



# Social Dialogue in the Health and Social Service Sector

Austrian Report

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# 1 Preface

## 1.1 Project PESSIS: Promoting Employers' Social Services In Social Dialogue

The aim of the research project 'Project PESSIS is to provide a detailed understanding of how social dialogue is organised and structured (or not) in the social services sector in Europe. It aims to identify barriers to increased cooperation among employers in the sector. The term social dialogue is defined as 'a dialogue between employers and employees'. Eleven national studies will contribute to an overall European perspective of social dialogue in the social services sector, outlined in the European summary report.

Each national report presents a 'picture' of how social dialogue is organised at local, regional and national levels and has addressed the following six research questions:

1. What is the size of the social services sector, both in terms of workforce and of employers in aggregated value?
2. How well represented is the sector in terms of number of employers and workers covered by collective agreements?
3. What are the types of social dialogue or collective agreements that exist?
4. How many employers of the sector are involved in social dialogue and at what level?
5. What are the key labour issues dealt with and at what level?
6. Are there any labour issues that could be dealt with at European Union (EU) level?

'Social services' is a term that can be interpreted in different ways across Europe but for the PESSIS project, the key groups included are:

- Long-term care for older people;
- Care and rehabilitation for people with disabilities;
- Child care.

'Social services' may also cover a range of other services, for example, services for homeless people. These have been included only when they have particularly strong

systems of social dialogue. The main focus of each national report is on the three key groups listed above.

The terms public, for-profit and not-for profit sectors are widely used across Europe. In the PESSIS project they are defined as:

Public sector – Government departments, public sector agencies or municipal authorities commission social services in many countries and contract for-profit and / or not-for profit providers to deliver social services. In some countries, social services may still be delivered by municipal or regional government authorities. Public authorities (national, region or local government) may fund social services by providing money directly to individuals. For the use of this Austrian report the term “public sector” applies to circumstances where social services are delivered by national, regional or municipal public authorities or public sector agencies themselves.

For-profit sector – Providers of social services which operate to make a profit. They may operate with shareholders or they may be private companies, owned by one or more individuals. In some countries, family businesses deliver social services. They may be large or small in size.

Not-for-profit sector – Providers of social services, which do not operate to make a profit. In some countries this sector may be called the voluntary or charitable sector. In some countries, volunteers deliver some of the services for the not-for-profit sector.

## **1.2 PESSIS in Austria**

In Austria „BAWO – Bundesarbeitsgemeinschaft Wohnungslosenhilfe“ is the project partner for PESSIS and responsible for the country report. BAWO is the umbrella organization of Non Governmental social service providers working with the homeless in Austria. The association is independent of any political party or confession. BAWO has about 150 members, of which 50 are service providers offering emergency-, developmental- and long-term social services across all Austrian provinces. The aim is to acquire decent and affordable housing for everyone. BAWO members are active in social dialogue at national, regional and local level.

### **1.3 Methods and design**

The following section describes the methodological approach within the project and gives an overview about the empirical work.

Firstly a survey of the legal and socio-political framework of the social dialog in Austria was carried out. Further more the dimension, in regard to the numbers of employees and employers and the economic importance were investigated. These numbers can be seen as an approximation, as there are not sufficient data available.

In addition to that and to find out about the most important aspects of social dialogue on national and for the European level, interviews with major stakeholders were carried out. These interviews were mostly done within a national workshop with a broad regional participation of representatives of BAWO. These findings were supplemented with individual interviews with leading representatives of big Austrian employers' associations and one employees' representative from the public sector. Because of this approach, a quite remarkable number of collective agreements in the social service sector could be included within the analysis. These interviews were carried out in the period from January to April 2012, subsequently transcribed and interpreted with the qualitative content analysis by Mayring (2008).

The report is structured into seven chapters. The preface gives some background information on the PESSIS project in Europe and Austria. This is followed by a brief overview on the economic importance of the health – and social service sector in Austria, a description of the Austrian model of the social partnership and the framework of social dialogue given by the Labour Constitution Act. Furthermore the report outlines the historical changes and the most important topics in regard to social dialog in the social service sector in Austria. The results of the national workshop with the discussion session and the expert interviews are described in chapter four and five. Last but not least a short good practice analysis and recommendations for the European level are summarized.

It gives me great pleasure in acknowledging the support and help of Mag. (FH) Andrea Viertelmayr for her detailed and thoughtful review of the report, the worth while feedback and comments on the form and content.

This report was originally written in German language and jointly translated into English by the author and Andrea Viertelmayr. All the direct citations in this report are free translations.

## 2 The Health and Social Service Sector in Austria – a Future Industry?

The health and social service sector in Europe is seen as future industry with “*great growth dynamic and extraordinary job growth perspectives for future decades*” (Hilbert *et al* 2012). In 2011 385.400 employees in Austria defined themselves as working in the public, for-profit or not-for-profit health and social service sector (Statistik Austria, 2012a, p.33). Gruber (2012) president of the largest Austrian employers’ association in the social service sector “Sozialwirtschaft Österreich” quantifies the average compound annual growth rate (CAGR) of employment in the sector (2004 – 2010) with 3,35 %. This rate is therefore 2 percentage points higher than the average CAGR of all the sectors together in the same period that amounts to 1,32 % (Gruber 2012).

In relation to the number of employees, the health and social service sector is the third largest sector in Austria, coming right after the production of goods with 653.900 employees and the sector commerce/ maintenance and repair with 629.100 employees (Statistik Austria, 2012a, p.33). The proportion of female employees is the highest of all sectors (77,1 %) as is the proportion of part time employment (42,9 %). (Knittler 2011, p.1102)

There is a high need of additional qualified personnel, especially in the field of long term care. In this sector the need for additional employees is estimated with around 20.000 until 2025 (Interview Harreither, 2012).

The figures specified above relate to health and social services’ employees in all of the sectors, be it public, for-profit or not-for-profit. Meyer *et al* (2010) specify the amount of workforce in the Austrian non-for-profit sector as follows:

*„As a result in the Austrian not-for-profit sector there are 170.000 persons employed. Both the proportion of female workers and the proportion of part time employment are comparatively high. In the third sector social services in a broader sense (care, medical institutions, rescue services, welfare) are the largest services by far, covering around 60 % of all employees. Also the largest organisations of the sector mainly operate in this field: Caritas und the Red Cross, each with more than 10.000 employees and a multitude of voluntary workers.“*

In relation to the gross value added, the health and social service sector is also accounting with increase in value above-average. Since 1995 the gross value added of the sector in basic prices increased from circ. 18,1 bn. EUR up to 30,6 bn. EUR. This is an increase of 70 % and therefore 5 percentage points higher than the accumulated increase of the gross value added of all the sectors together (Statistik Austria 2012b, p.313-314.)

The data available in Austria are dissatisfactory to this point as they do not separate the health and social service sector in a public part on the one hand and in a profit and a not-for-profit part on the other hand. A unitary definition of what is meant by the “health and social service sector” and which occupational groups are 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 therefore can just be seen as guidance value and are not sufficient.

Meyer *et al* (2010) state in their article on the Austrian not-for-profit sector:

*„So important the not-for-profit sector is for the Austrian economy and society so fragmentary is the available information. There is still no “satellite account“ for NPOs in the national accounts.“*

For further information on the quantitative picture also see Badelt *et al* (2007, p 63-79). More key data and operating figures on the economic relevance and employment of the not-for-profit sector can be found in Meyer *et al* (2010).

Especially the high part time employment rate and the high need of additional qualified personnel in the care sector, show the challenges of the future. Nearly all of the interviewed employers state how important it is to succeed in the competition for qualified employees. It is of high importance to make the social sector attractive and to prove it as a valuable and worthy sector (Interviews Fenninger, Gruber, Necina 2012).

### **3 Social Dialogue in Austria**

Social dialogue defined as a dialogue between employers and employees, in Austria mainly takes place at three different levels:

- Firstly the so called economic and social partners are being involved by the government in the origination process of labour laws in Austria and already therefore have a quite important role in the regulation of labour conditions.
- Secondly, *“in addition to the legal regulations essential fields of the working conditions (particularly payment, flexible organization of working time, supplementary premium) are regulated and negotiated through collective agreements between employers´ and employees´ associations.”* (bmask 2010)
- Thirdly *“At company level, the interests of employed persons are represented by works councils or—in the public sector—by staff representatives... Under the collective agreements negotiated annually by individual industry unions, they conclude agreements with their companies which may exceed—but not fall short of—the levels laid down by collective bargaining”* (Austrian Trade Union Federation 2010, p. 4)

### **3.1 The Austrian Model of Economic and Social Partnership**

Social dialogue in Austria – seen as dialogue between employers and employees – is realized in the frame of an institutionalized system of close cooperation of the economic and social partners. This voluntary and informal system is called “social partnership”. The regulation of working relationships through collective agreements, issuing of a statute and minimum wage agreements all going beyond company level is one of the main tasks of the social partnership in Austria. *“Austria has a collective agreement coverage of more than 95 %, which has contributed to considerable income security and to equal conditions for the competition of the businesses”* (Austrian Trade Union Federation, 2010, p.6).

According to the self definition of the Austrian social partners (Die Sozialpartner Österreich, n.d.) the social partnership does not deal with industrial relations alone:

*„What distinguishes the Austrian social partnership is that it extends to practically all areas of economic and social policy. For this reason Austria is considered an excellent example of corporatism, i.e., comprehensive and co-ordinated representation of group interests“.*

Social partnership is comprised of the following four associations:

- Austrian Trade Union Federation

- Federal Chamber of Labour
- Austrian Federal Economic Chamber
- Conference of Presidents of the Austrian Chambers of Agriculture

*„Social partnership is based on the comprehension that conflicts of interest can be solved through dialogue and that there can be a balancing of economical and social interests through compromise” (ÖGUT 2012).*

### **3.2 Collective Agreements as an Instrument of Social Dialogue**

Collective agreements are an important instrument in the Austrian system as here industrial relations are shaped more closely in a dialogue beyond company level. The ministry of labour, social affairs and consumer protection (bmask 2012) describes the nature of a collective agreement as follows:

*„In Austria in addition to the legal regulations essential fields of the working conditions (particularly payment, flexible organization of working time, supplementary premium) are regulated and negotiated through collective agreements between employers´ and employees´ representatives. Thus certain minimum wages and minimum standards should be accomplished – without involving the state.*

*The Austrian Labour Relations Act defines the scope of areas to be negotiated and some of the basic conditions (e.g. collective bargaining ability). With regard to the content, the partners of a collective agreement are largely unbound in negotiating the area of wage policy. Some legal frameworks (e.g. principle of equal treatment) must be observed though.*

*Collective agreements are contracts concluded by authorised corporate bodies of the employers´ side on the one hand and of the employees´ side on the other. For the main part collective agreements regulate mutual rights and obligations emanating from the employment“.*

The Austrian system is characterized by the fact that only specified interest groups and professional organizations can be involved in social dialogue. Only those organizations are authorized to conclude collective agreements that have been recognized either directly by law or by the Federal Arbitration Office (Ministry of Labour, Social Affairs and Consumer Protection).

By law, employers' and employees' associations are then able to enter into collective agreements, *"... if they meet the requirements of opponents-independency and the regulation of working conditions is one of their core responsibilities. These are the Federal Chamber of Labour on employees' side, the Austrian Federal Economic Chamber and their professional sub-organizations on employers' side as well as a series of chambers of the independent professions."* (bmask, 2012)

Voluntary professional associations of employers and employees are then able to enter into collective agreements if they meet certain criteria and the Federal Arbitration Office adjudicates their collective negotiating powers. This includes, amongst others, that the professional organization is operating in a wider geographical and technical scope, and economic importance is incumbent upon them on the basis of their broad membership and scope of activity.

Because of this restriction an inflation of the number of approved professional bodies and therefore also collective agreements concluded, can be prevented - as they are described for example for Germany (Hilbert *et al* 2012).

The most important voluntary professional organizations are Austrian Trade Union Federation on the employees' side and the Federation of Austrian Industries on the employers' side. In the health and social sector the „Berufsvereinigung von Arbeitgebern für Gesundheits- und Sozialberufe“ (BAGS) has been approved an employers' collective negotiating body in 1997. In 2012 BAGS has been renamed „Sozialwirtschaft Österreich“

### **3.3 Works Councils**

*“At company level, the interests of employed persons are represented by works councils or—in the public sector—by staff representatives. For companies having more than five employees the Labour Constitution Act stipulates that a works council or staff representative be elected every four years. All employees are entitled to vote, not just trade union members. Works council members have special protection from dismissal. At company level they have clearly defined participation, information, intervention, and supervision rights. Under the collective agreements negotiated annually by individual industry unions, they conclude agreements with their companies which may exceed—but not fall short of—the levels laid down by collective bargaining”* (Austrian Trade Union Federation 2010, p. 4)

## **4 Social dialogue in the Profit- and Not-For-Profit Health and Social Service Sector**

### **4.1 Unification of the Social Dialogue**

The existence of a standard collective agreement that covers the whole profit- and not-for-profit health and social service sector in Austria is especially seen by the employer side as an important element to avoid wage – and salary dumping. Standardized regulations lead to fair and equal conditions of competition for all of the businesses and institutions involved (Interview Fenninger, Interview Gruber 2012).

In 1997 a voluntary professional association of employers, the BAGS, was founded mainly to unify the health and social service sector in Austria that was previously fragmented across multiple industries, and to negotiate one single collective agreement,. However, the final compromise for the collective agreement within the sector happened historically seen quite late, namely in 2003. BAGS was renamed “Sozialwirtschaft Österreich” in 2012

Further important aims of the Sozialwirtschaft Österreich (2012) are:

- negotiations with the public authorities to represent the interests of the members,
- economic safety and the emancipation of the third sector,
- strengthening and better positioning of the professions in the health and social service sector,
- Quality management.

In October 1997 the Federal Arbitration Office adjudicated collective negotiating powers to BAGS that could conclude from that time on all collective agreements for all of the health and social service sectors. BAGS started negotiations with the trade union for the private employees (now GPA-DJP) and with the union Vida. The aim was to complete one single nationwide collective agreement for the full range of health and social services, including the disability sector, child and youth welfare and labour market policy services.

The complexity of the collective agreement unification, resulting from partly historically developed, industry-specific and regional differences can be seen in two different aspects: The first one is shown by the relatively long negotiation period until

December 2003. The second one is shown by the *"... sophisticated system of transitional arrangements...until 2019"* (Bödenauer et al 2009, p.7).

According to recent information from the website of Sozialwirtschaft Österreich (2012) *„...the collective agreement is valid for more than 300 member organizations nationwide. These organizations provide their services with more than 41.600 employees."* Bödenauer et al assume at least for 2009, *„...that European-wide there was no collective agreement for the private social service sector that included as many employees as the BAGS – collective agreement."*

#### **4.2 Statute of the BAGS collective agreement**

The aim of the "Sozialwirtschaft Österreich" was, to let the BAGS collective agreement be declared as a statute by the Federal Arbitration Office. Through this legal act a collective agreement is awarded binding legal obligation outside of its original sphere. *"The purpose of this legal instrument is to provide employees, who are not provided with any collective agreement from their employer side, with the benefit of a collective scheme"*(Schwarz/Löschnigg 2000, p. 114). That goal was, for the first time, established on 1<sup>st</sup> of May 2006 whereby the scope of the BAGS collective agreement has been extended to organizations that are not members of the BAGS (Sozialwirtschaft Österreich 2012). With this step equal working conditions for the same functions in the same industry were achieved. BAGS collective agreement therefore is valid for the whole profit and not-for profit social service sector in Austria.

Being declared statute, the collective agreement BAGS is *"... in Austria, the only collective agreement providing regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed..."*

*Being declared statute the BAGS collective agreement takes the place of sub-group contracts of various organizations and professional groups in the Austrian provinces and replaces more than 200 different company arrangements. For 60 social professions it creates minimum standards that must not be fallen short of. Already existing favourable provisions remain valid though"* (Sozialwirtschaft Österreich 2012).

This positive assessment of the statute as a standardizing instrument is not equally shared by all of all stakeholders in all provinces. A participant of the national workshop on 12th of March 2012 criticized that the regional conditions are not taken into account sufficiently.

### **4.3 Contents of the BAGS collective agreement**

Main contents of the collective agreement BAGS (2012) are particular regulations on working hours and wages. As part of the regulations on working hours the normal weekly working hours and their spreading, part-time work, overtime, standby, rest periods and vacation are regulated. The provisions related to wages include, amongst others, the classification schemes according to occupational groups and the establishment of a minimum basic salary for these groups according to salary scales.

Further more fringe benefits and surcharges, the crediting of years of prior employment and the continued payment of salary during vacation are regulated. Provisions for training, supervision, sabbatical, retirement and termination of employment complete the guidelines (BAGS 2012).

According to the social partners, which were involved during the negotiations, the standardization of salaries has been the core topic within the collective agreement. What *"... on the other hand leads to considerable difficulties in the implementation and the applicability"* (Bödenauer *et al* 2009, p. 7).

In the preface of Löschnigg/Resch, Bödenauer *et al* (2009) describe the key issues as followed: *"The collective agreement provides a contemporary wage structure, as well as the requirements for flexible working hours in connection with a reduction in working hours to 38 hours a week. The collective agreement includes mechanisms against „burn-out phenomenon“, provides enhanced protection for part-time employees and improves the vacation policy. "(p.7)*

The difficulties of the unification of existing wage systems described above, has been confirmed several times by stakeholders at the national workshop on 12<sup>th</sup> of March (BAWO 2012). Several participants from various provinces reported a change for the worse in wages since the introduction of the BAGS collective agreement. In one social service in Tyrol it was described as an introduction of a two class system: The

higher-paid employees covered by the old agreement and the lower-paid employees covered by the BAGS collective agreement.

As a particular problem the participants of the workshop mentioned the "negative looping in" of the wage system. This means that employees who were classified within a higher wage level can remain in the old wage scale, but their salary increase is less, until their wage is the same as it would be within the BAGS collective agreement. As a further weakness of the collective agreement, which affects the wages in a quite negative way, the participants of the workshop described the lack of descriptions in regard to the occupational group and the lack of sufficient recognition of years of prior employment.

Improvements of the wage system occurred in the disability sector and for all those who previously earned very little. In the area of the homeless sector, it was a real improvement for those employees who work in night shifts. In the province Upper Austria around 90% of the staff decided immediately - because of a monetary improvement – to change into the BAGS scheme.

The introduction of occupational groups was in the national BAWO workshop in general seen as a positive development. However, the intermingling of the classification according to work content with the classification according to educational background has been criticized. This would create some problems in interpretation and implementation. This would, especially in the social services sector provided for the homeless, lead to the creation of vocational descriptions with a lower educational level as before. These descriptions correspond to a lower job category and therefore a lower wage. The local and regional authorities and funding bodies would then determine that these lower educated employees can work in any service provided for the homeless. All in all this leads to a financial and quality downgrading of the homeless sector.

Almost every participant of the national workshop and the interviews mentioned as a major problem the interaction between collective bargaining and public procurement and payment for the social services. Although the collective agreement defines that favourable existing provisions should continue, the authorities are only willing to pay the costs for the cheaper BAGS wages. Some social services were recommended already to carry out "restructurings" in order to pay wages on BAGS level which means nothing less than they were recommended dismissal of staff.

One participant of the national stakeholder workshop criticized:

*„Although the BAGS collective agreement is a minimum wage tariff, by the funding bodies it is treated as if it would be a maximum wage rate. The authorities do not pay more for the services delegated.“*

Sepp Ginner, managing director of the association “Supervised Housing” in Lower Austria and Chairman of the BAWO formulated this as follows:

*"Social services are dependent to 100% on the funding bodies. There is very little tolerance and space to move. There are quite some requirements that were formulated in BAGS collective agreement, but are ignored by the authorities. For example: if there are existing old agreements which are better than the BAGS, these agreements should stay in action. This is completely ignored by the funding bodies. Secondly, the labour grading of new employees within the BAGS is too restrictive. The provinces use that, to recommend the institutions, to employ cheaper employees. These are the two major pitfalls."*

Erich Fenninger, deputy chairman of “Sozialwirtschaft Österreich” addresses the triangle employer – employee and funding body in his interview as follows: *"That's right, that makes the difference in the social sector. Why? Because in the private sector of the economy employers are quite free in their decisions. Free in their design of a product developed, the quality and the price offered."*

*This means that a producer or a trader can decide how the product is launched: Which product, for what quality and at what cost. And we (note: the social sector services) don't have all these possibilities by our own we only have them, if at all, in the dialogue with the funding body. This means that in the first place the local and regional authorities order services, according to certain quality criteria, and at the same time, they set the price. It is virtually defined by the state, which services should be offered and which can be carried out. Secondly, with what quality and third at what price... so they (note: the funding bodies in the negotiations about the collective agreement) virtually sit with us on the table."*

The chairman of the “Sozialwirtschaft Österreich“, Wolfgang Gruber (Interview 2012), has another opinion on this point. Similar to other sectors, the social sector should be in the position to set the price in relation to the arising expenses and not just be determined by the funding body. His point of view is that it does not make sense to invite the funding bodies to take part in the social dialogue.

#### **4.4 Other collective agreements in the health – and social service sector**

In addition to “Sozialwirtschaft Österreich” (formerly BAGS), which is the largest professional employers’ association in the health and social service sector in Austria, several other professional employers’ associations have been approved a collective negotiating body by the Federal Arbitration Office. That includes some of the largest social service organizations in Austria: Caritas, Diakonia and the Red Cross, but also the employer association of social - and health services in the region of Vorarlberg.

Further employers’ associations that have been approved for collective bargaining are listed on the website of the Ministry of Labour, Social Affairs and Consumer Protection (2012). Amongst others the following professional associations of employers in the health and social sector are listed:

- Neustart – Bewährungshilfe, Konfliktregelung, Soziale Arbeit
- Verband steirischer Alten- und Betreuungsheime
- Interessenvertretung von Ordensspitälern und von konfessionellen Alten- und Pflegeheimen Österreichs
- Niederösterreichisches Hilfswerk
- Dachverband für ambulante Alten- und Heimhilfe
- Verein Interessenvertretung karitativer Einrichtungen der Katholischen Kirche in Österreich
- Österreichisches Rotes Kreuz
- Arbeitgeber/innenverband der Diakonie Österreich
- Arbeitgeber/innenverein von Sozial- und Gesundheitsorganisationen in Vorarlberg, Bregenz
- SOS-Kinderdörfer

According to the interview with the head of the personal management of Caritas Vienna, Karin Necina (2012), the collective agreement of the charitable institutions in Austria include about 10,000 employees. In addition to the annual wage agreement, the development of a model for flexible working hours that suits the particular work and life situation of the employees is currently a major issue in Caritas social dialogue. Furthermore maternity leave will now be recognized as full working years

for the job grading scheme. This is important, as various job entitlements are dependent of the sum of the years employed.

The collective agreement sets out conditions which are the basis for company agreements based on regional conditions at regional level. Regional conditions are often very different, even the salaries are regionally quite different.

The Caritas Vienna is currently working on a career pool to create internal career opportunities for their employees. With this career pool they want to make the Caritas more attractive and keep the employees in the institution. Furthermore, Caritas works on a health project for its staff. This project deals with burn-out prevention and a better way to cope with time pressure. Additionally occupational safety in terms of protection against internal and external violence is one of the main topics in the project. The growing shortage of skilled workers in the long term care sector should be brought to an end with projects that prove the Caritas attractive as an employer.

According to a press release of the Diakonie (2006) their collective agreement – completed on March 29th – was the third agreement in the social sector after the Caritas´ and the BAGS´ collective agreements. This agreement applies to the charitable institutions for the work with the elderly, the disabled, the child and youth care, the rescue - and ambulance services as well as refugee aid. This affects about 2.500 employees all over Austria. Michael Chalupka, director of “Diakonie Austria”, described the negotiations of working time as the biggest challenge.

Essential elements in the Diakonie-collective agreement were shallower wage curves with a higher starting salary, the introduction of the 38-hour week and flexible working hours by increasing the reference period. The difference between blue – collar workers and employees was replaced a homogeneous system of employees. The possibility of a sabbatical and supervision, both meant as "burn-out" prevention and vocational training days are also recorded in the agreement.

The collective agreement of the Red Cross is valid for about 5.500 employees of the Red Cross in Austria. The agreement consists of a part describing general labour guidelines and nine appendices for each state with different wage scales. The collective agreement is federally structured and therefore can address country-specific characteristics (Schneider 2012).

There is one important aspect on the concept of social dialogue that should be pointed out: Not every stakeholder or interview partner used the term “social

dialogue” in regard to the dialogue between employees and employers. In the national workshop and in one interview it came to a mixture with the term civil dialogue. This did partly lead to blur, especially with recommendations to the European level.

In our opinion there are two potential reasons for this confusion in terms. On the one hand this may be a result of the late attempt to unify the health and social service sector. On the other hand this is probably associated with the strong involvement of civil society in civil dialogue.

## **5 Social Dialogue in the Public Health and Social Service Sector**

### **5.1 The Public Sector**

This chapter summarizes the results of the expert interview with Bernhard Harreither, chairman of the Union of Municipal Employees, Major group II (Gewerkschaft der Gemeindebediensteten – GdG, Hauptgruppe II). He is one of the leading experts on issues for social dialogue in the public health sector in Austria. In addition to that this chapter describes the IFES (Institute for Empirical Social Studies) study "time for humanity" more into detail.

The term “public sector” in this report is used for circumstances where social services are delivered by national, regional or municipal public authorities or public sector agencies themselves.

There is no collective bargaining in the public sector in Austria. Social dialogue takes place between public-sector trade unions and government representatives. Labour conditions are regulated by laws. Harreither (2012) notes that the working conditions, wages as well as pension benefits in the public sector are regulated by federal and province laws instead of collective agreements. That includes:

- pay regulations
- service regulations apply to public servants, contract staff<sup>1</sup> regulations apply to contract staff
- pension schemes

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<sup>1</sup> The term „Vertragsbedienstete“ was translated as „contract staff“

These laws are defined for each province and as well as for employees of the federal government.

Harreither also points out, that about 2/3 of the employees in the health sector in Vienna are contract staff, just 1/3 public servants. In principal, the status of being a public servant having tenure was abolished and in the health and social service sector new employees now get the status of a contract staff. In general Vienna is, on an Austrian basis, part of the top layer in tenure. However, in the last five years, only top public servants, who should be independent from politics, got tenured. According to Bernhard Harreither the labor law status of contract staff is comparable with the private sector. points out in his interview:

For the employees in the health sector there are four different unions, depending on the service provider:

- Union of Public Service
- Union of Municipal Employees merged with the Union of Art, Media, Sports and Freelance Workers (KMSfB). They represent all employees working for the city government.
- Trade Union of Private Employees (GPA)
- Vida

The competences of these four unions are bundled in the Association for Health Professions in the Austrian Trade Union. All unions supply this association. If new laws are about to be enacted that are tangent to non-physician health care professions, than the Association for Health Profession is invited to submit a statement.

Employers in the public services in the health and social sectors are the regions, cities, municipalities, as well as the federal government. Hospitals are partly outsourced from the public service; although they are still to 100% in the ownership of the country or city. In Austria, the regions bear the responsibility for the public health care. Furthermore, outsourced hospitals are included in the BAGS collective agreement.

In Vienna, the counterpart of social dialogue in the health sector within the public service is the Director of the Hospital Association (Krankenanstaltsverbund - KAV) for all matters that the City of Vienna has assigned to him in this function. For any other

matters, such as fixing the number of employees, the responsibility lies within the head office of the municipal authorities (Magistratsdirektion).

## **5.2 Important working issues within the public service in the health – and social sector**

Currently the discussion in the Austrian health sector is dominated, as in many other countries, by budget constraints. Until 2016, the Austrian Federal Government has a vision of a so called “cost containment path”. In the health sector the amount that has to be economized until 2016 lies around EUR 3.5 billion. These savings should be covered to 40 % by the social insurance and to 60% by the hospitals themselves.

In this context, cost containment path means that the cost increase should be 3.5 billions less than it is prognosticated. From 2016 onwards, measured in regard to the GDP, there should only be an annually increase by 3.7 %. This means, that the rise in healthcare costs can just be 3,7 % higher than the economy output in the same period.

An example should illustrate this: If the GDP grows in a year around 1%, than the health sector can grow in the same year 4.7 % (1 % +3.7 %). According to estimations by Harreither (2012), this goal won't be reached without structural reforms. A national steering group should define the services and coordinate. The unions see it as an important objective that the services are coordinated.

Because of the requirement to have an accounting balance by 2016, cost containment will also affect the budget of other social areas in the regions and communities. According to Harreither (2012) therefore services of general interest will be affected: The regions would have to save a total amount of 5.2 billion EUR, Vienna around 1 billion EUR. The Hospital Association should save around 200 million EUR of these 5.2 billion, the city of Vienna additionally 800 million EUR. These cuts will affect all public funded areas. The health - and care sector will be affected as well as the disability sector.

Harreither states in the interview (2012):

*"As a social partner we say: if necessary we have to enforce proper structural reforms. It is not the question how many hospitals we have. The patient needs qualified treatment. As long as the patient gets the best care that is necessary, it*

*doesn't matter where the service comes from; from a private practitioner or in the clinic or else where. "*

### **5.3 „Time for Humanity“**

According to Harreither (2012) the improvement of working conditions in the health sector is currently the hot topic. He describes this as follows:

*"The work in the health sector is getting more and more, cases per employee are increasing. For this reason last year there was a big demonstration of health workers against this situation. According to a survey 70 % out of 10.000 responding employees want better working conditions and are willing to go on strike for it."*

Due to precarious working conditions in the health sector, the union also initiated another survey amongst health sector employees called "Time for Humanity". The union wanted to find out if improvements are necessary. From employer's side managers were interviewed, concerning the same subject. The resulting findings were presented in early 2012.

From the employers in the health sector, the following issues were identified for improvement:

- Improvement in terms of communication and organizational procedures: breaks, admission management and training of newly employed staff
- Improve the cooperation with extramural sector – e.g. with the emergency services
- In the area human resources important issues are: working hours, the obligatory takeover of tasks not associated with the job, in particular important is the takeover of administrative activities and lack of cleaning staff.

The results of the employees were summarized in a survey called "Time for Humanity" (IFES 2012). The Institute for Empirical Research in Vienna carried out this qualitative survey in the 4<sup>th</sup> quarter of 2011 and published it in March 2012. In the survey, two open questions were asked:

1. What has to be changed for you that the working pressure decreases?
2. What means "time for humanity" for you?

1414 questionnaires out of 6599 responses were evaluated. Most questionnaires (58.6%) were completed by nursing staff.

The IFES survey (2012) mentions, with regard to the reduction of working pressure three aspects:

- *"The most frequently cited reason for working pressure is seen in the low number of staff (984 questionnaires). Shortage of staff effects the daily life of all five interviewed occupational groups (...) and is a key factor. It effects multiple other areas that make work life hard by themselves or it can even create problematic areas.*
- *The interviewees see the change of their fields of activities as a burden (494 questionnaires). They mean tasks, which are added or needed to be done more often (e.g. written documentation) and the additional work and tasks of other professional groups.*
- *In regard to the working pressure, the interpersonal dealings amongst the colleagues are important (461 questionnaires). More communication, an appropriate and friendly working atmosphere/environment and mutual appreciation could reduce the pressure according to the questionnaire ... "*

The IFES survey (2012) summarizes, concerning the second question: "What means "time for humanity" for you?" the following:

- *"Humanity for employees" means in particular a good working atmosphere as well as pleasant/likeable interaction with each other, based on appreciation, respect and recognition, openness and honesty.*
- *"Humanity for patients" could be achieved, if there would be more time for a thorough and individualized nursing care."*

Overall, it should be noted, that Harreither (2012) estimates that 90 % of the results are in line with, no matter if employer or employee.

Although, there is one major difference concerning the lack of staff and is described in the study as follows:

*"Employees see the shortage of staff in the health sector as a bigger issue. Meetings and an in-depth conference should give room for discussion and results, which are*

*developed jointly. Participants in this conference will be the union and the Hospital Association, as well as the Municipal Authorities, if necessary.”*

## **6 Recommendations**

### **6.1 Possible issues for the European level for social dialogue**

One of the aims of PESSIS is to identify themes for social dialogue for the European level. Therefore the interview partners were asked questions in regard to that topic. Our interview partners mentioned seven major themes in this context:

#### **Working time**

According to the Union of Municipal Employees a stronger European law regarding working time is needed. Essential within that topic is a better maximum limit for extended working hours. The individual countries should not have the possibility to have a "opt out" clause. With the current regulation there is a chance that company agreements allow over time up to 78 hours per week.

#### **Education**

The future need for qualified nursing staff in Austria until 2025 is estimated about 20.000 qualified nurses higher than today. According to many of our interview partners a training offensive is needed in Austria. From the European Commission exists a proposal that regulates the standardization of the education throughout Europe. A higher qualification is important on the one hand, at the same time, the permeability for people without A – level but an occupational aptitude for nursing should be ensured on the other hand.

#### **Aging Workforce**

Age-appropriate work is an important issue for the health and social service sector at European but also at local level. This is especially important, as the retirement age is currently raised, as a result of the spending cut all over the European countries. The problem is that many older employees are physically no longer in the position to meet the requirements of their job. This applies to kindergarten, as well as in the maintenance area - or the disability sector. One goal is to create own requirement profiles for older employees, so that they can continue to contribute their knowledge and experience.

According to some of our interview partners it is necessary to introduce a new wage system. This system should start with a higher initial salary for newly recruited staff and then flatten off. With that change, the sum of lifetime earning will be re-arranged and the employment of older employees – as they earn less – is more attractive for employers.

### **Ethical recruiting**

Many EU countries hardly train and educate professionals in the health sector. Instead, they are recruited from other countries. With that comes a loss of knowledge and loss of skilled workers for the educating country. For these countries the result is a so-called "brain drain" that brings considerable disadvantages.

### **Occupational health and safety**

As a positive example of social dialogue on European level, Harreither (2012) mentioned the EU directive to prevent injuries and infections to healthcare workers from sharp objects such as needle sticks. The European Commission asked the social partners at the European level to find solutions regarding this issue. The negotiations on European level led to a sustainable directive that must be implemented now. Matters of occupational health and safety are excellent matters for the European level, because the high cost pressure and the self interest are too high at national level.

### **Quality of services**

*“The issue of quality of social services has been a very prominent one on the European agenda in the last couple of years. Efforts concentrated on the topic gathered momentum at the end of 2010 when the European Commission published the Second Biennial Report on Social Services of General Interest entirely devoted to the topic of quality”* (Krzystek 2012). All of our interview partners have mentioned the issue of quality as an important issue to be dealt with by the European level.

### **Protection of the third sector**

According to Fenninger (2012) it is important that services of general interest are protected against boundless competition. In areas where no profit can be made it is also necessary to secure the supply of health and social services. There was a common consensus on this view by all of our interview partners who named this as an important task for the European level.

## 6.2 Other Recommendations

The clear structuring of social dialogue in Austria can be considered a good practice for the European level. The Austrian system is characterized by the fact that only specified interest groups and professional organizations can be involved in social dialogue. Only those organizations are authorized to conclude collective agreements that have been recognized either directly by law or by the Federal Arbitration Office. This includes, amongst others, that the professional organization is operating in a wider geographical and technical scope, and economic importance is incumbent upon them on the basis of their broad membership and scope of activity.

As social partnership aims at cooperation and constructive dialogue, collective agreements mainly are reached through negotiations without strike or other industrial actions. *“Austria has a collective agreement coverage of more than 95 %, which has contributed to considerable income security and to equal conditions for the competition of the businesses”* (Austrian Trade Union Federation, 2010, p.6).

When it comes to the health and social service sector, the Austrian system is also characterized by the successful attempt to unify the sector that was previously fragmented across multiple industries. Today the BAGS collective agreement provides regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed.

One of the recommendations in our national workshop aims at the European level and refers to the described influence of the funding bodies: This triangle situation should be better analyzed, and pilot projects for a better integration of the funding bodies in the system should be tendered.

Last but not least all of the interview partners recommend further measures and funding to investigate the health and social service sector more in depth. This sector is a future industry with *“great growth dynamic and extraordinary job growth perspectives for future decades”* (Hilbert *et al* 2012). Investments in this sector are investments social peace and future prosperity.

## 7 Summary

The health and social service sector in Europe is seen as future industry with excellent job growth perspectives. Gruber (2012) quantifies the average compound annual growth rate (CAGR) of employment in the sector (2004 - 2010) with 3,35 %. This rate is therefore 2 percentage points higher than the average CAGR of all the sectors together in the same period. In relation to the number of employees, the health and social service sector is the third largest sector in Austria, coming right after the production of goods with 653.900 employees and the sector commerce/maintenance and repair with 629.100 employees (Statistik Austria, 2012a, p.33).

The proportion of female employees is the highest of all sectors (77,1 %) as is the proportion of part time employment (42,9 %) (Knittler 2011, p.1102). There is a high need of additional qualified personnel, especially in the field of long term care. In this sector the need for additional employees is estimated with around 20.000 until 2025 (Harreither 2012).

Social dialogue in the health and social sector mainly takes place at different levels:

- Laws in Austria in general are issued with the involvement of the “social partnership”
- Collective agreements are an important instrument in the Austrian system as here industrial relations are shaped more closely in a dialogue beyond company level.
- At company level works councils conclude agreements with their companies.
- In the public sector staff representatives negotiate with government officials. Instead of collective agreements working conditions are regulated by regional and national laws.

The frame in which social dialogue mainly takes place is called social partnership. „*Social partnership is based on the comprehension that conflicts of interest can be solved through dialogue and that there can be a balancing of economical and social interests through compromise*” (ÖGUT 2012).

The regulation of working relationships through collective agreements is one of the main tasks of the social partnership in Austria. “*Austria has a collective agreement coverage of more than 95 %, which has contributed to considerable income security*

*and to equal conditions for the competition of the businesses” (Austrian Trade Union Federation, 2010, p.6).*

In 1997 a voluntary professional association of employers, the BAGS, was founded mainly to unify the health and social service sector in Austria that was previously fragmented across multiple industries, and to negotiate one single collective agreement. However, the final compromise for the BAGS collective agreement within the sector happened historically seen quite late, namely in 2003. BAGS was renamed “Sozialwirtschaft Österreich” in 2012

*According to “Sozialwirtschaft Österreich” (2012) today „...the BAGS collective agreement is valid for more than 300 member organizations nationwide...Being declared statute, BAGS is in Austria the only collective agreement providing regulations for the entire health sector, social services sector, disability sector, child and youth welfare services and labour market services. Currently, in these areas, around 90,000 people are employed... the BAGS collective agreement takes the place of sub-group contracts of various organizations and professional groups in the Austrian provinces and replaces more than 200 different company arrangements. For 60 social professions it creates minimum standards that must not be fallen short of.”*

According to the social partners, which were involved during the negotiations, the standardization of salaries has been the core topic within the collective agreement. What *“... on the other hand leads to considerable difficulties in the implementation and the applicability”* (Bödenauer *et al* 2009, p. 7). These difficulties were confirmed by many of the stakeholders of the national workshop on March 12<sup>th</sup> 2012.

Besides the improvements the collective agreement also brought, almost every participant of the national workshop and the interviews mentioned as a major problem, the interaction between collective bargaining and public procurement as well as payment for the social services. Although the collective agreement defines that favourable existing provisions should continue, the authorities are only willing to pay the costs for the cheaper BAGS wages. In the view of some of the participants the minimum tariff of the collective agreement has therefore changed into a maximum tariff.

In 2011 wages have been one of the most important topics of social dialogue. Besides that the recognition of maternity leave as working time for various further claims, the development of models for flexible working hours, the lack of staff and

better working conditions and qualification and vocational training for staff have been mentioned as topics for social dialogue.

In the Austrian public sector the discussion currently is dominated, as in many other countries, by budget constraints. Until 2016, the Austrian Federal Government has a vision of a so called “cost containment path”. In the health sector the amount that has to be economized until 2016 lies around EUR 3.5 billion. According to Harreither (2012) the improvement of working conditions in the health sector is currently also a hot topic. Due to the precarious working conditions in 2011 there was a demonstration of health workers, many of them were willing to go on strike for it. The union has therefore initiated a survey amongst health sector employees called “Time for Humanity”.

This IFES survey (2012) mentions, with regard to the reduction of working pressure three aspects:

- The most frequently cited reason for working pressure is seen in the low number of staff (984 questionnaires).
- The interviewees see the change of their fields of activities as a burden (494 questionnaires)
- In regard to the working pressure, the interpersonal dealings amongst the colleagues are important (461 questionnaires)

As important topics that could be dealt with in social dialogue on the European level our interview partners have mentioned:

- Working time and a maximum limit for extended working hours
- Health and safety at the workplace
- Aging workforce
- Ethnical recruiting
- Education and vocational training of staff
- Quality of services
- Protection of services of general interest

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## Appendix

### Questionnaire

Das Projekt PESSIS: “Promoting employers’ social services organisations in social dialogue“ hat als Ziel, den Mangel an qualitativen und quantitativen Daten über den Sozialen Dialog im Sektor der Sozialen Dienstleistungen aus Sicht der Arbeitgeber in Europa zu beheben. Projektpartner sind neben der EPSU, SOLIDAR, die FEANTSA, die CARITAS Europa und auch die BAWO in Österreich. Für den Zweck des Projektes PESSIS wird der Begriff “Social Dialogue” definiert als “Dialog zwischen ArbeitgeberInnen und ArbeitnehmerInnen”. Im Projekt werden insbesondere die Bereiche Langzeitpflege, Behinderung und Arbeit mit Kindern bis 5 Jahren näher untersucht.

In einem ersten Schritt habe ich eine Bestandsaufnahme zur Größe des Sozialen Sektors bezogen auf die Anzahl der Beschäftigten und der Arbeitgeber durchgeführt.

Welche Formen des sozialen Dialoges oder kollektiver Vereinbarungen bestehen? Wie groß ist der Anteil der Beschäftigten und Arbeitgeber, für die kollektivvertragliche Regelungen bestehen? Welche zentrale Arbeitsthemen werden geregelt und auf welcher Ebene?

In diesem Interview möchte ich gerne auf die Arbeitsthemen und Ebenen, in denen diese behandelt werden eingehen. Folgende Fragen möchte ich dabei erörtern:

1. Nehmen sie im Moment an irgendeiner Form des sozialen Dialoges teil?
2. Können sie Details existierender Vereinbarungen des sozialen Dialogs nennen?
3. Was sind die Stärken, was sind die Schwächen dieser Vereinbarungen?
4. Können sie erfolgreiche Beispiele sozialen Dialogs nennen?
5. Welche kollektiven Vereinbarungen decken Teile oder den gesamten sozialen Sektor ab?
6. Was sind die wichtigsten Arbeitsthemen (engl.: labour issues) die den sozialen Sektor betreffen?
7. Auf welcher Ebene (europäisch, national, regional, Städte-/ Gemeindeebene) treten diese Arbeitsthemen (labour issues) auf?
8. Wie werden diese derzeit adressiert – durch welche Ebene?
9. Können sie Fragen nennen, die am effektivsten/besten durch die Europäische Union angesprochen werden könnten?
10. Sind sie in europäische Fragen/ Themen involviert, zum Beispiel als Mitglied eines europäischen Netzwerkes?
11. Verfügt ihre Einrichtung über ausreichende Mittel um sich verstärkt in den Europäischen Dialog einzubringen?
12. Würden sie gerne noch etwas hinzufügen?

## Interview partners

### Expert interviews

Vorname	Name	Organisation	Bundesland	Funktion
Erich	Fenninger	Volkshilfe Österreich,	Wien	Geschäftsführer, stellv. Vorsitzender Sozialwirtschaft Österreich
Wolfgang	Gruber	Sozialwirtschaft Österreich	Wien	Vorsitzender
Bernhard	Harreither	Gewerkschaft der Gemeindebediensteten Hauptgruppe II	Wien	Vorsitzender
Karin	Necina	Caritas Wien	Wien	Leiterin Personal
Bernhard	Schneider	Österreichisches Rotes Kreuz	Wien	Leiter Personal

### Participants national Workshops March 12<sup>th</sup> 2012 in Linz

Vorname	Name	Organisation	Bundesland	Funktion
Sieglinde	Trannacher	Volkshilfe Kärnten	Kärnten	Leiterin Wohnbereich
Sepp	Ginner	Verein Wohnen und Arbeit	Niederösterreich	Geschäftsführer
Thomas	Wögrath	B37 Oberösterreich	Oberösterreich	Einrichtungsleiter
Heinz	Schoibl	Helix Salzburg	Salzburg	Sozialwissenschaftler
Andreas	Graf	Wohnplattform Steiermark	Steiermark	Sozialarbeiter
Anita	Netzer	DOWAS Innsbruck	Tirol	Leiterin Finanzen/ Personal
Erich	Ströhle	Kaplan Bonetti gemeinnützige GmbH Vorarlberg	Vorarlberg	Vertreter ARGE
Gabriele	Kienzl	Vinzenzhaus, Caritas	Wien	Einrichtungsleiterin
Sara	Riedmann	bawo	Wien	Assistentin Vorstand
Franz	Sedlak	Arge Wien	Wien	Vertreter ARGE
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