

In Austria, the number of people in need for care and assistance is rising, family structures are changing, and specialised personnel is lacking. To guarantee the provision of care and assistance in Austria's social welfare state, structural reforms are necessary and barriers to the labour market for people with a migrant background need to be tackled.

Thus, it makes sense to place more emphasis on facilitating people with a migrant background to gain qualifications in the health and care sector. Reducing one essential barrier can be tackled relatively easily by teaching the German language. The pre-qualification measure can enable career paths and the more sustainable integration of migrants into the labour market.

During the conception and implementation of Migrants Care, the needs of migrants, the training institutions, potential employers as well as future clients were comprehensively considered. Migrants Care goes beyond offering a specific German language course and stands for a sustainable way for people with a migrant background to enter into the field of (mobile) care.

Migrants Care does not want to be regarded as measure to provide additional, cheap staff for the health and care sector. The project is a response to problems in the sector and represents an effort to end unhelpful practices and to contribute to a more sustainable system. It is not the project's intention to crowd national workers out of the health and care labour sector; rather it aims to implement a winning situation for all actors, especially employees, employers and clients.

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Case study 3: Boys' Day

Description of the initiative

This case study describes the project 'Boys' Day'. Boys' Day has been carried out once a year throughout Austria since 2008. This is a national-level instrument conducted under the lead of the Federal Ministry of Labour, Social Affairs and Consumer Protection (*Bundesministerium für Arbeit, Soziales und Konsumentenschutz*, BMASK). The BMASK defines the framework conditions and the regional coordinators (mainly men's counselling centres) in the respective federal provinces organise different actions and workshops at Boys' Day. Cooperation occurs between important partners, such as the Federal Ministry for Education, the Arts and Culture (*Bundesministerium für Unterricht, Kunst und Kultur*, BMUKK) at national level as well as between the regional coordinators and relevant actors in the federal provinces.

The total budget for the implementation of Boys' Day in 2008 and 2009 amounted to approximately €250,000. Since 2010, the annual budget that is made available to each coordinator has amounted to €15,000. In addition, funding is provided for special expenses including promotional materials, website maintenance and the production of merchandise to raise awareness.

Overall objectives

Due to gender roles, many boys and young men have no interest in the occupational fields of care and education. Boys' Day raises awareness about these professions among young men. The objective of Boys' Day is to promote a broader image of men, by reducing gender stereotypes and increasing occupational choices for young men. It also aims to make the public aware that girls and boys who decide to work in education or care in the future are contributing greatly to society.

The long-term objectives of Boys' Day are of high societal relevance. The event is about increasing occupational choices for young men in the health, care and education professions; positively emphasising the capabilities of boys and young men; creating a more positive image of these occupations among children, young people, parents, teachers/trainers as well as the general public; and supporting boys on their way to developing a positive male identity.

Definition of the problem

Policy background

Men's policy issues have been part of the BMASK for over 10 years now. The Department on Principles of Men's Policy (*Männerpolitische Grundsatzabteilung*) was set up in 2001 and deals with the following core areas: creating awareness for an equal partnership, balancing family and work by promoting active fatherhood, developing positive identities of boys and young men, broadening the spectrum of jobs available to young men and supporting violence prevention projects (in relation to violence by and towards boys and young men).

Role of the social partners

Social partners are not directly involved in the project. Nevertheless, a steering group consisting of stakeholders in the project has been set up, through which recommendations of social partners can be included indirectly. An expansion of Boys' Day is being considered; this would also allow for their direct involvement.

Issue at stake

Many boys want to become mechanic for example, far more than are needed in this profession. Few currently want to become a nurse, social worker or primary school teacher. Young, dedicated

men would have very good career prospects in these fields, because male employees and thereby male role models are lacking in education and care. Changes in vocational training and the labour market have opened up new possibilities for young men that go beyond gender stereotypes.

Approach and implementation

Overall approach

Boys' Day is a day where boys can get to know – from a male perspective – new occupations, especially in care and education sectors, by visiting related facilities. These are usually shown to them by men who already work in the jobs concerned. They give a practical introduction to a job in which they work with and for people.

Boys' Day also include an action day, which is carried out at the BMASK each year, involving 100 boys from several schools. The Federal Minister is present and it involves active participation of the boys. This event is televised; in this way it is publicised throughout Austria.

To supplement Boys' Day, gender-sensitive job orientation workshops are carried out by the Men's Counselling Centres, commissioned by the BMASK as preparation for or follow-up of the Boys' Day action. Central themes of these workshops are driven by the boys' conceptions of work, occupation and their future. Then the issues of masculinity and role models are discussed. Teaching material for schools is produced such as films on DVD entitled 'social fighters', 'social works' and 'social culture'.

All information about Boys' Day, contacts, various activities, teaching material and the films as well as the evaluation questionnaires can be found on the central project site of the BMASK (www.boysday.at). The regional coordinators in the federal provinces also provide information on their websites about it.

Aim of the initiative

The Minister of Labour, Social Affairs and Consumer Protection, Rudolf Hundstorfer, sees Boys' Day as a possibility for young men to broaden their occupational horizons in a labour market with rising flexibility:

The overcoming of role clichés and the readiness to overcome traditional occupational profiles gives young men the possibility to better apply and exploit their capabilities and talents in their prospective career choice. Therefore, Boys' Day shall give impulses and open up possibilities to encourage young men for a slightly different career decision.

BMASK, 2012a

Recruitment versus retention

The instrument is designed to raise awareness and to recruit more men into the education and care sector in the future.

Specific target groups

Boys' Day is organised for boys from the age of 12 years in the seventh grade of school onwards (i.e. in compulsory school age).

Formal versus non-formal employment

The instrument does not aim at transforming non-formal into formal employment.

Project implementation

National level

The Department on Principles of Men's Policies of the BMASK leads the Austria-wide implementation of Boys' Day. The BMUKK, as partner, issues a decree to schools informing them that Boys' Day is a school-related event and allowing boys to participate in the event during school. The schools are asked to raise awareness about Boys' Day in their locality and to enable participation among interested schoolboys.

Stakeholders include the companies who offer excursions and information days, the trainers who hold workshops for the boys, the schools who enable participation, the schoolboys themselves, their parents, as well as various partners, like the Public Employment Service (*Arbeitsmarktservice*, AMS), the BMUKK and teacher training colleges.

In the steering group, which consists of representatives of the BMASK and other stakeholders, basic decisions on the implementation and the further development of Boys' Days are made. Within the framework requirements of the works contract, the regional coordinators can implement Boys' Day on a relatively autonomous basis in their federal province.

Level of the federal provinces

The BMASK's responsibilities for the regional coordinators in the federal provinces includes: intermediating between schools and facilities of the education and care sectors ('try-out' placements); offering and holding workshops; holding presentations for opinion leaders and teachers; and being present at job information fairs.

The workshops also serve the purpose of preparing for or following up on experiences in the education and care facilities. They last for about three hours and are held by qualified employees of the Men's Counselling Centres in schools or in youth organisations outside school on the topics 'masculinity and occupational choice', 'life conceptions' and 'gender clichés'.

Monitoring and evaluation

Boys Day 2011 has been subject to a comprehensive evaluation by an external consulting and evaluation company. All relevant actors (such as counsellors for men, teachers, education and care sector institutes, BMUKK and AMS) and the target group, schoolboys, were included. The strengths and the weaknesses of the concept so far have been identified and improvement measures were identified.

Feedback form an important basis for decisions of the steering group concerning the organisation of Boys' Day. Thus the project became a learning project on the basis of objective data and analysis conducted by the steering group.

The regular meetings of the steering group will continue and the questionnaires that were developed in 2011 will be used in future years for gaining feedback from schoolboys and education and care sector institutes.

Contextual factors

Women clearly dominate the workforce in the fields of education and social services, representing 70% of those working in education and 76% of those working in social services. Approximately 10% of all female and only about 3% of all male employees in Austria work in health services. Women are particularly highly represented among diploma qualified nurses, at about 89%.

In spite of persistent cost pressure, the social and education sectors are solidly growing job markets. In some areas, an insufficient number of professional workers is to be expected and in general, this issue is predicted to grow over coming years. Throughout Austria, there is a very strong demand for care and assistance (mostly for older people, and also for childcare).

This is underlined by ‘education-related career monitoring’ (*Bildungsbezogenes Erwerbskarrieremonitoring*, ‘the BibEr-Monitoring’) that has been carried out for the first time in 2012 by BMASK, Statistics Austria and AMS. About 85% of all graduates of health courses find a job within three months after their training. Often, no substantial difference is found in the starting salary of graduates from different universities.

Outcomes and results

Type and number of jobs created

The effects of Boys’ Day on the labour supply by (young) men in the education and care sectors cannot be quantified yet. This is partly due to the age gap between this project (12 years) and entry into vocational training, in the care sector for example (17 years). It is also partly due to budgetary constraints. Nevertheless, according to feedback from schoolboys and teachers, boys, after having participated in the Boys’ Day openly said that now they could imagine contributing, at least on an honorary basis, to a social service.

Other relevant outcomes

The effects of Boys’ Day can only be seen in the medium to long term. Expected effects are:

- higher openness and open-mindedness of the public towards young men who plan to or work in education and care jobs;
- higher recognition of and better knowledge about occupations within these sectors, and required skills among boys and young men;
- greater tolerance and less prejudice among young men towards education and care jobs (encouraging interest without manipulating);
- broadening the career choice spectrum for young men.

Boys and young men are enabled to choose new, unusual career paths. The development of their male identity is strengthened, so that they can overcome gender-based stereotypes.

Experiences of Boys’ Day, in Upper Austria for example, show that in the visits of the schoolboys to care and nursing facilities, friendships with the clients have been established. In some cases, contact has continued beyond the action day.

Main results

External monitoring and evaluation of Boys’ Day provide the following results.

On 10th November 2011, the BMASK organised the fourth nation-wide Boys’ Day. As in the years before, about 100 boys were received by the Minister. The feedback from the boys shows that about 90% valued the atmosphere as being rather or very good. About 80% found out new things and at least 60% got a lot of helpful information with regard to their career choice. A little more than 60% stated that their perception of typical female and typical male professions changed and more than 80% would recommend Boys’ Day.

In the project year 2011 (including action day in BMASK), 1,522 boys from 50 schools attended workshops (in total, 111 workshops). During this year, 2,375 boys from 112 schools visited 153 facilities in the education and care sectors in the class association or in small groups and 102 boys from 26 schools were in 96 facilities at individual ‘try out’ placements. Hence, throughout Austria, more than 4,000 boys took part in Boys’ Day in 2011, during which some federal provinces held separately financed boys’ workshops.

Within the scope of the visits to facilities and the workshops, many teachers from the 149 involved schools dealt with the subjects of Boys’ Day either by accompanying the boys on the action day or by discussing the issue during lessons. In addition, many other teachers have been reached by events for disseminators, through which they had the opportunity to address the Boys’ Day subjects.

Since the first Boys’ Day in 2008, the project has earned recognition and meaning and has

developed into the most successful and most popular men's political project. In 2008, not all federal provinces took part, but the project is now being implemented throughout Austria. Nevertheless, some differences still exist between the different federal provinces in terms of the level of recognition it receives and in participation levels.

From winter 2012–2013 onwards, there will be an annual reporting of the project; the BMASK plans to publish reports presenting comprehensive results.

Lessons learnt

Success and fail factors

Concept and implementation mode: Each federal province has a different history of Boys' Day work. For this reason, the basic parameters are set nationally, while it is implemented regionally, involving local partners and different approaches.

Marketing and providing information material through the central website on Boys' Day and all year round strengthens the effect of the project. Other equally essential factors are the commitment of the Men's Counselling Centres and the personal organisation (via direct contacts) of the actions around the Boys' Day.

Workshops: During the planning of Boys' Day, all representatives of the steering group agreed that there should also be a wide range of awareness raising activities concerning the image of men in society in general and with male adolescents in particular. Workshops that are led and held by employees of the Men's Counselling Centres were thus defined as an essential element of Boys' Day. The experiences of the trainers and feedback from boys and teachers confirm the importance of this offer.

Relation to Girls' Day: Good arguments exist for and against the idea of holding Boys' Day on the same date as Girls' Day, and so no decision has been reached on this yet. Arguments in favour of this include shared marketing and lower administrative expenditure in the schools. Arguments against are that Boys' Day would lose its marketing independence and differences in the implementation of Boys' Day and Girls' Day.

Sustainability and transferability

This project is certainly sustainable as the concept focuses on middle to long-term awareness development. Opening perspectives to more equal career choices is a sustainable notion. In order to ensure nationwide acceptance, the participation of the federal provinces is very relevant. The project has been running since 2008 and should continue over the coming years. Boys' Day is constantly being developed and adapted to requirements.

Boys' Day, Girls' Day and similar initiatives have been developed in Germany and Switzerland, indicating that the idea is transferable. Other occupations can be promoted as well, besides care and education. In Austria the project has been limited to education and care occupations – at least in the initial years – because men are strongly underrepresented and urgently needed in those sectors. This also gives a clear focus to the event.

The idea of having a national framework with regional autonomy in the implementation of Boys' Day was consciously chosen, so that the federal provinces could react optimally to different circumstances concerning Boys' Day subjects, allowing for transferability across contexts.

Despite Boys' Day having its origins in Girls' Day, the two projects cannot be the same; boys must be approached differently than girls. Boys are not usually discriminated against in their career; instead they judge certain occupations rather negatively themselves.

Conclusions

At the centre of this case study is Austria's nation-wide Boys' Day, which consists of an action day that takes place annually to broaden boys' occupational perspectives. In Austria, Boys' Day has been designed by the BMASK and is managed, through close cooperation with other

stakeholders, by the Department on Principles of Men's Policies at the Ministry. While the framework conditions are determined centrally, implementation takes place on a regional level, mostly through Men's Counselling Centres, which have experience in these issues, thereby promoting synergetic effects and accommodating regional circumstances. Its clear focus on the occupational areas of education and care allows for targeted marketing and organisation of the event.

Since 2008, recognition of and participation in Boys' Day has increased, making this project the most important and far-reaching Austrian men's political project. Feedback from teachers and schoolboys also show that the boys enjoy Boys' Day, have valuable experiences and broaden their horizons.

Although the project's direct impact on men's roles in education and care occupations cannot yet be shown, the presence of a nationwide boys' project like Boys' Day shows that interest in 'atypical' occupations has been aroused. This means that an underrepresented target group for an occupation in the education and care sector is opened up and gender clichés are tackled.

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Männerberatung Oberösterreich – Boys' Day, available at http://www.familientherapie-zentrum.at/xchg/SID-0838628A-54E395C3/hs.xsl/60_DEU_HTML.htm.

BibEr Monitoring, available at

http://www.statistik.at/web_de/statistiken/bildung_und_kultur/bildungsbezogenes_erwerbskarrierenmonitoring_biber/index.html.

Annex 2: Interviewees

| Name | Title and organisation |
|--------------|---|
| Alfred Weber | Federal Social Welfare Office (<i>Bundessozialamt</i> , BSB) Leiter der Stabsabteilung BMASK, Sections 4 and 6 |

Case study 1

| Name | Title and organisation |
|------------------|--|
| Alexander Juen | Waff, Deputy Managing Director Waff Arbeitsintegrations GmbH, Managing Director |
| Alois Oberhauser | AMS Vienna Office Währinger Gürtel, Director |

Case study 2

| Name | Title and organisation |
|-------------------------|--|
| Petra Dachs | Volkshilfe Wien, Abteilung Integration und Interkulturalarbeit DGKS, Trainerin for GuKP, Project Manager, Migrants Care |
| Daliborka Boroviczeny | Wiener Hilfswerk Counselling and information at Migrants Care |
| Claudia Michalica-Zottl | Wiener Rotes Kreuz Director for Training and Further Training in Health and Social Services, Manager of the Vocational Training for Nursing Assistants |

Case study 3

| Name | Title and organisation |
|---------------------|--|
| Johannes Berchtold | BMASK Department on Principles of Men's Policy, Director |
| Waltraud Vones | BMASK Department on Principles of Men's Policy, Project Manager Boys' Day |
| Florian Wimmer | BMASK Department on Principles of Men's Policy |
| Richard Schneebauer | Männerberatung des Familientherapie-Zentrums des Landes Oberösterreich Coordinator of the Boys' Day in Upper Austria |

Ingrid Pecher, Austrian Institute for Small Business Research

EF/13/53/EN 2

