

# **Rehabilitation and integration of people with disabilities: policy and legislation**

6th edition

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and Integration of People with disabilities  
(Partial Agreement) (CD-P-RR)

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## Table of Contents

	Page
Preface .....	7
Austria .....	9
Belgium .....	41
Finland .....	161
Luxembourg.....	183
Norway .....	203
Poland .....	221
Portugal.....	255
Slovenia .....	275
Spain .....	327
Sweden.....	359
United Kingdom .....	381



## **PREFACE**

### **Fields of activity of the Council of Europe**

The competence of the Council of Europe is very wide and covers practically all aspects of European affairs, with the exception of defence matters. Where, however, a lesser number of states wish to engage in some action in which not all their European partners desire to join, they can conclude a "partial agreement" which is binding on themselves alone.

### **Partial Agreement in the Social and Public Health Field**

It was on this basis that the Partial Agreement in the Social and Public Health Field was concluded in 1959 by the Council of Europe Committee of Ministers and revised in 1996 with effect from 1 January 1997. The following States are members of the Partial Agreement: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland.

In the sphere of rehabilitation and integration of people with disabilities, co-operation between states is ensured by the Committee on the Rehabilitation and Integration of People with disabilities (CD-P-RR).

Various studies have been carried out and resolutions drawn up. This work has been a continual source of inspiration for member states in connection with their legislative and administrative arrangements.



*AUSTRIA*



## **I. GENERAL POLICY**

### **1. Principles**

In 1992 the Austrian Federal Government agreed on a Disability Concept stating cornerstones of Austrian policy on disability matters:

Disability is one of the many forms in which human life occurs: it should be accepted as such and the people concerned should not be excluded in any way from participating in society. Austria's disability policy must be based on an overall view of people and must take equal account of their physical, mental, emotional and social needs. It should therefore be oriented towards the following principles:

#### ***Prevention***

Disability should be avoided as far as possible by preventative measures.

#### ***Integration***

People with disabilities must be able to participate in society to the largest extent possible.

#### ***Standardisation***

The lives of people with disabilities should differ from those of non-disabled people as little as possible.

#### ***Self-determination***

People with disabilities should be able to make their own decisions on matters that affect them, to the same extent as non-disabled people do, or at the very least to participate in them.

#### ***Helping people to help themselves***

Assistance should be oriented towards reinforcing the abilities of people with disabilities and their social environment and enabling them to achieve as much independence as possible.

***Finality***

Assistance for people with disabilities should be provided irrespective of the cause of the disability.

***Normal place of residence***

Assistance should be available to all people with disabilities who are normally resident in Austria in accordance with the provisions of the law, and regardless of their nationality.

***Customisation***

A scale of assistance should be offered in accordance with the needs of the individual, paying particular attention to short-term and transitional assistance.

***Decentralisation***

Assistance for people with disabilities must be easily accessible, and should be close to the place of residence or work wherever possible.

***Smooth transition***

The various types of assistance available for people with disabilities must complement one another, and particular attention should be paid to the points of transition between the various aspects of life.

***Rehabilitation***

Pensions or care benefits should only be approved once all forms of rehabilitation have been exhausted.

***Mobile and community assistance***

Institutional stays should be avoided wherever possible. Mobile, community and semi-institutional assistance should be given priority.

***Transparency***

In all facilities, priority should be given to small, transparent units in preference to large institutions.

## ***Accessibility***

The assistance provided must be made accessible to the people concerned through information and advice.

## **2. Aims**

The general aims of policy concerning the matters of disability are to implement the above-mentioned principles in any aspect of everyday life.

## **3. Fields of intervention**

Following the above-mentioned principles all the fields of social life must be adapted to the needs of people with disabilities as well as possible by means of legislation on the one hand, mainstreaming on the other hand.

## **4. General directives**

Art. 7 Sec. 1 of the Austrian Constitution has been amended recently to contain an expressive prohibition of discrimination on account of disability.

## **5. Definitions**

On 27 September 1988, the Parliament drew up a series of resolutions on disability policy. For example, it asked the Federal Government to subject the definition of the terms “disability” and “disabled person” to comprehensive examination, to co-ordinate them and to unify them if the differences are not justified from a practical point of view. The Austrian Committee for Social Work then organised a symposium on the subject on behalf of the Federal Ministry of Labour and Social Affairs. The participants examined the definition of the term “disabled” from economic, social and legal points of view, and came to the conclusion that at the time it was not possible to establish a uniform definition of “disabled” in law and make this the foundation for benefits. However they did agree that the definition of the term “disabled” would have to be broad enough to include the disabilities and special needs of people with disabilities relating to their social activities. With this in mind, two definitions have been drawn up to which the Federal Government and the provincial authorities have been asked to adhere in their disability policy:

“Persons with disabilities are persons of all ages who have a permanent and substantial physical, mental or emotional impairment in an area of social relationships important to their everyday lives. Persons who are threatened with such an impairment in the foreseeable future are also regarded as disabled.

Areas of social relationships regarded as vital are child-rearing, education, employment, other occupations, communication, living and leisure activities.”

“Persons with disabilities are those persons who are not able to

- sustain regular social relationships,
- acquire and perform gainful employment and
- achieve a reasonable and adequate income without assistance.”

In the discussions on the Federal Disability Act, which came into force on 1 July 1990, the demand was voiced for a definition of disability to be incorporated into the law. However, given the current legal situation, no legal consequences could be attached to such a definition. It was therefore decided not to incorporate a legal definition.

## **II. PREVENTION AND HEALTH EDUCATION**

### **1. Aims**

The Austrian Federal Government adheres to the comprehensive definition of health as set out by the WHO. In this context, prevention, rehabilitation and community care in particular must be given more support than was previously the case. The Federal Government therefore intends to:

- further extend accident prevention and preventative health care;
- extend community medical care and rehabilitation facilities and
- integrate psychological and psychotherapeutic measures into general health care.

The following measures should also be taken in respect of rehabilitation:

- the setting-up of rehabilitation wards in hospitals;
- the provision of rehabilitation in old-age and nursing homes;
- the extension of after-care to ensure that rehabilitation measures are successful.

With regard to psychiatry, the Federal Government intends to:

- develop a decentralised, community psychiatric care system and
- help people with mental disabilities to leave psychiatric institutions whilst at the same time setting up adequate long-term care structures.

## **2. Prevention of impairment, Prevention of disability, Prevention of handicap**

### ***Accident prevention***

There are approximately 600,000 accidents in Austria each year; of these almost 5,000 are fatal and about 460,000 necessitate sick leave (with hospital treatment required in about 220,000 cases). Associated with this is not only the human suffering, which is almost impossible to quantify, but also the enormous cost to the economy, estimated at approximately 100 billion Austrian schillings every year.

The number of accidents at work has been falling slightly for some years, as a result of employee protection regulations, medical care at work, the activities of workplace inspectors and preventative measures by accident insurance companies. Some 2,000 people suffer from job-related illnesses and almost 200,000 accidents at work are registered every year. Efforts to eliminate health risks at work and to reduce the risk of accidents must therefore be continued. A draft for a Work Protection Act, which complies with EC regulations, stipulates that employers must take into account specific risks stemming from employees' disabilities when assessing risk in their companies and drawing up the corresponding protective measures. Furthermore, medical and safety care at work is to be extended gradually to include all employees.

In view of the trend towards a leisure society, we will need to pay increased attention to traffic and leisure accidents and those in the home, particularly as they are more significant overall than accidents at work. Initial steps have been taken in the form of an obligation on the part of health insurance providers, introduced in 1992, to undertake health promotion and accident prevention measures. Accident prevention measures being taken by the various agencies bearing the costs should furthermore be co-ordinated in a comprehensive, nation-wide concept.

### ***Preventative health care***

Preventative health care should concentrate primarily on people in high-risk groups (e. g. drinking, smoking, overweight people and those subject to stress) or on age groups more prone to accidents (children and old people). Participation in preventative examinations run by health insurance companies has increased to about 500,000 persons per year. This indicates that Austrians are becoming increasingly health-conscious, although the services offered by health insurance companies (e. g. voluntary well-man/woman examinations, obligatory medical examinations for schoolchildren and apprentices) are not yet being taking up in sufficient numbers.

### **3. Health education**

Health education is included as a main focus in the teaching plans of all social, pedagogic and care professions.

## **III. IDENTIFICATION AND DIAGNOSIS**

Medical investigations beginning with pregnancy and early recognition during childhood and continuing at school and at the workplace try to identify impairments as soon as possible to begin therapy and rehabilitation immediately.

## **IV. TREATMENT AND THERAPEUTIC AIDS**

### **1. Medical treatment; Medical assistance, medical and functional rehabilitation; Prostheses, orthoses and technical aids**

The medical and orthopaedic care for persons with disabilities do not really differ from that of any other person. It is rendered by doctors or hospitals that are integrated into the general social security system. Only the financing of the care might be different. Of course there exist medical institutions that specialise in children and grown-ups with disabilities.

### **2. Assessment of abilities**

Assessment of abilities generally is offered by expert teams of the provincial governments and the labour market service. Also the integrative enterprises (sheltered workshops with normal wages) test their applicants. In some provinces (e.g. Vienna) assessment with regard to the general labour market is offered as a service of some non-profit organisations (NPOs) for people with disabilities.

## **V. EDUCATION**

### **1. Aims**

One important precondition for the success of rehabilitation measures is the early recognition of disabilities: there are both private and public institutions which offer early recognition and formative support services. There are special institutions in Austria for disabled children where trained personnel provide the children with special support.

Especially in less developed rural regions there exists a service rendered by the *Bundessozialämter* (Federal Authorities of Disability Matters), the mobile counselling service for juvenile persons with disabilities. Teams of doctors, psychologists and social workers counsel parents of children and juveniles with disabilities concerning all matters of disability, education and support.

An increased family allowance benefit, which rises from the age of ten, is paid for each child with a physical or mental disability.

The Austrian Federal Government aims to achieve as high a level of integration of children and young people with disabilities in schools as possible. For this reason it will be necessary to create additional facilities for special needs assistance and joint teaching of disabled and non-disabled children, despite the fundamental recognition of the special needs school as a possible educational institution. The government therefore intends to:

- set up different forms of organisation for joint teaching and special educational assistance (e. g. integrated classes or special needs teachers);
- replace obligatory attendance of special needs schools with a choice of different special needs schools;
- equipping special needs schools with additional facilities for the active support of integrative school attendance (special educational centres) and
- extending assistance for disabled pupils in general and vocational middle and senior schools.

## **2. Mainstream education**

When a child is disabled, the question often arises as to whether he/she would be better off in an ordinary school or a special needs school. Under no circumstances should it be automatically assumed that a disability necessitates a special needs school.

Children normally begin their schooling at the age of six and are obliged to spend at least nine years at school. In general, the system of “*Sonderschulen*“ (specialised classes or schools) is still common: there are special schools for remedial children as well as special schools for the hard of hearing, blind or physically disabled children. There are also experiments made with the integration of children with disabilities in general purpose schools.

In addition, an effort has been made to improve the possibilities of common teaching of children with disabilities and those without disabilities: A recent draft of a bill (amendment law of the “*Schulorganisationsgesetz*”) shall provide common teaching at primary school (age band 6 - 10), at lower secondary school and at advanced secondary general school / lower level (age band 11 - 14). The concept of integration comprises children with physical

and mental disabilities as well as those with a learning disability. Supplementary teachers with special training shall be engaged to ensure best results. Special training aids also exist for children with disabilities and, if necessary, special teaching books are available.

By school integration, we mean disabled and non-disabled children being taught together, which can go a long way towards preparing for later integration into society. Children with disabilities will be given remedial lessons where necessary, but will participate in normal lessons as far as possible and remain an integral part of the class. Numerous studies prove that integrating children in this way can have a positive effect on the social contacts and personal development of all the children concerned and that non-disabled children are not disadvantaged as a result. In many cases, the special assistance that can benefit the entire class can even result in better academic achievements all round.

Problems may arise for children with disabilities in mainstream schools because there is no protective framework like there is in a special school. This can result in a greater fear of school and lower self-esteem.

However, for many children with disabilities the benefits of an integrative school that meets certain requirements outweigh the disadvantages. These requirements in particular include special training for teachers, the availability of the additional necessary staff and material aids, reasonable class sizes, less “frontal” and more project-based teaching, a greater involvement on the part of parents and the necessary advice for all concerned.

If the journey to school is too long, all children are entitled to free transport; special attention is paid to children with disabilities.

### **3. Special education**

A child can attend a special needs school if he or she is able to attend school but cannot be taught in a primary or senior school because of his or her disability. Special needs schools have eight or nine school levels, they are divided up according to the nature of the disability and are either schools in their own right or are attached to an ordinary school in the form of special needs classes.

The task of a special needs school is to help the child with a disability to acquire the education he or she would otherwise have received at a common school, to prepare for his/her entry into professional life or to enable him/her to transfer to a middle or senior school to the extent his/her disability allows. These schools have specially trained teachers and teaching resources specific to the disabilities concerned, and plans of instruction are adapted to suit the disability. The maximum number of pupils in classes in special needs schools is established by law at between eight to fifteen, depending on the nature of the disability.

From a historical point of view, the introduction of special needs schools was undoubtedly a big step forward. The right of children with disabilities to an education was thus generally recognised, and the isolation and social exclusion suffered by people with disabilities was moderated. However, special needs schools have a number of serious disadvantages. The choice of a special needs school can be difficult for children with complex disabilities. The school may be a long way away from the child's home town, forcing him/her to board at the school and leave his/her own social milieu. There is often little cross-over between special needs schools and ordinary schools, so that the label "special needs pupil" will remain, along with all the associated social discrimination and poorer job opportunities in our high-achievement society. In special needs schools, the focus will in particular be on the child's disability instead of on its individual skills. The tenet of every school - that it should focus on what the children can do instead of what they cannot do - is all the more applicable to special needs schools.

Special needs schools will continue to be necessary for some children with disabilities. However, wherever possible, the aim should be to promote and to give priority to integrating children with disabilities into ordinary schools.

#### **4. Education and rehabilitation**

If education is necessary after accidents or vocational diseases, the costs are provided by the social insurance institutions.

#### **5. Education of adults with disabilities**

Supplementary education of adults can be subsidised if the education is apt to improve the vocational situation of a person with a disability.

### **VI. VOCATIONAL GUIDANCE AND TRAINING**

#### **1. Assessment of vocational aptitudes**

Assessment of vocational aptitudes generally is offered by the labour market service. In some provinces (e.g. Vienna) assessment with regard to the general labour market is offered as a service of some NPOs for people with disabilities.

#### **2. Guidance**

Assistance for vocational integration is rendered by the provinces, the labour market service and the *Bundessozialämter*. In this respect services play an important role additionally to the possibility of funds for employers. Those services are rendered by NPOs and financed by the *Bundessozialämter*, the labour market service and the provinces. The

measures are summarised under the title of supported employment and are called - depending on the context of rendering - *Arbeitsassistentz* (employment counselling), job counselling and job coaching.

### **3. Vocational training**

There is one special large vocational training centre for people with disabilities, the BBRZ (*“Berufliches Bildungs- und Rehabilitationszentrum”*) that provides certified training and vocational orientation for up to 700 people. Additionally a number of smaller training centres offer non-certified training opportunities for different groups of people with disabilities. Benefits for training are offered mainly by the labour market service.

The persons with disabilities attending a training course receive a benefit. Under certain circumstances allowances for training can also be paid by the accident insurance or the pension insurance.

Another possibility for receiving training is the training as an apprentice in a company on the open labour market. In Austria, there exists the so-called “Dual training system”: education is provided in companies as well as in part-time vocational schools which provide for basic technical knowledge, supplying the education and training in companies.

Several forms of financial support for the employer as well as for the apprentice are available.

There exist apprenticeship promotions for the young people who are particularly disadvantaged or have dropped out of apprenticeship (people with physical, psychological or mental disabilities); the departmental offices of the labour market service have a special responsibility towards people in this category.

If a person with a disability does not have the prerequisites for a regular job or work in a protected workshop due to the disability, a course of therapy is given to maintain and develop the existing talents. Pocket money is normally given to the person with a disability during the time spent at the employment therapy workshops.

## **VII. EMPLOYMENT**

### **1. Principles**

Work in the form of vocational or enterprising occupation has become of central importance in our modern industrial society. The workplace and work content are very important for acceptance and recognition in the social unit and for personal development.

Some countries have acknowledged this fact to the extent of anchoring an individual's right to work in their constitution, a step which is somewhat contradictory to the concept of free enterprise.

In Austria it is, however, an important socio-political target within the limits of free enterprise to keep the labour market open to minorities. Therefore promotion of vocational integration for persons with disabilities on the open labour market or in sheltered institutions plays an important role. In this way all different kinds of occupations which provide an income are respected as socially acceptable work.

Life is development, however, and a person's working life cannot be viewed as detached and isolated from his or her entire life. Previous education, training, career searching and trial phases are all part of the success of vocational integration of persons with disabilities.

Establishing and subsidising sheltered workplaces in industry and the foundation and running of sheltered institutions generally are under the responsibility of several authorities (*Bundessozialämter*, labour market service, social insurance institutions and the provinces). The *Bundessozialämter* are responsible for securing the social status of persons with disabilities, applying their skills and knowledge appropriately and improving their competitiveness with the non-disabled.

Here are now the essential elements of establishing, subsidising and maintaining sheltered workplaces in industry and the present system of sheltered institutions in Austria.

## **2. Employment in an ordinary working environment**

The possibility of integration for persons with disabilities on the open labour market is a priority socio-political aim and an essential contribution to the entire social integration. To meet these requirements the rehabilitation authorities offer material, financial and personal help as well as work-related legal protection.

### ***Material help***

There are various aids the rehabilitation authorities can provide in this context:

- mobility aid for reaching the place of work for people who cannot use usual means of transport,
- adaptation of the workplace including equipping or adapting both the workplace itself and its environment (e.g. sanitary installations for wheelchair users),
- local consultancy by occupational therapists and provision of modern technology.

### *Quota system*

An employer with at least 25 employees in Austria is obliged to employ a registered protected person with a disability for every 25 employees. This quota can be altered on the order of the Federal Minister for Labour, Health and Social Affairs for particular areas of economic activities. Some groups of persons with disabilities (i.e. severely disabled persons, disabled persons of a certain age) are counted double for fulfilment (system of multiple counting).

The *Bundessozialämter* which are basically located in the capital of each province are responsible to the Federal Ministry for Labour, Health and Social Affairs. They are monitoring the fulfilment of the respective quota in the companies.

If an employer does not completely fulfil his obligation, he has to pay a compensatory levy (“*Ausgleichstaxe*”). The *Bundessozialämter* are also responsible for collecting the levy. In 1999 the compensatory levy is ATS 2.040,- per month for each person with a disability the employer does not employ according to the quota system. The revenues from the compensatory levy are gathered in the Compensatory levy fund (“*Ausgleichstaxfonds*”), which is used to promote the vocational integration of persons with disabilities. The total number of registered people with disabilities has been constantly increasing:

1993	54,702
1994	58,869
1995	63,363
1996	66,087
1997	69,639
1998	71,372
1999	75,231

In 1997, approximately 15,000 employers had to employ persons with disabilities; 64% of the quota obligation was fulfilled by the employers. The total amount of revenues from the levy was approximately ATS 670 million.

The Disabled Persons Employment Act does contain a special clause concerning the due diligence of employers for their employees with disabilities: every employer has to take special care of employees with disabilities respecting their state of health. In addition, discrimination of employees with disabilities especially with respect to their wages and salaries is strictly forbidden. This means that no reduction of the salary of a person with a disability is allowed because of the disability.

### ***Financial help***

Financial help for vocational integration is both possible for employers and employees. The rehabilitation authorities can pay subsidies e.g.

- salary subsidies to compensate a reduced productivity of employees with disabilities remaining despite the use of material aids
- grants for the occupational training to improve the general employability of unemployed persons with disabilities
- ‘special programmes’ for employment of groups of persons with disabilities on the open labour market with generous grants to cover all the costs
- premiums for employers who
  - employ persons with disabilities as apprentices,
  - provide work orders to sheltered institutions.

In addition, young trainees and elderly employees with disabilities as well as those with specific disabilities (wheelchair users, the blind) are counted double in respect of the compensation payment.

### ***Personal aids***

Specialists of the rehabilitation authorities (social workers, psychologists, occupational therapists, medical specialists) try to stabilise the individual’s social situation to provide a base for vocational integration.

### ***Protective legislation***

- *Salary protection*  
Salaries of persons with disabilities must not be reduced because of their disability. If - even after adaptation of the workplace - a deficit in productivity still exists it can be compensated by salary subsidies as described before.
- *Employee protection*  
In employing persons with disabilities, employers are obliged to make allowance for their state of health in accordance with the type of industry and the conditions of work. The *Bundessozialämter* have to monitor the employers in cooperation with the work protection authority, which can take legal steps against the employer.

- *Protection against dismissal*

Disabled employees can only be dismissed in agreement with the Disability Board established at the *Bundessozialämter* after the employment contract has at least lasted for three months. The investigation is conducted by the *Bundessozialamt*. The decision on the application for dismissal of the employee is taken by the Disability Board, chaired by a representative of the responsible *Bundessozialamt* and consisting of representatives of the employee and employer organisations, of the disability organisations and the labour market service. The decision of the Disability Board is obligatory for both sides. Legal recourse to a tribunal is possible.

### **3. Sheltered employment**

Sheltered institutions in Austria make varying demands of their workers which should lead to employees with disabilities moving between these institutions according to the individual development of their knowledge, capabilities and skills. This is, however, hindered as the sheltered institutions are run by different rehabilitation authorities with different aims, working schemes and techniques in all different levels of social and legal security for the employed.

Access to the open labour market remains a socio-political aim of sheltered institutions. Experience so far has shown, however, that this aim and the expectations often cannot be reached.

#### ***Integrative enterprises (sheltered workshops)***

Integrative enterprises are run by non-profit organisations. It is their target to guarantee the social and economic welfare of their employees in providing legal minimum salary and full social security. At the same time it is the stated aim to promote the transfer of their employees into private industry. This transfer to the open labour market has not yet been realised to the desired extent because

- it is contradictory to the general economic rule to let the best qualified employees go,
- the social and economic work conditions in a sheltered workshop are almost identical to those in private industry making the transfer unattractive to employees,
- of insufficient willingness of companies on the open labour market to employ people with disabilities.

### ***Occupational therapy***

When in occupational therapy, persons with disabilities should be given a purposeful daily routine and integration in a social unit. This contributes considerably to their mobility, independence and social integration, making demands on group and team spirit.

Occupational therapy, however, is no employment with social security, the participants receive pocket money. They do not have their own health insurance which is provided by their parents or social services.

As the role in social life for persons with disabilities is very much dependent on the status in vocational life, lifelong occupational therapy should only be a target for the most seriously mentally disabled. Integration on the labour market - at least the sheltered one - is a priority of the rehabilitation system in Austria.

Occupational therapy is provided by the provinces. The *Bundessozialämter* sponsor special projects - so-called '*Job Counsellors*' - to increase the mobility from occupational therapy to the labour market.

### **4. Work at home and away from home**

Integration into normal employment environments is the primary aim of vocational rehabilitation. But for people severely disabled in mobility there exist experimental projects on "tele work".

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

### **1. Principles**

The principles mentioned in "General Policy" are valid here too.

### **2. Accessibility**

According to a survey by the Central Statistics Office (1995 microcensus), there are 475,900 people in Austria, or 6.7% of the population, with mobility impairments. In order for these people to cope with everyday life, it is essential to design residential and public buildings and facilities so that they are free of obstacles.

### ***Current situation***

In contrast with other countries, steps to avoid and abolish physical barriers in buildings were only taken at a very late stage in Austria. The standard rule for the design of buildings and transport facilities accessible to the public suitable for people with disabilities is

ÖNORM B 1600, “Building Measures for Physically Disabled and Elderly People”, which was first published in 1977 and revised in 1983. It was only after this that these thoughts found their way into the provincial authorities' planning regulations, although they have only incorporated the ÖNORM recommendations into their regulations to a limited extent.

Before an ÖNORM existed for this, all public buildings built by the Federal Government were subject to internal guidelines for barrier-free construction (1974), and subsequently adopted the first edition of ÖNORM B 1600 in 1977 and the second edition in 1984 as a guideline. Since 1976, all telephone exchanges in government buildings furthermore have to be designed to be able to accommodate switchboards for blind people. The Austrian Institute for School and Sports Centre Building, a foundation run by the government and provincial authorities, published recommendations for sports facilities suitable for people with disabilities in 1986. Despite these positive initiatives, Austria still has a long way to go in this field compared with other countries.

### ***Construction suitable for people with disabilities***

The aim of the construction suitable for people with disabilities must be to make all public buildings and facilities, whether new buildings, extensions, conversions or renovations, accessible for people with disabilities. This applies, for example, to offices open to the public, day nurseries, schools, department stores, restaurants, hotels, banks, museums, theatres and other cultural institutions, leisure and sports facilities, religious buildings etc. The principles formulated for adaptable residential buildings also have to be taken into account here. However, public buildings and facilities should not only be able to accommodate wheelchair users but also people with other disabilities. Blind and visually impaired people, for example, need special guidance and orientation systems.

### ***Adaptable residential building***

The physical design of residential buildings is, of course, particularly important for people with physical disabilities. In order to provide people with disabilities with sufficient accommodation, the original policy was to design a certain percentage of all new residential buildings with disabled people in mind. However, practical experience showed that this policy of “stocking up” would not have the effect of making such homes available to people with disabilities when they actually needed them.

For this reason, therefore, adaptable residential building is becoming more widespread in Austria, and on an international scale. This means that all residential buildings must meet certain physical requirements, i. e.:

- level access to all residences,
- door widths of at least 80 cm and
- adequate space in bathrooms and toilets.

Numerous studies have shown that this method of building costs very little more (it adds a maximum of 2% to 3% to building costs). If these three conditions are met, a home can be adapted for people with disabilities with relatively low effort.

The amendment to the Viennese Building Code, which came into force on 1 January 1991, took a big step in this direction: all new buildings with recreation rooms, with the exception of single family houses, small houses, summer houses and terraced houses, must be safe for people with physical disabilities and must be able to be accessed and used by them without external assistance wherever possible.

### ***Objectives***

The Austrian Federal Government follows the principle of construction suitable for people with disabilities and adaptable residential buildings. Public buildings and facilities and residential houses must be accessible to all people with disabilities. This requires the following measures in particular:

- the adoption of the recommendations of ÖNORM B 1600 in building regulations,
- better training for architects and building engineers in construction suitable for people with disabilities,
- the setting-up of complete network of advice centres for the construction suitable for people with disabilities nationwide and
- the creation of a central specialist office for the construction suitable for people with disabilities for nation-wide training, research, documentation and PR, plus co-ordination and support for regional advice centres.

## **3. Transport**

Virtually all people with disabilities are restricted in their personal mobility to a greater or lesser extent - whether it be visually or hearing-impaired people who have orientation difficulties, people whose mobility is restricted in some way, or people who are unable to cope with what are generally regarded as common levels of strain due to internal illnesses. After all, mentally and emotionally ill people also experience constant or occasional difficulties in getting about on present-day transport systems.

### ***Public transport***

International developments are clearly heading towards public transport which is user-friendly for people with disabilities. There are, for example, low-floor buses and trams in use in many cities in Europe. This trend will lead to low-floor vehicles soon becoming only slightly more expensive than common vehicles.

For people with disabilities special travel services are logistically more complex, they make them dependent and are no substitute for public transport. Our objective should be to only use these travel services in future for those people who are very severely disabled and cannot even use barrier-free public transport.

### ***Railways***

The Austrian Federal Railways have introduced a number of improvements for people with disabilities over the last few years.

An example of this is the Rail Service Pass which enables people with disabilities to be taken to and fetched from the main stations in major cities. Disabled people's aids are carried free of charge up to a maximum weight of 90 kilos. Some are already using newly-developed, spacious carriages for people with disabilities with fully automatic inside doors, space for wheelchairs and toilets suitable for people with disabilities. Boarding is made easier with the aid of a stationary lifting platform.

A foldable portable wheelchair has been developed for use in carriages which cannot accommodate standard wheelchairs. However, this puts the person with a disability at a great disadvantage compared with non-disabled passengers, as the disabled passenger has to reserve this portable wheelchair at least three days before making a journey.

### ***Urban transport***

Austria is lagging behind many other countries as far as buses and trams are concerned, but here too, we can see positive beginnings. For example, some urban transport companies are already using low-floor buses as part of their normal services. Austrian companies are now also working on prototypes of low-floor trams with floors that are level throughout, and transport companies are intending to only purchase low-floor carriages in future.

Whilst it is regarded as a matter of course in the many large cities that underground lines are built with the needs of people with disabilities in mind, the construction of the underground in Vienna has, for a long time ignored this issue. It was not until the end of the 1980s that the principles of construction suitable for people with disabilities were applied here.

### ***Private transport***

Road accidents are one of the main causes of disability. Approximately 5% of all mobility disabilities and about 15% of all paraplegias are caused by traffic accidents. On the other hand, it is often necessary for people with disabilities to use private transport. For people with restricted mobility, a vehicle of their own is often indispensable for enabling them to get around and to participate in society.

For this reason, the Road Traffic Regulation makes a series of allowances for people with disabilities: people with a permanent mobility impairment can obtain a parking pass which facilitates parking and stopping (however only if they drive the vehicle themselves). People who need to park a vehicle immediately in front of their home or place of work owing to a disability can also apply to have a disability parking space installed. If a vehicle is parked in a disability parking space without a parking pass, or if a person with a disability is prevented from accessing such a parking space, the local authorities must arrange for the vehicle concerned to be removed.

The situation for wheelchair users was improved as a result of the 12th amendment of the Road Traffic Regulation: since 1984, users of motorised wheelchairs have been permitted to ride on pavements, paths and in pedestrian zones at walking pace.

### ***Fare discounts***

Various groups of people with disabilities are given discounts on fares on public transport in certain towns and a reduction of 50% on the Austrian Federal Railways. Discounts on the railways have been established in law through the Federal Disability Act. Whether these discounts are actually granted or not currently depends partly on the cause of the disability. In line with the principle of finality, these discounts should be granted to all people with severe disabilities regardless of the cause of the disability.

### ***Objectives***

The Austrian Federal Government believes that people with disabilities should, as far as possible, have the same opportunities for mobility as non-disabled people. Public transport should have priority over special travel services. This will require:

- all public transport and associated facilities to be designed to meet the needs of people with disabilities and
- the use of technical aids where necessary.

To compensate for the additional costs incurred as a result of disabilities, the Federal Government also intends to further extend the discount scheme for people with disabilities.

## **4. Housing**

People with a disability often have additional needs as far as their homes are concerned:

- homes for persons with physical disabilities must meet certain structural requirements;

- people with sensory disabilities need specific technical facilities or aids;
- people in need of long-term care require constant assistance;
- mentally or emotionally disabled people often need assistance and guidance to be able to cope with their everyday lives.

These persons are therefore only able to lead independent lives if their homes meet these requirements or the assistance they require is available from within their home environment.

### ***Living in the community***

In the question as to the form in which these special needs should be covered, a distinction is drawn between two different forms of living: the care model and the community-based model.

In the care model, the person with a disability is accommodated in an old-age or nursing home or another institution which provides all the assistance the person requires in addition to accommodation. The community-based model follows the principles of integration and normalisation, and tries to realise these in the form of “living in the community” and “community-based psychiatry”. This can be achieved with serviced accommodation with assistance within reach, residential communities with personal care staff and small residential homes that are integrated into their physical and social environment. The international trend is now clearly towards the latter form.

### ***Current situation***

In the mid 1980's, a more intensive discussion began in Austria on residential facilities for people with mental and multiple disabilities. In 1986, the Residential Places for Disabled People Working Group was founded in Vienna with the intention of creating a total of 1,000 residential places for people with disabilities in the community with the corresponding personal care facilities.

However, the anticipated knock-on effect of the Viennese programme on the other provinces is happening only gradually. Developments in community-based forms of living are for the most part still in the project phase; outside Vienna, comprehensive concepts on this topic have only been developed in Styria.

In a future-oriented disability policy, serviced accommodation and residential communities with personal care must be given priority over accommodation in institutions. No more large-scale homes should be built and existing homes should be divided up into smaller units, residential communities or individual flats. In residential communities, efforts should be made to make it easier for disabled and non-disabled people to live together. In order to

take the strain off the attendants or to prepare people with disabilities for fully independent living, it is also necessary to offer forms of residential accommodation with personal care for a transitional period. In order to create the organisational framework for a policy of this kind, it would be necessary both to draw up provincial programmes and to set up a nationwide co-ordination centre.

### ***Objectives***

The Austrian Federal Government adheres to the principles of community-based living for people with disabilities. Emotionally and mentally disabled people in particular should be offered more residential facilities with personal care. This will require:

- future-oriented planning and co-ordination of residential building, residential building subsidies and social services and
- the setting-up of a nationwide guidance and co-ordination centre in order to ensure uniform research, documentation and PR work in the field of housing for people with disabilities.

## **5. Technical aids**

Technical aids are provided or subsidised by the social insurance institutions, the provincial governments or the *Bundessozialämter*. Recently the European Union action programme “*Handynet*” has been implemented. All the available fitting means of technical aids have been listed and are currently actualised, so a person in need can be counselled broadly by the experts of the *Bundessozialämter*.

## **6. Communication**

Aids for communication are especially possible for people with sensory disabilities. All supplementary equipment a blind person needs for vocational and private life can be subsidised (e.g. Braille software for a personal computer). The situation is similar for deaf people. Technical equipment can be subsidised. If a deaf person needs a sign language interpreter for essential business (e.g. at an authority, an important contract, a difficult medical investigation) there are benefits for the costs.

## **7. Sport**

Sport can give people with disabilities self-confidence, contribute to their general physical well-being and offer an opportunity for constructive leisure activities. Playing sports can also be a major contributor to the integration of people with disabilities if it enables them to come together with non-disabled or other disabled people. Sport has another important

function for disabled people: it forms an integral part of therapy and medical rehabilitation in rehabilitation centres.

Improvements in facilities for people with disabilities to participate in sports would produce sporting facilities and associated premises that are designed with people with disabilities in mind, specially trained sports teachers (particularly for people with mental disabilities) and an increase in the number of local exercise facilities with professional guidance.

## **8. Leisure time and cultural activities**

The Austrian government adheres to the principle that people with disabilities should have the same opportunities as non-disabled people in terms of their leisure time. This entails:

- ensuring that all leisure facilities are designed with the needs of people with disabilities in mind, and that they are accessible to people with disabilities without restrictions;
- continuing to upgrade technical resources in cultural facilities and
- ensuring better integration of sports for people with disabilities into organised sports.

### ***Culture***

People with sensory disabilities are often extremely restricted in terms of leisure time activities because of the lack of compensatory facilities. It will be necessary to develop the technical resources (e. g. headphones, induction wiring) in cinemas, theatres, adult education centres and other events locations for these people much more than has been the case in the past. Examples such as the cinema for blind people in Paris, which puts across the visual message by describing the images aurally (audiovision) and the museum for blind people in Modena, Italy, also demonstrate new possibilities.

Many art forms also make a major contribution to therapy and rehabilitation. These therapies (e. g. music, painting, pantomime) would have to be offered in the form of “cultural workshops” run by trained experts similarly to adult education classes in order to link creative activity with therapeutic objectives (e. g. for mentally or emotionally disabled people).

### ***Travelling***

Travelling and holidays are major elements in the integration of people with disabilities into society. Most people with disabilities can use general tourist facilities, but for many, physical obstacles and a lack of facilities greatly restrict the type of holiday they are able to take.

However, an increasing number of city and holiday guides designed for people with disabilities are making it much easier for them to plan their holidays and in many cases are enabling disabled and non-disabled people to go on holiday together for the first time.

The necessary measures for construction and transport will considerably increase the scope for integrative travel. However, this will not rule out the need for special arrangements for specific groups of people with disabilities in the leisure and holiday sector.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

### **1. Scope and principles**

The general jurisdiction on disability matters is with the provinces which are autonomous corporate bodies in this respect. Additionally there are special sections of disability jurisdiction with the federal state.

Art. 15 of the Austrian Constitution contains a general clause following the principle of federalism whereupon legislation and execution of laws is in the jurisdiction of the Provinces unless Art. 10 - 12 of the constitution rule differently. Therefore federal jurisdiction is basically only existent if stated in the constitution.

Consequently the responsible provinces introduced social assistance and/or disabled assistance acts which naturally contain rehabilitation affairs.

The liaison office of the provinces established in Vienna makes a considerable contribution to the coordination between federal government and the provinces. Although rehabilitation or services for the disabled are not mentioned in the jurisdiction rules of the constitution the allocation of certain spheres and groups to federal government nevertheless leads to jurisdiction in rehabilitation affairs such as

- the social security system
- care for world war veterans and their dependants
- military affairs (care for disabled soldiers and their dependants)
- care for the impaired by vaccination
- crime victim compensation.

In dealing with these tasks, rehabilitation and especially vocational rehabilitation is indispensable and therefore included in the legal provisions.

### **2. Economic and social security**

If people with disabilities are able to work on employment basis they are fully integrated into the social security system including long-term care. Based on the principle of subsidiarity the provinces take care of those not integrated.

***The Federal Long-term Care Allowance Act (Bundespflegegeldgesetz) and the Long-term Care Allowance Acts of the Provinces***

Due to the need for long-term care, in 1993 a new system has been introduced: the Federal Long-term Care Allowance Act and the corresponding nine Provincial Acts became law on July 1, 1993. The agreement concerning the sharing of responsibilities between the federal and provincial authorities came into force on January 1, 1994: Persons drawing pensions or comparable benefits on the basis of federal statutory provisions are entitled to long-term care allowances.

The provincial authorities grant long-term care allowances according to the same principles to persons for whom the federal authorities are not competent.

The Federal Long-term Care Allowance Act introduced a scale of need-oriented allowances to which there is a statutory entitlement, irrespective of the beneficiary's income and assets and the cause of the need. The Act replaces the care related cash benefits that existed before.

The grant of a long-term care allowance is subject to meeting the following criteria:

- a permanent need for personal services and assistance owing to a physical, mental or psychic disability or a sensory disability that is expected to last at least for 6 months;
- the duration of need for permanent care must be more than 50 hours per month;
- normal residence in Austria.

The allowances are granted on a seven-level scale according to the monthly extent of need for care; the monthly amount lies between about ATS 2,000,- (Level 1) and more than ATS 21,000,- (Level 7). Certain groups of persons with disabilities are guaranteed a long-term care allowance of at least the following levels:

- Persons with high-grade impairment of sight and persons confined to a wheelchair (at least Level 3)
- Blind Persons (Level 4)
- Persons who are deaf and blind (Level 5).

The placement on the individual levels is done on the basis of medical reports; if necessary, other specialists may be consulted (e. g. nursing staff, psychologists etc.).

In 1998 about 270,000 persons were receiving federal long-term care allowances.

Medical examination, classification and payment of the allowance are carried out by those authorities that dealt with granting helpless person's allowances and comparable benefits before the implementation of the Long-term Care Allowance Act.

There is a legal title to the long-term care allowance. Decisions on applications are made by means of an official notification, against which there is the possibility of appeal to the Court of Labour and Social Affairs ("*Arbeits- und Sozialgericht*").

The Long-term Care Allowance Acts of the provinces guarantee that persons for whom the provincial authorities are competent will receive care allowances in the same amounts and according to the same principles as under the Federal Long-term Care Allowance Act. At the moment, about 45,000 persons receive a long-term care allowance according to Provincial Long-term Care Allowance Acts (e.g. gainfully employed persons, social assistance recipients, co-insured family members etc.).

The new system brings several improvements: e. g. the seven level system makes possible a differentiated approach to individual needs; for persons with a high degree of need for care, the long-term care allowance is substantially higher (up to six times as much) than the earlier cash benefits; children are also entitled to the allowance; the benefits are granted irrespective of the cause of need; possibility to appeal against a decision etc.

### **3. Legal protection**

Living conditions for people with disabilities should differ as little as possible from those of non-disabled people. Special regulations therefore present problems on principal. However, there are areas of life in which special legal protection for people with disabilities seems appropriate. These in particular include labour law protection regulations for disabled employees and guardianship and patients' advocacy schemes for mentally and emotionally disabled people.

#### ***Protection against dismissal***

The Disabled Persons Employment Act, the aim of which is to integrate people with disabilities on the labour market, provides special protective regulations for employees with disabilities: the main tenor of this, in addition to appointing a contact who will represent the interests of people with disabilities in the company, is protection against dismissal.

As it is often more difficult for people with disabilities to change jobs than it is for non-disabled people, special protection against dismissal is provided for registered persons with disabilities. Employers who wish to dismiss a registered disabled employee must first submit a substantiated, written application to the Disability Board at the regional

*Bundessozialamt* for approval. Dismissal without this prior approval is invalid in law unless it forms one of the exceptional cases which require retrospective approval. There have been repeated objections to this regulation as in real terms it would mean that people with disabilities are impossible to dismiss. However, reality is somewhat different - in 1998, a total of 455 applications for dismissal were submitted, and the disability committee reached a decision in only about hundred of these cases, with an almost double number of approvals in relation to rejections. In all other cases, a mutual solution was found.

Many employers are not willing to employ people with disabilities. However, this is not because of the apparent difficulties in dismissing them, but rather as a result of a lack of information, prejudice and fear. It is therefore not a problem of protection against dismissal, but rather a much more complex psychological and social problem. Public bodies and organisations for people with disabilities alike must try to combat such prejudices by providing more information and with PR work.

### ***Guardianship***

The Right of Guardianship, which dates back to 1916, was partially set aside with the coming into force on July 1, 1984 of the Federal Law on Guardians for Disabled People. Instead of putting the people concerned globally under guardianship, this act is designed to provide mentally disabled and emotionally ill people who cannot take care of their own affairs with a legally appointed guardian in order to protect them from possible disadvantages. In such cases, guardianship should be limited to the extent that is necessary in each individual case.

### ***Patients' Advocacy***

The Accommodation Act, which came into force on January 1, 1991, regulates the legal position of emotionally ill people who are held in a closed area of a hospital or psychiatric ward or have been subjected to other restrictions to their freedom of movement. It has set aside the second part of the old Guardianship Order.

The Accommodation Act has also created patients' advocates, who represent the rights of committed patients vis-à-vis the hospital and in the legal process as far as the admissibility of the committal is concerned. Like guardians, patients' advocates are nominated by a relevant association and appointed by the courts. They can also represent voluntarily committed patients with the approval of the person concerned. The competence of the sick person is not limited in any way. Patients' advocates also help mentally disabled people to move from an institutionalised to a community-based life.

The Accommodation Act protects patients from being held without good reason. However, there are currently too few facilities and community services that are able to care for emotionally ill people instead of or following institutional care. The situation differs from

region to region. However, there is much room for improvement in all the provinces, even after the 1979/80 psychiatric reforms in Vienna.

### ***Objectives***

The Austrian Federal Government aims to provide people with disabilities with special legal protection wherever necessary. This principle encompasses the following measures in particular:

- the preservation of protection against dismissal in line with the Disabled Persons Employment Act and
- to increase the development of association guardians and patients' advocates.

## **4. Social services**

The general jurisdiction on disability matters is with the provinces which are autonomous corporate bodies in this aspect. Additionally there are special sections of disability jurisdiction with the federal state.

What the provinces generally offer are financial funds for services. The services themselves are mostly rendered by non-profit organisations. The measures for which funds can be granted are (e.g. according to the Provincial Disabled Assistance Act of Vienna)

- medical care (subsidiary to social security)
- orthopaedic care (subsidiary)
- assistance for school education
- assistance for vocational integration
- occupational therapy
- subsidies for one's living (subsidiary).

The measures of the provinces are interlinked with the measures of the other bodies concerning disability measures (social security, federal authorities).

In addition the parents of children with disabilities can receive increased family allowance benefits to be used for those services.

The *medical and orthopaedic care* for persons with disabilities do not really differ from that of any other person. It is rendered by doctors or hospitals that are integrated into the general social security system. Only the financing of the care might be different. Of course there exist medical institutions that specialise in children and grown-ups with disabilities.

Especially in less developed rural regions there exists a service rendered by the *Bundessozialämter, the mobile counselling service for juvenile persons with disabilities*.

Teams of medicines, psychologists and social workers counsel parents of children with disabilities and juveniles concerning all matters of disability, education and support.

*Assistance for school education* concerns individual means of integration. School integration generally is ruled by the School Organisation Act (a federal Act). If there are pupils with disabilities in a school class they have the right to supplementary teaching.

The opportunity of *occupational therapy* is provided by non-profit organisations financed by the provinces.

*Subsidies for one's living* are only granted subsidiarily to any other way of income (e.g. social security) if a person is not able to earn his or her living by reasons of his or her disability.

*Assistance for vocational integration* is rendered by the Provinces, the Labour market service and the *Bundessozialämter*. In this respect services play an important role additionally to the possibility of funds for employers. Those services are rendered by NPOs and financed by the *Bundessozialämter*, the Labour market service and the Provinces. The measures are summarised under the title of supported employment and are called - depending on the context of rendering - *Arbeitsassistentz* (employment counselling), *job counselling* and *job coaching*.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

Disability matters and health education are included as main focuses in the teaching plans of all social, pedagogic and care professions. Also in architecture and town planning the principles of accessibility have been integrated into mainstream thinking.

## **XI. INFORMATION**

The Austrian government actually is implementing a project of installing a service Homepage in the Internet to cover all issues of a citizen's needs for contacting authorities (e.g. subsidies, bereavement, divorce), and one of these issues is disability. So the person in need can find out the offers of the public hand and the addresses important to him or her.

Generally all the authorities involved practice offensive public relations work concerning their services.

## **XII. STATISTICS AND RESEARCH**

### **1. Statistics**

There is an annual report of the Federal Minister of Labour, Health and Social Affairs including all the relevant statistics on federal level (“*Bericht zur sozialen Lage*“). Annual reports are also given by the Provinces.

### **2. Research**

Important laws and other measures for people with disabilities should be accompanied by scientific expertise in the preparation and implementation stages. Targeted research could also help to improve the living conditions of people with disabilities by filling gaps in expertise and working out potential new solutions, sorting through the experience gathered and adapting it to the needs of people with disabilities. Because of the complexity of the field, this must be done in as inter-disciplinary and co-ordinated a way as possible. Topics specific to the field of disability should increasingly be incorporated into university and non-university research processes. The most important results should be well documented and published in an easily understandable form, so that they can be implemented faster and over a more widespread area.

Important areas for research are:

- medical research into prevention and rehabilitation as well as aids for people with disabilities;
- the significance of long-term care allowances and rehabilitation to the national economy;
- training facilities with a view to subsequent professional opportunities;
- the training and employment situation of women with disabilities;
- barrier-free building;
- the ratio between “self-help” and care provided by the public sector;
- social marginalisation processes which affect people with disabilities to a particular extent.



***BELGIUM***



## **I. GENERAL POLICY**

Belgium is a federal State divided into Communities (Flemish, French and German-speaking) and Regions (Flanders, Wallonia and Brussels-Capital). The Institutional Reform Act of 8 August 1980 stipulates that policy on people with disabilities, including their vocational training, rehabilitation and retraining, falls under the remit of the Communities. However, the federal State remains responsible for regulating and financing disability benefits, including the handling of individual cases, and for drawing up rules on funds allocated to employers to support the employment of workers with disabilities. Some of the French Community's responsibilities, including policy on disablement, have been entrusted to the Walloon Region and to the French Community Commission of the Brussels-Capital Region.

The main bodies responsible for disablement policy are the Flemish Fund for the Social Integration of Persons with Disabilities, the Walloon Agency for the Integration of Disabled Persons, the Brussels French-speaking Service for Disabled Persons and the German-speaking Community Office for Disabled Persons. Social security provisions, disability benefits and certain matters concerning the employment of persons with disabilities are the federal State's responsibility.

It should be added that every federal, Community and regional authority is responsible for supporting persons with disabilities in its areas of responsibility.

### **A. *FLEMISH FUND FOR THE SOCIAL INTEGRATION OF PERSONS WITH DISABILITIES***

The Flemish Fund for the Social Integration of Disabled Persons was established by the Decree of 27 June 1990 and began to operate with a small body of administrative staff in early 1991.

The main themes of the decree are as follows:

1. participation of all concerned, reflected in the composition of management bodies and advisory committees, whose membership includes many persons with disabilities and representatives of advice, training and employment centres for people with disabilities;
2. simple machinery and procedures: a single registration procedure and one Fund covering social and vocational integration and placement in institutions;
3. a multidisciplinary, overall approach to disabilities: a multidisciplinary team assesses applications for registration and assistance, drawing up a comprehensive integration plan;
4. direct access: facilities are granted by provincial evaluation committees;

5. a very broad range of institutions and types of assistance, aimed at all categories of persons with disabilities and offering residential, semi-residential or non-residential facilities for social integration, in its broadest sense, of adults, teenagers and children with disabilities.

This policy was implemented in two stages: in 1991, the Flemish Fund assumed the responsibilities of the National Fund for the Social Resettlement of Persons with disabilities (except for individual functional rehabilitation, which was added to the remit of the National Institute for Sickness/Invalidity Insurance). Then, on 1 January 1993, it took over the work of the Fund for the Medical, Social and Educational Care of Persons with disabilities, much of which was already being carried out at Community level.

This two-stage transfer of responsibilities has hindered the Fund's meeting the aims listed above. For example, the process of placing a person with a disability in a care institution is yet to be properly harmonised with that of social and vocational integration.

Nevertheless, since 1992 there have been some important advances in Flemish legislation on the social integration of persons with disabilities. As subsequent chapters will show, these go a long way towards achieving the coherent policy advocated in Recommendation No. R (92) 6.

With the Flemish Fund well and truly established, a reassessment of general policy began in 1995, triggered by two factors: closer co-operation between political and administrative authorities in the constant search for the most effective ways of meeting the obvious needs of the people, and the increasing demands on the still rather small financial allocations from the Flemish Community's moderately growing budget.

These two constantly changing factors go hand in hand with a number of important specific developments, which form the main thrusts of this reappraisal of general policy on persons with disabilities in the Flemish Community.

*a. A client-friendlier service*

The Fund will deal more directly with members of the public, giving them the information they need and itself actively evaluating clients' needs.

*b. Long-term planning*

A strict budgetary policy requires a proper long-term plan to enable the public authorities to meet changing needs. The Flemish Community has opted for the so-called "strategic planning" method, whereby practical, measurable objectives are set out as part of a long- and short-term strategy, which in turn form part of a set of strategic objectives.

The Flemish Fund has an action plan for the period 1997-2000, setting out precise aims and the means of achieving them (see point 6).

*c. Promoting accountability at every level*

The smaller the amount of public funding available, the more important it is to use it responsibly and sensibly. This is particularly true in this sector, whether from the client's point of view or from that of the body that allocates the funding.

In the care, employment and practical individual assistance categories, this principle of accountability takes the form of a drive to maximise use of existing capacity in residential and semi-residential institutions, adapting it to the target groups and following the principle that the most intensive care should be given to those in most need. In sheltered employment, it is reflected in keeping on in sheltered workshops those workers who are less productive as a result of disability. In vocational training, the principle consists in an obligation to demonstrate results in terms of subsequent employment.

In administration of the National Fund, accountability means meeting deadlines and completing administrative procedures with minimal delay. There is also some effort made to tell the public how to apply for help.

*d. Mainstreaming policy*

In line with European thinking, the Flemish Fund is starting to follow the principle of mainstreaming as a means of achieving its goals.

An equal opportunities policy has been set up for persons with disabilities, with the backing of a specially created interdepartmental commission.

*Long-term action plan 1997-2000*

a. Firstly, the role of the Flemish Fund as an instrument for social integration of persons with disabilities was re-examined and redefined as "to give persons with disabilities, either directly or indirectly, the help they need (accommodation, treatment and support) by providing approved, subsidised institutions, vocational training and assistance in finding employment, together with the practical and technical support essential for their integration". The Fund is also introducing a registration procedure (defining the target group), promoting equal opportunity by encouraging all public authorities to adopt an inclusive policy ("mainstreaming") and, finally, presenting itself as a body working on behalf of persons with disabilities.

b. In the care sector (institutions set up to accommodate, treat and support persons with disabilities), the aim of “tailor-made” care was defined as “to prioritise adapting and extending high-quality assistance in line with the wishes and needs of the person with a disability”, i.e. the care and facilities offered should match as closely as possible the wishes and needs of the disabled individual.

c. In employment and training, the Fund aims to improve the job prospects of every person with a disability, particularly workers who are least well off, and to improve their salaries and working conditions, not only in sheltered workshops but in ordinary workplaces, including those experimenting with new forms of work.

All of this requires an active training and employment policy, based on the need to raise the awareness of potential employers and on the reorientation of vocational training programmes, which should include employment support measures.

d. Third objective: a rapid, flexible process for granting the assistance needed, with a simplified registration and processing of applications.

Once a clearly worded application for assistance has been submitted, there needs to be a simplified evaluation procedure which leads to appropriate help being granted very quickly.

e. Fourth objective: to improve the quality and effectiveness of practical individual assistance (technical aids).

Technical aids and alterations (to the home, work station, etc.) should be provided in order to minimise the limitations caused by disability. Advice from outside (i.e. neutral) experts is important here.

f. The fifth objective is particularly important: the so-called “inclusion” policy (“mainstreaming”), which is not just a matter for the Flemish Fund, the Minister responsible or even, in some cases, the Flemish Community.

The aim is to enable persons with disabilities to participate, as far as possible, in all aspects of daily life and afford them the same level of social integration as everyone else. All persons with disabilities, just like the members of any other social group, should have access to all social services and institutions, whether in the employment, public transport, education, housing, access or other field.

The policy is therefore aimed not so much at persons with disabilities themselves as at the institutions and infrastructure of the society in which we live.

The Flemish Fund’s role in this is that of initiator and promoter. It therefore needs a proactive strategy for seeking partners or structural footholds in other areas of the public

sector or administration with a view to cross-sector collaboration so as to maximise social integration of persons with disabilities.

g. The final objective – “the Flemish Fund as a public body serving the public” – is a direct and constant challenge for the Fund’s administrators.

Until now, the Flemish Fund has primarily acted as a “serving hatch”, awarding grants to institutions. Any contact with the public has usually been confined to written correspondence.

Not only do intermediary organisations (multidisciplinary teams, mutual benefit organisations, social services, persons with disabilities’ associations, professional associations of doctors, architects, paramedical staff, etc.) need to be informed what care the Flemish Fund has to offer, but the private citizen who cannot make sense of the information provided should be able to approach the Fund directly.

The appointment of an arbitrator and an information officer has enabled the Fund to improve its communication with the public in a fairly short space of time. The duties of these officials should become more diverse in the next few years:

- to inform every person and organisation concerned;
- to act as a point of contact for those persons and organisations;
- to listen to feedback from the public in order to improve the services offered by the Flemish Fund.

It goes without saying that public awareness of these services is vital if they are to function properly.

The Flemish Fund must strive not only to inform the public about how it operates and is regulated, but also to discover for itself people’s real needs and the range of services available. This two-way process should lead to a constant improvement in the service offered and in how it is regulated, to innovative projects and experiments, to an assessment of the results of the policy pursued and to permanent consultation with the institutions and services themselves, with the multidisciplinary teams and with everyone else involved (including the user).

The feedback obtained will no longer simply be stored away, but translated into a continuous process of evaluating and improving the integration of persons with disabilities.

h. The results of this long-term plan will be examined and assessed in subsequent chapters.

## ***B. WALLOON AGENCY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES***

Since 1 January 1994, the Government of the Walloon Region has been responsible for social action in the French-speaking area of Wallonia. Social action should be understood as meaning all services made available to the public, irrespective of work situation or welfare contributions. This includes policy on behalf of persons with disabilities – except for benefits, which remain a matter for the State, and the definition of categories of disability, which are still based on rules drawn up by the French Community.

When it assumed responsibility for these matters, the Walloon Government decided to outline a coherent general policy for persons with disabilities. This decision was announced in the Government's Additional Declaration on Regional Policy of 23 November 1993.

The new aid and integration policy was to be implemented by harmonisation of existing law and simplification of application procedures.

Thus the Decree of the Walloon Region of 6 April 1995 concerning integration of persons with disabilities sets out all the main strategies and methods to be implemented on a step-by-step basis in order to “ensure that persons with disabilities play a full part in economic and social life, whatever the origin, nature or severity of their disability” (Art.3).

Under Article 4, any measure of prevention, adaptation or integration adopted by the Government in pursuance of the decree must:

- meet clearly identified individual needs (and any plans hinging on those needs) in a flexible, appropriate manner;
- focus on involving persons with disabilities, their families and friends, give priority to action which interferes as little as possible with the liveliness of the individual's natural environment and aim to keep persons with disabilities in the family setting or usual social circle;
- aim to improve the quality of life of persons with disabilities and accord with standards of professional ethics;
- be evaluated by persons with disabilities, their families and services;
- respect the ideological, philosophical or religious convictions of persons with disabilities;
- form part of a local, multisectoral co-operation structure which respects the specific competences of each service;
- have a supervisory framework and infrastructure large enough and with appropriate skills to meet the needs of persons with disabilities;

- provide suitable training for staff and involve them in devising educational strategies for the services concerned;
- give priority to promoting access for persons with disabilities to general services for the whole population which also meet their particular needs.

In order to begin implementing this policy, the Decree of 6 April 1995 established a public body known as the Walloon Agency for the Integration of Persons with Disabilities (*Agence Wallonne pour l'Intégration des Personnes Handicapées – AWIPH*). This body assumed the responsibilities of the Community Fund for the Social and Occupational Integration of Persons with disabilities (*Fonds Communautaire pour l'Intégration Sociale et Professionnelle des Personnes Handicapées – FCISPPH*) and the Fund for Medical, Social and Educational Care (*Fonds de Soins Médico-Socio-Pédagogiques*), known as Fund 81, responsible for specialist care and accommodation.

The Agency's general role as a co-ordinator and provider of information involves:

- drawing up proposals for regional action and planning;
- helping with the regional and interdepartmental co-ordination of policy on persons with disabilities;
- promoting study and research and establishing social indicators;
- organising information and promotional events to raise public awareness;
- encouraging persons with disabilities and their associations to help draw up measures concerning them;
- promoting basic and further training for the staff of all services which deal partly or wholly with persons with disabilities;
- taking part in interregional co-operation and international relations;
- helping to prevent, detect and diagnose deficiencies and disabilities and to offer early intervention;
- supporting, informing and guiding persons with disabilities and informing their families;
- preparing, whenever necessary, a personalised assistance plan which matches the hopes, abilities and needs of the person with a disability, in co-operation with the person and any other agencies able to help devise and implement the plan;
- promoting services for and accommodation, optimal development and support of persons with disabilities;
- promoting the vocational training or retraining of persons with disabilities;
- promoting access to employment for persons with disabilities;
- encouraging persons with disabilities to participate in cultural and social life, particularly by improving their mobility and means of access.

The Agency also approves and subsidises institutions or services and grants financial support to persons with disabilities and their employers.

Before granting individual assistance, the appropriate regional office (of which there are seven) prepares a basic file on behalf and with the help of the person concerned. This file contains administrative, medical, social and educational information, together with any multidisciplinary details relevant to evaluation of the application made by the person with a disability or his/her legal representative.

Individual applications may relate to specialised educational or vocational guidance, vocational training, employment, social and vocational integration, practical help, early intervention, grants for accommodation, day care, subsistence, treatment and education, foster care, help with basic activities of daily life or full-time support (Walloon Government Order of 4 July 1996 implementing the Decree of 6 April 1995).

The basic file is used to draw up a personalised assistance plan for the person with a disability. This plan is prepared at the request or with the agreement of the person or his/her legal representative. It is also approved by the person or legal representative. In performing its work, each regional office may call upon the services of a multidisciplinary team (doctor, psychologist, integration specialist).

Article 24 of the decree states that the Agency may approve or subsidise the following services and bodies, provided they deal particularly with persons with disabilities:

- early-intervention services for children with disabilities and their parents;
- functional rehabilitation centres;
- vocational assessment and advice centres;
- specialist training and vocational rehabilitation centres;
- companies offering sheltered employment;
- day-care centres;
- residential centres;
- services assisting activities of daily living;
- foster care services;
- support services;
- short-term residential centres forming part of current infrastructure or not.

The Government may add to this list.

All Agency-approved services or bodies must keep an up-to-date record of the medical, social and educational progress made by the person with a disability so that their needs and the arrangements for meeting those needs can be evaluated. In addition, Article 54 of the Order of 4 July 1996 stipulates that approval will only be given to bodies that comply with

certain principles, e.g. they should prepare a personalised plan for each person with a disability, adapted to their individual needs, abilities and aspirations; they should involve the person with a disability as much as possible in the decision-making process; they should evaluate the care, with the help of the person concerned, family, friends and the services themselves.

In order to help persons with disabilities and their associations to participate in the preparation of measures concerning them, the decree made provision for the establishment of a Walloon Advisory Council for persons with disabilities in the French-speaking region of Belgium (Articles 65 to 69).

This council is responsible in particular for giving opinions to the Walloon Regional Council and Government, either at their request or on its own initiative, concerning the shape of policy on persons with disabilities and how policy is implemented. It also comments on how the Agency is functioning and performing its work.

### **Definitions**

For the purposes of the Decree of 6 April 1995, a person with a disability is defined as “any person, adult or minor, whose capacity for social or vocational integration is severely limited as a result of impairment of his/her mental, sensory or physical faculties which necessitates social intervention”.

The severely limited capacity for integration must be the result of a disability listed by the French Community in pursuance of Article 3.7 of the 2nd Decree of 22 July 1993, which transferred certain responsibilities to the Walloon Region and the French Community Commission.

The Government may determine the extent and type of disability for which each benefit or service is intended.

### ***C. BRUSSELS FRENCH-SPEAKING SERVICE FOR PERSONS WITH DISABILITIES***

In the Brussels-Capital Region, policy on persons with disabilities has been the responsibility of the French Community Commission since 1 January 1994.

This policy is primarily laid down by the French Community Commission Decree of 17 March 1994 on the social and vocational integration of persons with disabilities. The decree incorporates word for word the tasks laid down in the French Community Decree of 3 July 1991 on the social and vocational integration of persons with disabilities. At that time, these tasks were the responsibility of the Community Fund for the Social and Vocational Integration of Persons with Disabilities.

Policy is also laid down in the French Community Commission Decree of 23 January 1997 on promoting the social and vocational integration of persons with disabilities and in the French Community Commission Decree of 27 April 1995 on sign-language interpretation for the deaf.

Since the Community Fund was dissolved on 1 July 1995, the Brussels French-speaking Service for the Social and Vocational Integration of Persons with Disabilities has implemented the provisions of the three decrees.

Under the French Community Commission Decree of 18 July 1996 on the dissolution of the Brussels Fund, the French Community Commission took over from the Fund on 1 January 1999 and, by decree of 18 December 1998, set up a separate managing body to implement the policy of social and vocational integration of persons with disabilities. This body, known as the “Brussels French-speaking Service for Disabled Persons”, is responsible for maintaining direct, accessible administration in this field.

A draft decree on social and vocational integration of persons with disabilities will shortly be adopted by the Assembly of the French Community Commission. The decree is intended to combine all the current decrees on integration of persons with disabilities. For example, it incorporates the provisions of Crown Decree No.81 of 10 November 1967 setting up the Fund for the Medical, Social and Educational Care of Persons with disabilities, those of the French Community Decree of 12 July 1990 on early intervention and those of the French Community Commission Decree of 20 February 1997 on the recognition of disabilities, registration with a centre or service for persons with disabilities and applications for assistance from the French Community Commission.

The ideas contained in the draft are not particularly innovative. Nevertheless, the following points should be highlighted:

1. a single procedure for recognition of entitlement to the various benefits and facilities provided for in the draft decree;
2. a single decision-making procedure concerning assistance offers is to be introduced, with a more prominent role for the multidisciplinary team set up by the Brussels Fund in 1995;
3. simplification of procedures involving persons with disabilities and the centres, services and companies that help them;

4. recognition of the work carried out by support services and sign-language interpreting services for the deaf, for which there will be an approval system and regulated subsidies instead of annual grants;
5. day and residential centres are to be given more important functions;
6. two levels of appeal against any decision are to be introduced: a free administrative appeal and an appeal before a labour tribunal.

### **Definition**

For entitlement under the proposed decree on social and vocational integration of persons with disabilities, disability must impair physical capacity by at least 30% or mental capacity by at least 20%. By disability is meant a social disadvantage resulting from a deficiency or an impairment which restricts anyone's ability to play, or prevents their playing, a role in society normal for someone of their age, gender and social and cultural circumstances.

If a person is clearly disabled, but his/her disability does not reach either of the figures mentioned above, he/she may nevertheless be recognised as entitled under the proposed decree.

### ***D. GERMAN-SPEAKING COMMUNITY OFFICE FOR PERSONS WITH DISABILITIES***

#### ***Areas of intervention***

The Decree of the German-speaking Community Executive of 19 June 1990, establishing the “*Dienststelle der Deutschsprachigen Gemeinschaft für Personen mit Behinderung sowie für die besondere soziale Fürsorge*” (German-speaking Community Office for Persons with disabilities and Special Social Assistance), lays down the Office’s tasks:

1. A personal assistance and care programme is drawn up on the basis of the applicant’s specific needs, interests and life plan. Applicants receive services appropriate to their needs as decided by the Office. The person with a disability and his/her family receive advice, guidance and support for maximum social and vocational integration.
2. The Office advises and informs the persons concerned by telephone or interview with regard to subsidies, benefits, assistance and support, as well as any care or treatment for which they qualify.
3. It funds early intervention for young disabled or retarded children and their families. A service for families of children with disabilities aged between 6 and 18 also provides support in everyday situations and concerning educational matters.
4. The Office offers different types of housing and accommodation including sheltered housing, housing with a private individual, short-term residential care and residential homes.

5. The Start Service offers vocational guidance to persons with disabilities. It subsidises people with reduced levels of productivity and assists them with training, vocational rehabilitation and employment in the open market.
6. The Office provides activities in day centres and a leisure service for persons with disabilities.
7. It awards grants for the purchase, construction and adaptation of fitments and equipment in day centres, residential homes, sheltered workshops and support centres for persons with disabilities.
8. It advises on disabled access in public and private building or conversion projects. It also assesses access in construction projects.
9. It delivers opinions on all issues concerning persons with disabilities.

A decree of 29 June 1998 amended the Decree of 19 June 1990 as follows:

- special social assistance ceased to be the Office's responsibility. Henceforth, the exact title of the Office was the "German-speaking Community Office for Persons with Disabilities";
- the age restrictions for registration with the Office were abolished. Persons with disabilities over the age of 65 were now also able to register.

### ***Principles and aims***

Policy on persons with disabilities in the German-speaking Community is based on the following principles.

1. It is normal to be different. The Office champions the view that human diversity and difference are to be respected and do not make people any less valued, important or indispensable.
2. A person with a disability is first and foremost a human being, with individual abilities, needs, desires and interests. A person's disability (as opposed to an illness, deficiency or incapacity!) is not a personal characteristic but forms part of their relationship with society. It is often society that impedes a person's full participation in social life. A person's individual abilities and interests should always form the basis of any evaluation, supervision, subsidy or conceptual work.
3. Human dignity includes self-determination and independence. As far as they are able, everyone, whether partially or severely disabled, should be allowed to define their own life plan. The Office's task is to help them fulfil that plan. Means of achieving this include expert advice, financial support, practical adaptations, help with training and employment and individual support.
4. Early intervention is effective.  
Through early intervention, it is possible to encourage and help parents, families and persons with disabilities themselves so that the co-existence of disabled and

able-bodied persons is considered normal from an early stage. It is well known that children's development is easily influenced early in life (between the ages of 0 and 6), when the body, brain and personality display a huge capacity for learning. If a disability or retardation is detected early in a child's life, that child's development can be aided and improved to maximum effect through special measures. Families desperately need someone to listen to, advise and encourage them.

5. The right to work.

Work plays a vital role, whether from a political, social or economic point of view. It earns a living and generates productivity, self-esteem, a sense of achievement, new skills, new prospects, etc. Persons with disabilities share the desire to work and to enjoy the benefits of work. Secondary benefits such as social contact, self-confidence and a meaning to life are very important to persons with disabilities.

6. Assistance for families and friends:

Disabilities affect families as well as people with disabilities themselves. The enormous burden that results from the various aspects of serious disability must be shared. This is why the Office has made short-term residential care, leisure services and support for families in everyday situations available to the families and friends of persons with disabilities. It should be stressed that the Office considers families and friends who look after persons with disabilities to have expert knowledge and that they should therefore be involved as much as possible in decision-making and practical measures.

7. Quality guarantee.

This means providing and guaranteeing an optimal and justifiable quality of life for anyone with a disability. This is a continuous process, requiring everyone involved to engage in constant discussion, thought and review. What may seem like an exhaustive list of measures today may be inadequate tomorrow.

## ***E. THE FEDERAL STATE***

Although policies on persons with disabilities are principally drawn up and implemented by the regional authorities, the federal State retains certain areas of responsibility, mainly in relation to the income of persons with disabilities. Social security schemes offer considerable help to persons with disabilities, whether in the form of income support or health care. The cost of functional rehabilitation is reimbursed through the health insurance and compensation scheme.

Persons with disabilities may also claim disability benefits. Income support is designed to replace or supplement low income. The purpose of the integration and elderly person's allowances is to compensate for the extra costs linked to a disability. The disability benefits scheme is a social aid scheme - it does not form part of the social security system in the strict sense and benefits are dependent on income.

## **II. PREVENTION AND HEALTH EDUCATION**

## A. *GENERAL REMARKS*

In some fields preventive action to reduce the frequency of common disabilities preceded rehabilitation in Belgium.

Preventive measures have also arisen from provisions for the rehabilitation of persons with disabilities.

Regarding the range of measures in Belgium, it should be noted that:

- the Community Births and Childhood Offices pay for pre- and post-natal medical examinations and carry out systematic screening for certain congenital malformations;
- the Community Ministries of Education run a programme of monitoring schoolchildren's physical and mental health;
- the Ministry of Employment and Labour has directorates for occupational safety, health and medicine which are responsible for compliance with legislation on occupational diseases and industrial accidents. This legislation includes specific provisions concerning prevention, notably by means of regulations, information campaigns and advice.

A crown order<sup>1</sup> lists the occupational diseases for which there is entitlement to compensation.

Anyone exposed to vocational hazards is covered: laboratory students, teachers in subsidised technical education and craftsmen can thus claim under the order.

In the context of rehabilitation, the order:

- provides for a system for the prevention of occupational diseases, or at least for limiting the damage they do by eliminating occupational hazards. The Occupational Diseases Fund may propose that anyone susceptible to disease should cease their work permanently or temporarily;
- makes the Ministry of Communications responsible for implementing the Highway Code and legislation on the driving licence. Accident prevention bodies have been set up, while the primary or secondary task of semi-official or independent organisations such as *VIA SECURA*, *TOURING SECOURS* and the Association for the Protection of Children on the Roads (*APPER*) is to prevent road accidents.

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<sup>1</sup> Crown Order of 28 March 1969 listing the occupational diseases whose sufferers are entitled to compensation (*Moniteur belge*, 4 April 1969).

Prevention of socio-cultural factors that produce disabilities in children and teenagers is a matter for the child protection committees (run under the aegis of the Communities).

Their aim is to protect children and teenagers who are under moral or physical threat.

Their work consists in:

- educational assistance for parents;
- psycho-medical and possibly practical assistance (payment of some of the cost of clothing, school meals, holiday camps, etc);
- placement in an institution or with a foster family.

Information campaigns are either permanent, taking the form of televised motoring tips, advice on industrial and domestic accident prevention, etc., or occasional (annual campaigns on topics chosen at national or international level).

The above list of provisions in Belgium, which is in no way exhaustive, sets out the main measures for disability prevention. Prevention now takes in accidents in the home and the use of pesticides and phytopharmaceutical products, particularly in agriculture.

## ***B. FLEMISH COMMUNITY***

See Chapter III.

## ***C. WALLOON REGION***

Under the Decree of 6 April 1995 (Article 5), the Walloon Government may draw up preventive measures, as part of co-operation agreements if appropriate, aimed at:

- identifying types of deficiency and their causes;
- promoting early detection and diagnosis;
- promoting health education programmes, particularly concerning nutrition, hygiene, physical exercise and addictions;
- improving access to primary health care and the quality of such care;
- social and cultural betterment of persons at risk;
- strengthening measures to safeguard mental health;
- reducing the dangers linked to the physical environment, unsuitable housing and urban development.

Under Article 14 of the decree the Agency participates in the prevention, detection and diagnosis of deficiencies and handicaps and in setting up early intervention. To this end it approves and subsidises 17 early-intervention services, whose tasks include promoting the

prevention and detection of all kinds of deficiency before, during and after pregnancy. Once a deficiency has been detected, they must give the family educational, social and psychological help, primarily in the home. The aim is to reduce the problems caused to the family by the disability and to promote the child's optimum development in its natural environment. An early-intervention service employs a core team comprising a doctor, a psychologist, a paramedical assistant and a special-needs teacher or social worker.

#### ***D. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

The French Community Commission subsidises three different early-intervention services.

The main tasks of the early-intervention services are to:

1. provide educational, psychological and social support to children with disabilities with the help of a multidisciplinary team, giving individual help in the home and in the various places that they frequent;
2. support the family once the disability has been diagnosed, providing psychological and social help to enable it to give the child with a disability the best possible care;
3. advise families on educational and technical matters concerning the child's lifestyle with a view to integration into the family and, subsequently, into the school environment;
4. supervise the pre-school and educational care of children with disabilities by meeting with and training teaching staff;
5. promote, in collaboration with a functional rehabilitation centre, the prevention and detection of all kinds of deficiency before, during and after pregnancy and, if necessary, guide the family towards appropriate medical assistance.

#### ***E. GERMAN-SPEAKING COMMUNITY***

Special effort is required in the field of early intervention since it crucially affects the future life of a person with a disability. Effective early intervention gives parents, family and persons with disabilities themselves the strength and reassurance they need, promoting the self-reliance which is vital to the social integration of persons with disabilities.

Moreover, a child's primary source of support is its family, which is why it is better for any child to grow up in the family environment rather than in an institution. It is therefore paramount that parents be supported and given the chance to learn how to live with their child with a disability.

As previously mentioned, children's development is easily influenced early in life (between the ages of 0 and 6), when the body, brain and personality display a huge capacity for

learning. If a disability or retardation is detected early in a child's life, that child's development can be aided and improved to maximum effect through special measures.

Early intervention aims to offer the following:

1. to parents:
  - advice;
  - practical help in their relationship with the child;
  - contact with parents in similar situations;
  - contact with other services;
  - integration help.
2. to children:
  - games sessions/play therapy;
  - remedial gymnastics, help with psychomotor disorders;
  - hydrotherapy.

In the German-speaking Community of Belgium, there is an early-intervention centre for disabled or retarded children and their families.

The team comprises a doctor specialising in infantile diseases, a qualified educational psychologist, a physiotherapist, an early-intervention expert and the mother of a disabled child. This diversity of experience facilitates closer co-operation with parents and drawing up a holistic development programme.

### **III. IDENTIFICATION AND DIAGNOSIS**

#### **A. *FEDERAL STATE***

Identification and diagnosis necessarily supplement preventive measures in some cases.

Diagnosis has a bearing on health benefits where, as a result of illness or an accident, an insured person or others entitled through them consult doctors, diagnosis and care centres, hospitals or treatment services covered by the health insurance system.

Investigation of industrial injury, road-accident injury and occupational diseases is a matter for the insurance companies, the Accidents at Work Fund and the Occupational Diseases Fund.

The identification of disabilities is also a matter for the Institute for Sickness/Invalidity Insurance and, to a certain extent, the unemployment authorities.

Finally, any person with a disability can apply to the Ministry of Social Affairs, Public Health and the Environment either for tax and social benefits or for a disability allowance.

## **B. *FLEMISH COMMUNITY***

Here it is the Flemish Fund for the Social Integration of Persons with Disabilities that is responsible for detecting disabilities and registering persons with disabilities, a process which can only take place after diagnosis.

The Decree of 27 June 1990 allows registration of anyone who has been actually living in Belgium for at least five consecutive years (or has resided in Belgium for ten years or more non-consecutively), is domiciled in the territory of the Flemish Community and is under 65 at the time of application whose long-term prospects of social integration are severely limited by mental, physical, psychological or sensory impairment.

The Executive may extend benefit of this decree to persons with disabilities other than the above.

The following points should be emphasised:

1. An application for registration must be accompanied by a specific request for assistance.
2. Under the procedure laid down in the Flemish Executive Order of 24 July 1991, every applicant must be examined by a multidisciplinary team comprising at least a doctor, a psychologist or orthopaedist and a social worker. This is important for detection and prevention, since the applicant is not necessarily the person best placed to identify all his/her social integration needs.
3. The decision on the application for registration and assistance is taken by a provincial evaluation committee.
4. Six centres for the observation, guidance and psychological and medical support of persons with disabilities, with a total of 327 places, are currently approved and subsidised by the Flemish Fund. Dealing with emotionally disturbed children, these centres are mainly involved in detecting and diagnosing disabilities with a view to future treatment.

5. In addition to the normal registration procedure, a special provisional registration procedure has been set up for persons with disabilities on whose behalf child welfare measures have already been taken, or who need to stay in an institution for a short time, or who are in a crisis situation which requires them to be admitted to an observation centre (see (a), above) or personality-disorder screening centre, or (children under six) who need temporary home care. Such a procedure should make it possible to detect and diagnose any disability.
6. Home care services may also work with families with one or more children who are not registered with the Flemish Fund but who may have a deficiency or disability which requires diagnosis. The number and duration of such arrangements are limited.
7. Diagnosis and help are based on a multidisciplinary report drawn up by an approved team. There are currently 233 approved teams. From 1 January 1999, provincial evaluation committees, on the basis of a multidisciplinary report, no longer recommend particular kinds of assistance since that requires a new application for any change to the assistance. Instead, they refer disabled applicants to services that offer a wider range of measures for social integration of persons with disabilities.
8. The registration procedure is currently being redrawn in order to:
  - i. ensure the assistance granted matches as closely as possible that which is requested;
  - ii. generate greater accountability generally;
  - iii. simplify the procedure.

The Ministry of the Flemish Community also approves centres for children with developmental disorders. These offer early intervention and screening for certain disabilities or deficiencies (such as autism).

We should also point out the increasingly important role that research into demographic factors and disease is playing in the development of the Flemish Fund's detection, registration and diagnosis policies.

It may seem easy to apply the principle of "tailor-made" care, i.e. to base assistance on applicants' genuine needs. However, matching supply to demand means not only a period of adjustment but also finding the necessary funding.

Appeal procedures allow a second opinion to be sought concerning a diagnosis or offer of help.

### **C.     *WALLOON REGION***

The previous chapter mentions the role that the Agency can play in identifying types of deficiency and their causes. It also describes the tasks of Agency-approved early-intervention services in matters of prevention and detection.

When a person applies for assistance, the Agency may, at any time, carry out at its own expense, within the limits laid down by the Minister, any medical examination it considers necessary in relation to the application. The Agency may request that such an examination be carried out by an approved centre, i.e.:

- a centre for psychiatric, medical and social assistance approved by the French Community;
- a mental health centre approved by the Walloon Region;
- a vocational assessment and advice centre approved by the Agency;
- a functional rehabilitation centre approved by the Agency;
- a public social assistance centre or
- a social services centre approved by the Walloon Region.

The staff of these approved centres must include a social worker or welfare nurse. They must also employ, on a permanent or contractual basis, a doctor and a psychologist. These three people make up a multidisciplinary team. Medical data submitted to the Agency for each type of disability assessed must be recorded and signed by an appropriate medical specialist licensed by the National Institute for Sickness/Invalidity Insurance.

### **D.     *FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

Applicants for help from the Brussels French-speaking Service for Persons with Disabilities must submit a medical form which describes the deficiency and its effects in terms of incapacity and disability. The form is completed by a doctor of the applicant's choice.

The disability is assessed by the multidisciplinary team<sup>1</sup>, possibly on the basis of the results of multidisciplinary examinations previously carried out in relation to other federal, Community or regional benefits for persons with disabilities. If the multidisciplinary team does not have sufficient information on which to base its decision, it asks the applicant to undergo:

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<sup>1</sup> Comprising three people with level-1 university qualifications: a psychologist, a doctor and the head of the department which deals with applications from persons with disabilities. This body takes a joint decision.

- either an examination by a certified medical specialist of the applicant's choice;
- or an examination by an approved psychologist whom the applicant can choose from a list kept by the French Community Commission Board member responsible for individual assistance.

Expenses arising from these examinations are reimbursed in accordance with the limits and procedure laid down by the Board. The person with a disability cannot be asked to pay a proportion of the cost of the actual examination.

#### ***E. GERMAN-SPEAKING COMMUNITY***

For the purposes of registering persons with disabilities with the Office, an evaluation committee is responsible for:

- giving an opinion on the registration application;
- drawing up a personal assistance plan containing all the measures necessary for the applicant's social and vocational integration.

The opinion takes into account medical, psychological, educational and social factors. Where necessary, the committee may refer to outside experts and/or multidisciplinary consultation and examination centres. The opinion is not confined to identifying deficiencies and incapacities; its main purpose is to ascertain the person's special needs and prescribe the measures necessary for as full social and vocational integration as possible.

The process is based on the principle that everyone is equally entitled to participate in community life and capable of continuous development. In principle, everyone can acquire new skills, provided they are given the opportunity to experience life situations and relationships that are as "normal" as possible.

Having prepared its opinion, the committee draws up a long-term personal assistance plan, based on the disabled person's specific needs.

On the basis of the committee's opinion, the Office's managing board takes a decision on the application, the assistance to be offered and the life plan drawn up for social and vocational integration.

#### IV. TREATMENT AND THERAPEUTIC AIDS

The medical treatment of persons with disabilities falls within the responsibilities of either the federal State (sickness/invalidity insurance) or the federal and Community public health services (hospitals and health care institutions).

Functional rehabilitation: as a result of the institutional reforms in Belgium, together with the Act of 28 December 1984 (abolishing or reorganising certain public bodies), approval and subsidy of establishment and maintenance of functional-rehabilitation centres are matters for the Communities, whereas individual rehabilitation and, consequently, actual operation of the centres or services are organised and funded by the National Institute for Sickness/Invalidity Insurance (*INAMI*).

##### A. *FEDERAL STATE*

The costs of medical treatment and functional rehabilitation are covered partially or in full, according to classification, by the health insurance system. Health benefits include all preventive and curative treatment needed for the maintenance or restoration of health, including both routine treatment (examinations, consultations and supply of pharmaceutical products) and specialist care, childbirth, prostheses, hospitalisation, etc.

Persons with disabilities may receive higher levels of reimbursement for medical costs if they fall under the *VIPO* category (widow(er)s, invalids, pensioners or orphans). The same now also applies to those receiving minimum income, CPAS aid, the guaranteed income for the elderly, a pension, disability allowance or family supplement on account of a disability.

For a family to be assigned to the *VIPO* category, its income must not exceed the tax threshold. However, this does not apply to those on minimum income, CPAS aid, the guaranteed income for the elderly, a pension or a disability allowance. It is sufficient to be in any one of these categories.

Persons suffering from certain illnesses that require long-term intensive treatment may receive higher insurance benefits to pay for remedial gymnastics and physiotherapy. Applications for the higher benefit level must be sent, together with a medical prescription, to the doctor employed by the insurance company.

Some requests from the seriously ill for help with very expensive treatments have to be rejected because the treatments are not listed in the health-care classification. The Special Solidarity Fund was set up in 1990 to deal with such exceptional cases.

The Special Solidarity Fund may, as far as it is financially able, reimburse the cost of exceptional medical treatments – including pharmaceutical products – which are not in the health-care classification, provided they:

- are expensive;
- treat a rare condition which threatens vital functions;
- have recognised scientific value and effectiveness;
- are no longer at the experimental stage;
- are absolutely necessary for medical and social reasons;
- are prescribed by a specialist in treatment of the condition.

Irrespective of these conditions, the Medical Board can decide, where appropriate, that the Fund will pay the patient's share of the cost of health care received abroad, as well as the travel and subsistence expenses of the patient and one companion.

The cost of functional rehabilitation is also reimbursed through the health insurance system. The services covered include in particular those provided by establishments that have signed a rehabilitation agreement with the *INAMI*; those speech-therapy, orthopaedics and equipment services officially approved for rehabilitation; and travel expenses relating to rehabilitation.

## **B. FLEMISH COMMUNITY**

The Flemish Fund for the Social Integration of Persons with Disabilities decided in 1997 that functional rehabilitation centres or services would no longer be approved in specific categories whereby each dealt with particular types of disability. The approval mechanism was revised and brought into line with the *INAMI* system; general approval is now given, with the possibility of specialisation.

For subsidy purposes, a distinction is made between so-called “intramural” centres, which are part of a hospital or clinic and more or less fully funded by the *INAMI* and the public health services, and independent (“extramural”) centres, which are subsidised by the *INAMI* (operational costs) and the Flemish Fund (capital expenditure and maintenance grants, which will in future give increasing priority to social integration rather than medical and paramedical services).

To date (end of 1998), 80 “intramural” and 60 “extramural” centres or services have been approved by the Flemish Fund.

### ***Prostheses, orthoses and technical aids***

Since transfer to the *INAMI* of all individual functional rehabilitation, the *INAMI* has met the cost of technical aids and medical or similar appliances.

However, the Flemish Fund decided that, since they were so vital to the social integration of persons with disabilities, it would grant additional subsidy for invalid carriages and hygiene items.

The Fund either tops up sickness/invalidity insurance reimbursement or makes full reimbursement to certain categories of persons with disabilities or for items (e.g. special vehicles or parts of vehicles that are not on the *INAMI* list) that are not covered by other social security schemes.

### ***Assessment of abilities***

As mentioned in previous chapters, every application for registration and assistance is evaluated by a provincial multidisciplinary committee, which decides whether to accept the application. Its decision is based on a report likewise drawn up by a multidisciplinary team.

With regard to certain specific aspects of assistance, it may consult the following approved institutions or specialists:

- functional rehabilitation centres (see 2 below);
- specialised vocational guidance centres for persons with disabilities (see Chapter II.3);
- vocational integration services (see Chapter II.6);
- the Flemish Community is planning to create and subsidise advice centres specialising in technical aids.

Although not having any officially defined role, persons with disabilities' associations, through their experience on the ground, often provide valuable help in all stages of aptitude detection, diagnosis and evaluation. It is mainly thanks to these organisations that greater attention is now paid in the assessment process to persons with disabilities' aptitudes rather than to their disabilities or deficiencies.

## **C. WALLOON REGION**

### ***Medical assistance and medical and functional rehabilitation***

Under Article 6 of the Decree of 6 April 1995, the Walloon Government can bring in measures to provide persons with disabilities with services such as:

- as a matter of priority, appropriate care and support to enable the person to continue living at home wherever possible;
- functional rehabilitation that promotes independent life in society;

- technical aids and appliances that assist independence and mobility;
- social, medical, paramedical or psychological help.

The Walloon Agency for the Integration of Persons with Disabilities has approved and subsidises 75 functional rehabilitation centres or services in the Walloon Region. Maintenance subsidies are awarded in accordance with the scope of their rehabilitation facilities and technology and the number of staff employed.

The purpose of these services is to restore as far as possible the impaired organic, motor or mental functions.

The Agency also authorises and funds youth and adult day-care centres and residential services whose specific tasks are set out in the Order of 9 October 1997.

Day-care centres for young people offer individual educational, medical, therapeutic, psychological and social help designed to complement school education and adapted to the young person's particular needs. The aim is educational, social, cultural and vocational integration.

Adult day-care centres provide educational support through a variety of specially adapted activities, as well as the best possible psychological, social and therapeutic care designed to meet individual needs. The aim is social, cultural and vocational integration.

Residential services for adults provide educational support through various specially adapted activities, as well as the best possible psychological and social care designed to meet individual needs. The aim is social, cultural and vocational integration.

Overnight residential services for adults provide optimal support adapted to individual needs. The aim is social, cultural and vocational integration.

### ***Prostheses, orthoses and technical aids***

For technical aids, the Agency has adopted the same policy of individualised treatment as was followed by its predecessors. Nevertheless, the absence of any ministerial decree stipulating the requirements for and manner of providing different types of assistance, together with the outdated idea that help should be granted only for occupational reasons, meant that a decree on practical assistance for integration was absolutely vital. At the time of writing this draft decree is under discussion.

The decree will lay down the requirements and manner of funding material assistance, i.e. technical aids and equipment designed to prevent or compensate for a disability, which are necessary for the person's social integration.

In order to provide easier access to information on technical aids, there is to be a list of all types of help available, based on the ISO (International Organisation for Standardisation) classification, which is officially recognised in Belgium (NBN EN 29999). The decree will also cover certain types of training in the use of technical aids as well as the maintenance and repair of some equipment.

If the technical aid someone requires is not on the list, which will be updatable every six months, or if certain conditions are not met, it will be possible to refer the application to the Agency's managing board.

All applications will have to be supported by a medical opinion provided by either a general practitioner or medical specialist. For some items, the opinion of an Agency-approved technical-aid evaluation centre will also be required.

In addition, the Agency decided at the end of 1998 to set up its own technical-aids advice and information centre, which collects information, has links with organisations with their own databases in this field and steers persons with disabilities towards the information they are looking for.

### *Assessment of abilities*

As mentioned in Chapters III (Identification and diagnosis) and VI (Vocational guidance and training), the Agency has a statutory right to seek the help of appropriate bodies at any stage of the procedure in order to accurately evaluate a person's situation and offer suitable assistance.

The Decree of 6 April 1995 also requires all services or bodies approved by the Agency to keep up-to-date records of the medical, social and educational progress of persons with disabilities in their care so that their needs and meeting those needs can be evaluated. In addition, under Article 54 of the Order of 4 July 1996 approval can be given only to bodies which comply with certain principles, e.g. a personalised plan adapted to each person with a disability's needs, abilities and hopes; maximum involvement of the person with a disability in the decision-making process; joint evaluation of services by the person concerned, family and friends and the services themselves.

#### ***D. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

The Brussels French-speaking Service for Persons with Disabilities has approved and subsidises 22 functional rehabilitation centres, which seek to improve motor, sensory and mental functions by using medical and paramedical techniques specific to each category of persons with disabilities. They offer a comprehensive range of physical, psychological and social care.

The level of subsidy depends on the number of paramedical rehabilitation staff, the further training they are given, the information programmes for persons with disabilities and the equipment purchased.

The Brussels French-speaking Service for Persons with Disabilities also licenses and subsidises residential and semi-residential centres, residential homes, day centres and fostering services.

Residential centres, which employ multidisciplinary teams, provide accommodation, education and social, medical, paramedical and psychological care for children with disabilities. A child's progress is monitored in collaboration with the family, a mainstream or special educational establishment and other outside partners. Residential centres accommodate young people aged from 0 to 21.

Semi-residential centres also take young people aged between 0 and 21, but only during the day on a 5-day-a-week basis. They provide individual medical, psychological, paramedical and social guidance. In order to optimise the child's integration and education, close links are established between the centre and the child's family, school and family doctor, as well as other outside bodies. Some semi-residential centres offer activities specially adapted for children who are unable to attend school.

Residential homes provide adults with disabilities who work in sheltered or ordinary employment with accommodation and medical, paramedical, social and educational support. In addition to night-time care, they may also offer occupational activities during the day for persons with disabilities who are capable of working. They are run by multidisciplinary teams comprising social workers, paramedical staff and instructors in particular. Priority is given to maintaining relations with the person's family and offering varied, specially adapted activities that promote social integration.

Day centres are designed for persons with disabilities who are unable to work. With the help of educational teams, they provide varied, specially adapted daytime activities that promote social integration. They also offer paramedical and social care.

Fostering services enable persons with disabilities to live in a social environment with volunteer families. Employing psychological, medical and social-welfare staff, they see to the well-being of persons with disabilities placed with foster families. They liaise with other services used by the person with a disability (day centres, sheltered workshops, semi-residential centres, schools, etc.) in order to co-ordinate their medical treatment and education. The foster families provide board, lodging and general education. In some instances, the person with a disability lives alone, often in housing owned by the service, which assists his/her introduction to an independent lifestyle.

### ***Prostheses, orthoses***

Prostheses and orthoses are, in principle, paid for by the National Institute for Sickness/Invalidity Insurance (*INAMI*) and mutual insurance companies.

However, in some circumstances the Brussels Service pays for various types of technical aid (commonly known as “individual integration or practical aids”), such as home or vehicle adaptations or a special vehicle, provided they improve social or vocational integration.

Various aids or equipment can make for greater day-to-day independence. They fall into various categories: communication aids (telephone, fax machine, computer, special equipment for the blind or partially sighted, deaf and hard of hearing, etc.), incontinence aids, mobility aids (special vehicles, adjustments to cars, walking sticks, guide dogs for the blind, etc.), adaptations in the home (lifts, special appliances, etc.) and equipment such as hydraulic or electric beds, lifting devices and special toilet seats.

On 25 January 1996 the French Community Commission Board adopted an order setting out the requirements and arrangements for providing individual practical assistance vital to the social and vocational integration of persons with disabilities. An appendix lists the various types and maximum levels of assistance the Brussels Service can provide. The order allows the service to help in ways other than those mentioned in the appendix.

In 1997 the Brussels Service took over responsibility for technical aids from the Belgian Red Cross Aids Service for Persons with Disabilities. In this field it provides:

- documentation on different technical aids;
- detailed advice on equipment to meet a given need;
- an aids exhibition hall;
- a service from which people with disabilities can borrow technical aids to try them out at home.

As mentioned in Chapters III (Identification and diagnosis) and VI (Vocational guidance and training), the Brussels Service has a statutory right, at any stage of ability evaluation, to have the person with a disability undergo an examination by a medical specialist or psychologist or to bring in a specialised guidance centre.

Decrees and implementing provisions being drafted require all institutions approved by the Brussels Service to draw up two reports, one joint and one individual, for the assessment of each person with a disability's medical, social and educational progress, of their needs and of the steps taken to meet them.

## **V. EDUCATION**

The network of pre-schools and primary, middle- and upper-secondary schools (together with the curriculum), whether for able-bodied or disabled children, is the responsibility of the Community Ministers of Education.

To promote early integration of children with disabilities, the rehabilitation programme encourages attendance at mainstream schools whenever possible. As part of this policy the Community Funds help meet travel and subsistence expenses arising from attendance at mainstream schools.

### **A. *FLEMISH COMMUNITY***

Persons with disabilities in higher or secondary education may apply for grants to help cover any unusually large expenditure on educational books or equipment. In the Flemish Community, these grants are administered by the Ministry of Education.

Under the legislation on special education, education is compulsory for persons with disabilities between the ages of 3 and 21. The Act applies to children and adolescents who, although capable of receiving education, are unable to attend a mainstream school.

Special education is intended to:

- develop physical and mental capacities and promote adjustment to society;
- prepare persons with disabilities for
  - family life;
  - trades or occupations compatible with their disabilities;
  - work in a sheltered environment.

Before a person with a disability is enrolled in a special school, a report must be drawn up by a psycho-medico-social centre, an educational and vocational guidance office or a medical specialist, as appropriate.

The Flemish Community has eight different types of special primary education, each intended for specific categories of disability. There are four types of special secondary education, each with a different emphasis (e.g. development of vocational skills).

Integrated education was introduced in 1986, but unfortunately very few children have had the benefit of it even though the integrated approach, which aims to promote social adjustment and obtaining mainstream school qualification through temporary or permanent admission of the pupil with a disability to the ordinary school system, is particularly suitable for many children with physical or sensory disabilities.

Generally speaking, higher education establishments make a genuine effort to make themselves available to students with disabilities. Where necessary, the Flemish Fund for the Social Integration of Persons with Disabilities pays for extra assistance to students with disabilities (e.g. note-taking during classes).

### ***Educational support***

For disabled minors, the Flemish Fund approves and subsidises a fairly extensive network of residential institutions that are linked to educational establishments. These institutions, which are either fully residential (medico-educational institutes – *IMP*) or semi-residential, provide appropriate schooling as well as educational, medical and paramedical support, depending on individual needs.

Children with disabilities who are unable to attend school may be admitted to residential or semi-residential centres where they receive educational support and a minimum level of non-academic education. For example, around 400 of the 3,500 places in semi-residential establishments are occupied by children with disabilities who are unable to attend school.

### ***Adults with disabilities***

Establishments for adults with disabilities offer an occupational programme which includes educational activities, although this could not be described as a structured educational system.

## **B. FRENCH COMMUNITY**

Integrated special education is available to children and adolescents, and is based on a multidisciplinary examination to establish their educational needs and aptitudes, carried out by a psycho-medico-social centre (*Centre psycho-médico-social - CPMS*) or other approved body.

Special education is geared to pupils' specific educational needs and to fully realising their potential.

With the guidance of the *CPMS* it promotes social and vocational integration by:

- providing every pupil with a broad basic education, according to their individual needs and aptitudes;
- continuously monitoring and evaluating each pupil's development;
- helping each pupil to set and achieve their own individual goals;
- offering each child educational, paramedical, psychological and social support.

Eight categories and four types of education have been created:

- Category 1: for pupils with a slight mental deficiency;
- Category 2: for pupils with a moderate or serious mental deficiency;
- Category 3: for pupils with behavioural problems;
- Category 4: for pupils with physical disabilities;
- Category 5: for sick pupils;
- Category 6: for visually impaired pupils;
- Category 7: for pupils with hearing disorders;
- Category 8: for pupils with functional disorders (primary education only).

The different types of education are listed below.

There are two levels of special education: basic and secondary.

### ***Special basic education***

Special nursery education: pupils aged between 2½ and 7;

Special primary education: pupils aged between 6 and 14.

Unlike special secondary education, special basic education is not divided into academic years, but levels (stages) of maturity.

In some circumstances, pupils can obtain the basic education certificate.

### **Special secondary education**

Pupils aged between 12 and 21 (although exceptions may be made).

To meet the range of pupils' personal goals, there are four types of special secondary education.

Type 1	Type 2	Type 3	Type 4
Secondary education for social integration	Secondary education for social and vocational integration	Vocational secondary education	Mainstream secondary education
Prepares pupils for social integration in a sheltered environment	Prepares pupils for social and vocational integration in the protected labour market	Prepares pupils for social and vocational integration in the normal labour market	All the requirements and qualifications of mainstream secondary education

#### *Type 1*

The first type of secondary education consists of a single phase, the length of which is determined by the teaching staff in consultation with the guidance service.

In accordance with its own programme and the pupil's individual learning plan, the school develops independence, communication, social skills and self-fulfilment.

Pupils are prepared for social integration in a sheltered environment.

#### *Type 2*

The second type of secondary education comprises two phases, the length of which is determined by the teaching staff in consultation with the guidance service.

In accordance with the school's own programme and the pupil's individual learning plan, the first phase teaches social, communication and vocational skills.

The second phase prepares for social and working life.

### *Type 3*

In order to facilitate social and vocational integration, the third type of education equips pupils with general, vocational, social and multidisciplinary skills.

This type of education is split into three phases:

- *Phase 1*: comprises an observation period, the length of which is determined by the teaching staff in consultation with the guidance service (during this period, the pupil is introduced to different kinds of work). The teaching staff then suggest a particular sector. The broad introduction is important, allowing the pupil to change direction if need be.
- *Phase 2*: at the end of the 2nd phase, the pupil takes a multidisciplinary qualification in a group of occupations, facilitating his/her social and vocational integration.
- *Phase 3*: building on knowledge acquired in the 2nd phase, the pupil trains for a qualification in a particular trade (one of the group of occupations in which the qualification was obtained at the end of the 2nd phase).

At the end of each phase, the teaching staff may decide to award the basic education certificate.

### *Type 4*

The fourth type of special education is equivalent to mainstream secondary education.

## **C. WALLOON REGION**

In accordance with Article 6.6 of the Decree of 6 April 1995 (“The Government shall draw up adaptation to ensure the availability to persons with disabilities in particular of services offering (...) appropriate education and guidance”), the range of measures previously in place has so far been retained.

As the cost of providing special education is covered by the French Community Ministry of Education, the individual grants made by the Agency are basically for young persons with disabilities who attend mainstream schools.

The following types of grant are available:

- grant to help cover the cost of travel to school by private means for children whose disability prevents them from using public transport (Ministerial Order of 23 May 1969 and French Community Executive Order of 25 October 1990);

- grant to help cover the cost of accommodation in a boarding facility attached to the school attended by children whose disability is of a type or severity that makes daily travel from home to school impossible or extremely impractical (Ministerial Order of 23 May 1969);
- grant to cover course fees for students in higher education who, as a result of their disability, are unable to obtain a grant from the Ministry of Education (Ministerial Order of 27 December 1967);
- grant to cover the cost of educational books and equipment (standard materials and technical equipment which the student needs to take the course) necessitated by a disability (Ministerial Decree of 27 December 1967);
- grant to cover the cost of educational support (special tutorials, scientific and/or educational supervision) for students with hearing or visual impairments attending a university or other higher education establishment or undergoing recognised training (Crown Order of 5 July 1963 and decisions by subsequent managing boards and management committees);
- grant towards vocational training when a student aged over 18 joins a full-time training programme and is unable, for financial reasons, to study without the Agency's help (Ministerial Order of 19 February 1965 and French Community Executive Order of 25 October 1990).

Under the terms of the Order of 9 October 1997 on conditions governing the approval and subsidy of residential, day-care and foster-home services for persons with disabilities, the Agency also approves integration support services.

These services, in co-operation with other agencies and the families of children aged between 7 and 18 with disabilities, providing individual educational and psychotherapeutic support to educational and social integration. They draw up agreements with the schools the children attend, of whatever type. The agreements must state the precise aims of the collaboration (which follows an individual plan), its length, the location and methods, assessment arrangements and cancellation conditions.

### **Adult education**

There is no upper age limit for admission to adult education schemes for young people aged over 18.

Day care and residential services must offer “an educational programme using a variety of specially adapted activities...and promote social, cultural and vocational integration” (Walloon Government Order of 9 October 1997).

#### ***D. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

The cost of providing special education is defrayed by the French Community Ministry of Education.

The Brussels French-speaking Service for Persons with Disabilities can only subsidise education - in particular any aid needed to take a course, course fees or text books - if the assistance directly supports the pupil's integration into mainstream education.

Thus the Brussels Service can, in principle, only award funding to young persons with disabilities attending mainstream educational establishments.

For example, the Brussels Service can award the following grants for school education:

- travel grants for students unable to travel to school alone as a result of their disability. In such cases, the Brussels Service reimburses the expenses of the person accompanying the student on public transport or the cost of private travel (by car or taxi);
- subsistence grants when daily travel from home to school proves too difficult as a result of the student's disability;
- book and equipment grants to cover extra expenditure directly resulting from disability.

Further help is available to students with sensory (hearing or sight) deficiencies or suffering from a brain or central-nervous-system deficiency (with any attendant motor disability of the upper limbs) leading to serious difficulties for which insufficient compensation is available, if they are either:

- in a form of higher education (university or other) recognised by the French Community, or
- undergoing vocational training leading to a qualification and which is organised, recognised or subsidised by a public body and takes place either in the Brussels-Capital Region or Walloon Region.

Such students are entitled to educational support either from graduates or from final-year students in the subjects concerned. This may take the form of private tuition outside normal teaching or training hours. The Board currently recognises five educational support services, whose fees are directly reimbursed by the Brussels Service.

## ***E. GERMAN-SPEAKING COMMUNITY***

Provisions for special education are similar to those in the French Community.

### **Mainstream education**

Since the 1998-99 academic year, there has been integration of children with special needs into mainstream education in the German-speaking Community.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

### ***A. FLEMISH COMMUNITY***

#### **1. Vocational integration**

Until 1 January 1997, there were numerous provisions on and institutions for the various stages of vocational integration or retraining of persons with disabilities in the Flemish Community.

Although considerable efforts were made in this area, whether at the initial stage (assessment of abilities), during the process (vocational guidance and training) or at the final stage (measures to find employment), the system lacked co-ordination.

In order to ensure continuity, the Flemish Fund approves and subsidises individual services that support the vocational integration of persons with disabilities right from the beginning of the process and until, if all goes well, they find work in the open employment market.

These services, set up on an experimental basis by a Flemish Government order on 19 September 1996 and given permanent status in 1999, comprise a network of institutions (vocational guidance centres, vocational training centres, etc) and bodies that are involved in one stage or another of the integration process.

Any person with a disability using them receives individual supervision: the vocational integration service helps the person with a disability at every stage of the process and, in order to be subsidised, must produce results in terms of employment for the persons with disabilities it supports.

As part of an inclusion policy, general training and employment services are linked to vocational integration services for persons with disabilities.

Results so far (up to the end of 1998) are encouraging, due in particular to the fact that part of the vocational training is carried out in the workplace.

## **2. Vocational guidance**

The Flemish Fund advises persons with disabilities concerning vocational training, rehabilitation or retraining, monitors the effectiveness of the advice it gives and, where necessary, ensures that persons with disabilities receive specialised vocational guidance.

It is vitally important for everyone, whether disabled or not, to choose the right type of studies and to select a suitable occupation.

A disability can restrict the range of available occupations and it is important to weigh up carefully the direct and indirect effects of a disability on the future occupational activity.

It is essential to assess a person's abilities accurately so as to determine how they can adjust to and compensate for disability.

In some cases, educational and vocational guidance for persons with disabilities can take place in ordinary centres such as the psycho-medico-social centres set up or subsidised by the Flemish Ministry of Education. It was the requirements of various occupations that led to setting up this network of centres, which deal chiefly with children and teenagers and only exceptionally with adults.

From 1 September 2000, the psycho-medico-social centres have been replaced in the Flemish Community by pupil-support centres, which will have a broader remit than simply to offer guidance.

The nature of many disabilities calls for specialist educational and vocational guidance, to which there are two aspects.

On the one hand, the guidance officer should him/herself be a specialist since persons with disabilities frequently encounter specific psychological problems that can only be understood by those who have specifically studied them.

Equally, the specialist element may result from the need for evaluation tests specific to the particular mental or physical deficiency. For example, people with visual impairments are not given the same tests as those with other types of disability.

It was therefore necessary to create specialist vocational guidance centres. The centres, which currently number 22, are approved by the Flemish Fund, which grants them maintenance subsidies as well as subsidies to cover some of the cost of setting up, enlargement or equipment.

The centres are currently undergoing total reorganisation to bring them fully into the vocational integration system (see 1 above).

The role of the centres has gradually diminished: firstly their work has become increasingly confined to writing the reports appended to applications for registration, and secondly their functions have been swallowed up by the vocational integration system. Hence the reorganisation, although it was still not complete by 31 December 1998.

### **3. Vocational training**

In line with the principles of equal opportunity and vocational integration, the Flemish Fund considers that vocational training should, as far as possible, take place in a centre open to all and in a normal work environment.

As a result of the particular demands of disabled training, fourteen specialised centres were still in existence on 31 December 1998, after being totally reorganised in 1997 (see also point 2, Vocational Guidance).

The centres offer general training, which is combined with more technical specialisation in the workplace. They function as part of the vocational integration system and funding is linked to the number of trainees who subsequently find employment.

Reorganisation will enable them to cope with the needs of an employment market which is undergoing dramatic changes. In co-operation with the *VDAB* (Flemish Vocational Training Office), the vocational integration services will play a more prominent role in achieving the goal of the equal opportunities policy, which is to employ as many persons with disabilities as possible in the open job market.

Reorganisation has clearly been successful: after two years, employment figures in the open market are rising and the centres are attracting ever-increasing numbers of persons with disabilities seeking training or vocational rehabilitation. The vocational integration system has played a large part in this success.

### **B. WALLOON REGION**

In order to comply with Article 6 (sub-paragraphs 6 and 7) of the Decree of 6 April 1995 ("The Government shall draw up adaptation measures to ensure the availability to persons with disabilities in particular of services offering ... (6) appropriate education and guidance; (7) appropriate vocational rehabilitation or training") the previous range of measures has so far been retained.

Under Article 55 of the Crown Order of 5 July 1963 educational or vocational guidance is to be provided on the basis of psychological or psycho-technical assessment carried out in an educational and vocational guidance office, a psycho-medico-social centre set up or

subsidised by the Minister for National Education or a specialised vocational guidance centre or service.

The educational and vocational guidance offices and the psycho-medico-social centres merged a few years ago. In practice, the Agency can recommend that educational guidance assessment be carried out, but no longer funds the process, since psycho-medico-social centres approved and subsidised by the French Community are open to anyone.

Specialised vocational guidance centres approved by the Agency deal mainly with adults. There are currently nineteen of them, all in accessible premises. They take on persons with disabilities at the request of the Agency's regional office, which keeps a basic file on each individual.

The results of the assessment are sent to the doctor and psychologist employed by the Agency's regional office, who deal with the next stage of the process.

The Agency pays for the assessments themselves and reimburses the travel expenses incurred by the person in attending the centre.

The Walloon Government consolidated and supplemented vocational training measures to facilitate access for persons with disabilities to the employment market through its Order of 5 November 1998 on equal opportunities for persons with disabilities in the employment market, which is due to enter into force on 1 January 1999.

Some of the measures laid down, which relate to the stage prior to the signature of a contract of employment, deal especially with training.

- Work experience (new measure): this consists of one or more industrial placements to give applicants experience of the realities of an occupation or sector of industry and to confirm the suitability of the training programme or job they are looking for. Before embarking on these one-week placements, trainees are required to draw up their own vocational plan with the help of an Agency integration officer or an approved service or organisation. A contract is then signed by the trainee, the Agency, and a company or public institution which must agree *inter alia* to give the trainee a real opportunity to experience the trade or job and provide them with any equipment they may need for that purpose. The company or public institution must appoint a member of staff to observe the trainee, assess their suitability for the job and report back to the Agency's representatives as well as to the trainee him/herself. The placement is offered free of charge. Travel expenses are reimbursed. The Agency insures the trainee against accidents at or on the way to or from work and for civil liability.
- Vocational adaptation contract (old measure): this provides a person with a disability with vocational training in a company or public institution under normal working

conditions, when ordinary training arrangements are inadequate. A contract between the trainee and the employer is approved by the Agency. It should not last more than one year in the first instance, although it may be renewed for up to three years in total. The company or institution must *inter alia* ensure that the trainees gain proper qualifications by teaching them the necessary theoretical and practical knowledge, and provide them with any equipment needed for the job. The trainee must, in consultation with the company or public institution and an Agency representative, undertake a regular review of how the training is progressing. The Agency must approve the training programme, supervise fulfilment of the contract and play a consultative role if any dispute should arise. It may also offer technical or educational support to help companies and public institutions draw up a training programme and it may sign agreements with training services in order, where necessary, to supplement the training provided by the company. An allowance is paid to the trainee by the employer, while the Agency also provides a basic sum plus a bonus. Travel expenses are also paid. The Agency reimburses to the company or public institution the employer's social security contributions relating to the allowance it provides, as well as the statutory insurance premium paid for the trainee.

- Grant for sandwich training courses and integration programmes (new measure): this takes the form of funding for companies or public institutions employing a person with a disability as part of a regulated vocational sandwich course or integration programme that is not organised by the Agency and is, therefore, open to anybody. This includes industrial apprenticeship contracts, work placement agreements in continuing education, employment-plus-training agreements, industrial placement contracts, training-plus-integration contracts and other arrangements recognised by the Agency. Employers or public institutions that apply to the Agency for such a grant receive a fixed sum which gradually decreases over a maximum two-year period. The Agency can lay down specific supervision requirements.

The Agency also approves and subsidises a network of 14 specialised vocational training centres for persons with disabilities.

These centres provide training in the primary, secondary and tertiary sectors that is specially adapted to trainees' lifestyles and aptitudes. Setting specific objectives for each trainee, practical, effective learning methods and regular individual assessments and self-evaluations all help trainees gain real qualifications without necessarily having any previous "conventional" grounding.

Industrial placements form a vital element of this type of vocational training. They enable trainees to experience a real work situation and to supplement their training with new techniques and methods. They also help them to develop basic life skills (contact with clients and colleagues, working hours, understanding of productivity, etc.)

Throughout their training period, trainees receive allowances and bonuses, while travel and subsistence expenses and training fees are also paid.

Whatever type of training they undergo, trainees continue to enjoy any social and financial benefits they were drawing (unemployment benefit, minimum income, income support).

### ***C. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

#### **1. Vocational Guidance**

Depending on the nature of assistance requested from the Brussels Service, the multidisciplinary team may consult a specialised guidance centre recognised by the French Community Commission Board if it does not have all the information it needs to plan, supplement or amend the overall provision<sup>1</sup> for the disabled person's social and vocational integration.

The Board currently recognises nine such centres, which employ a social worker and a psychologist, who work together with medical rehabilitation specialists, occupational physicians and functional rehabilitation centres. Each centre specialises in certain types of disability. Their help tends to be required at key stages of the integration process, e.g. at the end of schooling or before some form of training is begun.

Persons with disabilities are free to choose which centre they go to. Consultation is strictly confined to the information requested by the Brussels Service multidisciplinary team. All examinations are free: the Brussels Service pays for all consultations as well as paying the disabled person's travel expenses.

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<sup>1</sup> Overall social and vocational integration provision may include:

- any form of individual assistance (see Chapter IV);
- vocational training;
- vocational integration;
- support and early intervention;
- day care;
- accommodation.

## 2. Vocational training

The current training policy aims to make training facilities for able-bodied people available to people with disabilities, offering the widest choice possible, if need be by adapting the workplace or removing physical obstacles, for example.

In line with this approach, the order issued by the French Community Commission Board on 25 September 1997, with effect from 1 July 1997, entrusted responsibility for the vocational training of persons with disabilities to the Brussels French-speaking Institute of Vocational Training, known as *Bruxelles Formation*, which provides training for people with and without disabilities.

In addition, also with effect from 1 July 1997, *Bruxelles Formation* was given responsibility for the *Ligue Braille* (Braille League), the only specialised vocational training centre for people with visual impairments in the Brussels Region.

However, vocational training continues to form part of the overall programme of social and vocational integration of people with disabilities drawn up by the Brussels Service, which co-operates closely with *Bruxelles Formation*.

The Brussels Service can offer persons with disabilities all the information they need to select the type of training which best suits their capabilities.

It can also help fund work-station alterations, the removal of physical obstacles and some travel.

As part of this policy, agreements to promote access to various types of training for persons with disabilities have been signed with:

- the Institute of Continuing Education for Small and Medium-Sized Enterprises, concerning training run by the *INFAC* training centre for the self-employed and small and medium-sized enterprises in the Brussels Region and the *INFOBO* training and development institute for the food industry;
- *Bruxelles Formation* (see above), with regard to the vocational training it organises or subsidises;
- the City of Brussels, concerning the social integration programmes it runs.

## ***D. GERMAN-SPEAKING COMMUNITY***

### **1. Principles**

Employment is very important from the political, economic and social points of view. It earns a living and generates productivity. It also fosters acceptance and integration.

Persons with disabilities are often excluded from the employment market and have few alternatives to unemployment and work in a sheltered workshop.

The right to training is inseparable from the right to work. A person's job, and thus their income and future, depend on the quality of training they receive.

Training and employment must therefore be available to everyone – regardless of the nature and severity of any disability they may have. Arrangements must be geared to employment of persons with disabilities in work that matched their individual abilities.

Reshaping of training and employment requires co-operation between disabled and able-bodied people.

Persons with disabilities wishing to work should be able to choose from a range of qualifications, occupations and workplaces, which means offering them a variety of different but training (realistic but with special features) and employment opportunities.

The Office provides the following types of training and employment for persons with disabilities:

### **2. Training in an ordinary working environment**

The Government of the German-speaking Community of Belgium has updated legislation on the training of persons with disabilities in the open employment market.

The Order of 10 September 1993 on establishing and laying down the regulations of an industrial training scheme to prepare persons with disabilities for working life adapted to the current situation provisions for the training of persons with disabilities by private employers which dated back to the time of the National Fund for the Social Resettlement of Persons with Disabilities.

In-company training prepares persons with disabilities for work in the open employment market. They can begin training at the age of 16 (combined with part-time education until school-leaving age) in private companies (or local authorities). Employers must pay the minimum wage laid down by the Ministry of Small Enterprises for the relevant year. The Office's financial contribution varies, according to the person's age and dependents, between 60% and 100% of the guaranteed average minimum monthly income.

The Office also pays for trainees' travel between their home and the workplace, based on public transport tariffs. If it is impractical for a person with a disability to travel alone by public transport, the Office may agree to pay for private transport.

### **3. Training units in sheltered workshops**

The Office subsidises training in special units set up in sheltered workshops under the Order of 3 January 1997.

The units are for persons with disabilities aged 18 or over for whom a sheltered workshop is the most suitable type of work but whose socio-vocational abilities require further development before they can meet the performance and profitability requirements of a sheltered workshop. They provide training based on practical work in the workplace itself but also develop social assets such as self-motivation, personal interests, socialisation, communication and self-reliance. The training staff are all qualified teachers.

The training units are very flexible and training managers work as closely as possible with institutions and parents in order to accommodate the trainee's complex individual needs during this vital transitional period.

At the end of the one-year training period, an assessment is carried out in which everyone concerned takes part. On the basis of this assessment and with the agreement of all those involved, the Office decides whether the trainee should:

- work in a sheltered workshop;
- work in an ordinary workplace;
- begin another form of training or occupation;
- continue to receive training in a training unit.

In this way, persons with disabilities are equipped for future employment and not suddenly subjected to the pressures of contracted work.

Apprentices with disabilities are supported by the Start Service, which:

- meets with the person with a disability and, if appropriate, family members;
- draws up a vocational guidance plan on the basis of information provided by a vocational guidance centre, school, the person with a disability, etc.;
- contacts suitable companies about in-company training;
- prepares a training plan with the tradesman or employer which lays down the practical content of the training;
- provides support and evaluates the training after three and six months.

## **VII. EMPLOYMENT**

### **A. *FLEMISH COMMUNITY***

#### **1. Principles**

Policy on employment for persons with disabilities in the Flemish Community is co-ordinated by the Flemish Fund for the Social Integration of Persons with Disabilities, in close co-operation with the Flemish Employment and Vocational Training Office (VDAB).

For information on the vocational integration system, see Chapter VI.

Vocational integration support, still in its pilot phase, seeks to provide the individual with the type of help that gives best employment chances. The two-year experiment began in autumn 1996 and is currently at the evaluation stage. The University of Ghent is carrying out the evaluation, while a group of experts will decide on the follow-up. In order not to jeopardise the continuity of the project while the evaluation findings and more permanent arrangements are drawn up, the current provisions remain in place until 31 December 1999.

The initial findings show that, although the scheme took a while to get off the ground, a support programme has been developed for more than 800 persons with disabilities.

A Flemish Fund working group is also overseeing co-operation with the vocational training centres, particularly in connection with the new deregulated subsidy system which allows centres to adapt training programmes to each trainee's individual needs.

The Flemish Fund's general policies include a desire to boost employment opportunities for all persons with disabilities, especially those with low productivity levels, and to improve pay and working conditions whether in normal workplaces, sheltered workshops or new forms of employment.

Recent developments in the employment market are reducing the competitiveness of sheltered workshops and cutting opportunities for disabled job seekers in the open job

market. In both sectors, an all-out customer-based effort is required to maintain and stimulate the employment of persons with disabilities, which is far and away the most effective means of social integration. Existing measures need to be adjusted, updated and, if possible, made more available. The following initiatives have been designed with these aims in mind.

## **2. Employment in an ordinary working environment**

### ***2.1 Recruitment of workers with disabilities***

Under current legislation, the regional employment offices are responsible for placement of people with disabilities who are registered with the Community Funds, who where necessary have completed vocational training or rehabilitation courses and are fit to work for private employers.

The Flemish Fund requires disabled job seekers to register with their regional office.

Every precaution is taken to ensure that all persons with disabilities for whom employment is found are physically fit and have the skills required for the job. The policy of promoting the vocational training and rehabilitation of persons with disabilities equips some of them with genuinely advanced skills, allowing highly selective placement.

### ***2.2 Compulsory employment of persons with disabilities***

The Social Resettlement of the Disabled Act makes it compulsory for all industrial, commercial and agricultural undertakings with a staff of more than twenty to employ a certain number of people with disabilities. Provision is made for joint commissions (of employers and workers) to have a voice in fixing the percentage of people with disabilities who must, by law, be employed by firms in their sector.

The number of persons with disabilities who must be employed is to be fixed by Crown Decree. Not all these provisions have been given effect, due partly to the economic situation into which they would have to be fitted and partly on account of the inevitable psychological problems they would cause not only for employers or workmates but also for the people with disabilities themselves.

One of the main tasks of the Central Family and Health Council recently set up in the Flemish Community is to finalise quota rules and contractual obligations governing reserved jobs for persons with disabilities in the social services.

Discussions are currently being held between authorities at different levels concerning the development of incentives and measures to promote the employment of persons with disabilities in public administration.

### 2.3 *Methods used to promote the recruitment of persons with disabilities*

Four essential measures, whose cost is borne by the Flemish Fund, have been adopted to further the integration of persons with disabilities into the economy.

- i. A grant to help provide a suitably equipped work station. Clearly the nature or severity of a disability may make it necessary to provide a specially adapted work station, but the Fund's contribution only covers the difference between the cost of standard equipment and that of the specially adapted model.
- ii. A grant towards purchase of tools and working clothes.
- iii. Collective Labour Agreement No.26

Under this agreement, the Flemish Fund reimburses to private employers of persons with disabilities a proportion of the salary and social charges in order to compensate for the lower output resulting from their disability. Since the introduction of this relatively complex procedure actually raised the threshold (decisions concerning loss of output are the responsibility of the federal authorities), an instalment system was introduced in 1995, enabling the Flemish Fund to pay a flat sum towards the person's wages pending the federal decision.

The growing success of this system is illustrated by the sharp increase in the budget allocated over the last few years (from BEF 570 million in 1995 to over BEF 750 million in 1998).

There are now plans to go a stage further and draw up independent Flemish regulations on subsidy of wage costs in order to promote the employment of persons with disabilities. Clearly, such a system needs to be attractive, flexible and simple and we need to see how much use government services could make of it. These regulations, adopted by the Flemish Government on 15 December 1998, are currently being implemented.

- iv. Raising employers' awareness  
Many companies and employers have had very little opportunity to acquaint themselves with persons with disabilities as potential workers. While some are simply prejudiced, others are either unaware that this category of people are active in the labour market or lack the information they need to find and recruit persons with disabilities.

Investment is therefore necessary to canvass and galvanise employers, to raise the awareness of businesses and to market persons with disabilities in the employment sector. To this end, two initiatives were set up in 1998:

- five “*jobfinders*” (one per province) were assigned to *ACT* departments to look for new job opportunities for disabled job-seekers and to develop regional networks of employers (by creating links between companies to enable them to exchange positive experiences and knowledge about the employment of persons with disabilities);
- the “*Consultance*” project, which forms part of the European HORIZON programme and aims to enhance co-operation with large employers’ organisations (employers’ forum, employers’ handbook, code of ethics). Five people with a physical or sensory disability were recruited as part of the project. They are currently learning about measures to promote the employment of persons with disabilities and about the information that should be supplied to employers.

### 3. Sheltered employment

In order to provide gainful employment for as many persons with disabilities as possible, provision has been made for those who have no hope of temporary or permanent ordinary employment. Placement in sheltered workshops is dealt with by the Social Resettlement of the Disabled Act, and the decrees setting out the Communities’ policy on the resettlement and integration of people with disabilities have aligned themselves on that legislation.

The fund implementing this policy is responsible for increasing the number of jobs in existing sheltered workshops and supporting new initiatives in line with regional needs. For these purposes it makes various types of grant, which are subject to compliance with the obligations for official recognition.

The other objectives of this policy are the promotion of existing sheltered workshop activities and the approval of new projects.

At 30 June 1998, 68 recognised sheltered workshops were employing 11,113 disabled workers in the Flemish Community.

- i. Contribution towards wages and social charges  
Following the entry into force of Collective Labour Agreement No.43, from 1 January 1997 disabled workers in sheltered workshops were paid 80% of the guaranteed minimum interoccupational wage (100% since 1 January 1998). The Flemish Fund now pays a fixed sum towards this wage, although a distinction is made between workers with low output and other workers.
- ii. Contribution towards salaries of supervisory staff

In some circumstances, the Flemish Fund pays a half share of the salaries actually paid by a sheltered workshop to its director, his/her assistant(s), instructors, staff, social assistant(s) and qualified welfare nurses.

- iii. Grant towards the cost of adapting workplaces: see paragraph 1.2.3 a), above.
- iv. The Fund pays 60% of the cost of establishing, equipping and extending sheltered workshops is subsidised (although certain upper limits apply).
- v. The adoption of Collective Labour Agreement No.43 gave rise to various problems:

*a. Low output workers*

The action plan mentioned the danger that low output workers might end up unemployed or attending day centres because of the huge number of job seekers and the pressures on sheltered workshops to be profitable. In order to avoid this happening (on an even larger scale), it is necessary to begin by defining exactly what is meant by “low output workers” and their position in sheltered workshops. To this end, the Flemish Fund Administrative Council is currently carrying out a study.

*b. Assessment of Collective Labour Agreement No.43 and the fixed subsidies to sheltered workshops*

Last year the Flemish authorities stepped up their efforts through the partial introduction of Collective Labour Agreement No.43, under which all workers were paid 80% of the minimum wage. This measure was implemented in tandem with a new system of fixed subsidies for sheltered workshops, whereby particular attention was paid to low output workers in calculating the level of subsidy. The results of these two provisions are currently being evaluated.

Initial data suggests that employment levels in sheltered workshops have generally increased since the beginning of 1997 and that the number of low output workers in particular has also risen. There are also some indications that the economic situation of sheltered workshops is currently improving. Exactly how much these improvements can be attributed to the fixed subsidy system is not yet clear. Both measures are still being monitored and evaluated.

At federal level, a working group in which various levels of government are represented is investigating the cost of paying the full minimum wage. A policy decision on this matter will be taken shortly.

*c. Support for the management of sheltered workshops*

In order to maintain employment levels in sheltered workshops, it is paramount that their position be strengthened as they face up to the challenges of a changing socio-economic climate. Some workshops appear to need extra help with management and marketing strategies. In spring 1998, the Flemish Fund Administrative Council welcomed a draft initiative whereby sheltered workshops that are running at a loss are obliged to accept management support as a condition of extra subsidies. The purpose of the draft decree, which also describes how such workshops should be identified, is to create an incentive for workshop directors to adopt a healthy economic strategy. The document is currently being examined by the minister. It also makes provision for an increase in resources devoted to management support.

*d. Stepping stones and sheltered workshops*

Sheltered workshops can also be used as stepping stones for workers hoping to return to mainstream employment. Placements in this kind of workshop can be an important stage in the transition to the open job market. Sheltered workshops are also party to the *ACT* co-operation agreements. The Flemish Fund is still considering the stepping stone arrangements.

**4. Placement in work through occupation centres**

Persons with disabilities who are unfit to attend a recognised sheltered workshop may be placed in day centres for non-workers with serious disabilities which are recognised by the Flemish Fund.

The recognition of such centres for one or more categories of person with a disability by the Flemish Community is subject to observance of building standards on layout and functioning. The work of the centres' occupational therapists is particularly important.

Other types of activity in between employment and occupation are being investigated.

**5. Participation of employers and workers in the programme for the vocational rehabilitation and employment of people with disabilities**

It should be noted that employers' and workers' organisations are involved in setting up and organising the rehabilitation programme in that they are represented on the managing board of the Flemish Fund.

## **B. WALLOON REGION**

### **1. Principles**

Article 6 of the Decree of 6 April 1995 states that the Walloon Government "shall draw up adaptation measures to ensure the availability to persons with disabilities in particular of services offering ... (8) appropriate vocational integration".

Regional offices that receive requests for help must implement the statutory measures and offer the support applicants need to fulfil their vocational ambitions.

From 1963 onwards, the National Fund for the Social Resettlement of Persons with disabilities gradually developed an extensive system of vocational rehabilitation and integration, which the Walloon Agency for the Integration of Persons with Disabilities inherited in 1995.

The system, described under the relevant headings below, includes help with employment in the open job market (private and public sectors) and a network of sheltered workshops (65 in the Walloon Region, where they are now known as "adapted-work enterprises").

The Agency also organises or participates in numerous international employment and training projects.

Projects under way in 1997-98 include:

- Under the Structural Fund objectives:
  1. Objective 1 (Hainaut): the Agency is carrying out four specific projects - including two on an experimental basis for adapted-work enterprises - involving in-house training for workers and supervisory staff and support for the establishment of community enterprises.
  2. Objective 2 (areas of industrial decay in the Liège Basin): the Agency is helping to fund a pilot project organised by an intermunicipal guidance and health association. The project aim is to set up a tourism-related community enterprise offering training and employment to persons with disabilities.
- European Community programmes (*Employment-Horizon* and *Interreg*):
  1. The *Tutorat* (guidance) project for open-market employment, which has two main purposes: to train regional integration officers in guidance techniques; and to experiment with innovative activities in this area. With regard to techniques, three main

areas are highlighted: initial contact with persons with disabilities seeking vocational integration, initial contact with employers who agree to take on a person with a disability, and deciding how working conditions should be adapted for persons with disabilities.

2. The *REMUS* project, focusing on welfare-oriented private enterprise and offering co-ordinated support, follow-up and evaluation of initiatives.
3. The *Local Impetus* project, a joint initiative in the Mons-Borinage area involving 54 private and public players from the business and social-welfare sectors which can help integrate persons with disabilities into a normal working environment. An interactive website has been set up to help the partnership function smoothly and to provide single-site access to all the information from the regional partners. The project has generated jobs for persons with disabilities.
4. The *ELAN* project, which aims to devise more effective methods of supporting the vocational integration of persons with disabilities and builds on the practical achievements of Local Impetus. The four focuses are: raising the awareness of public authorities, developing persons with disabilities' life skills before helping them draw up a vocational integration plan, studying the concept of work at home and telework and developing the current partnership.
5. The *TELETRAPH* project, which aims - as regards its international dimension - to develop exchange of methods and experience in the field of telework training and to pool research into telework openings.
6. The *SAPHO* project, whose purpose is to promote an integrated approach to the integration of persons with disabilities in the Hainaut province. It is tied in with the day-to-day activities of the regional vocational integration offices. It is also expected to link up with other projects in order to help develop a number of schemes, including some outside the Hainaut province. The strategy is (i) at national level, to participate in special training forums (permanently staffed at regional level by three people representing three different public training services, including the Agency, and responsible for informing the public about existing training opportunities), to develop new activities such as co-operation with occupational medicine services and experimenting with work experience placements, to raise the awareness of the main players in society and to consider new methods; and (ii) at international level, to pool information and analyse different ways of supporting the integration of persons with disabilities, to attempt to define a model information service and to identify good practices.

7. The *PERCEE* project, which involves raising awareness among various employers identified as having relevant staffing needs and among workers' representatives as being the people in the firm who provide the support and guidance to persons with disabilities.

- Advice Agency 2001

Set up as part of a project supported by the European Commission (Article 6 of the European Social Fund), this non-profit-making agency supports, on the one hand, the setting up of welfare-oriented enterprises (companies promoting integration or for the benefit of the community) and, on the other, the transfer of disabled workers from sheltered employment to the open labour market and the vocational integration of disadvantaged job seekers, priority being given to those registered with public social welfare offices. The aim is to establish a practical system of ensuring that such companies are viable and capable of providing long-term employment.

## **2. Employment in a normal working environment**

Article 10 of the decree states: "The Government shall draw up measures to promote equal opportunities for persons with disabilities in the employment market. Such measures shall include support for the creation of new jobs and positive employment incentives".

On 5 November 1998, the Walloon Government consolidated and supplemented existing measures to facilitate access for persons with disabilities to the employment market in an order "designed to promote equal opportunities for persons with disabilities in the employment market". The order entered into force on 1 January 1999.

Some of the measures laid down are described in the previous chapter, since they deal more specifically with vocational training.

The other provisions are as follows:

- Supervision grants (new measure): these are fixed monthly grants, paid for a maximum of six months to employers who appoint one of their staff as a supervisor to support and guide an employee with a disability. The supervisor's role is to give advice, information and guidance, supervise the work of the person with a disability ensuring that it is of a good standard, prepare a monthly progress report in the first three months following recruitment and an assessment after six months, and inform the Agency of any difficulties the worker experiences in integrating.
- Integration allowance (old measure): this is paid to employers who take on a person with a disability who has been out of work for at least six of the nine months prior to

his/her first day of work with the company. Any periods during which the person received vocational training or worked in an adapted-work enterprise count as periods of unemployment. The allowance is also available if the person is resuming work, whether with the same employer or not, after spending at least six months out of work, during which he/she drew benefit from the obligatory sickness and invalidity insurance scheme or in respect of industrial accident or occupational disease, or received any other form of compensation. The Agency pays 33% of the worker's salary for a maximum of one year following recruitment. It can also lay down specific supervision requirements.

- Compensation allowance (old measure): this compensates employers for financial losses resulting from the reduced output levels of persons with disabilities. The amount paid represents up to 50% of the worker's salary. The exact percentage is calculated on the basis of an Agency investigation, which takes into account medical and occupational indications and contraindications relating to the worker's deficiencies and disabilities as well as the demands of the job itself. The Agency can also ask for the opinion of the company doctor. The allowance is paid for a twelve-month period, renewable from one year to the next.

In addition to the compensation allowance, private employers are covered by Collective Labour Agreement No.26, brought into force by the Ministerial Order of 3 February 1977. The agreement establishes the principle that persons with disabilities are entitled to remuneration which is at least equivalent to the officially agreed minimum wage, fixed by the Joint Industrial Council or by custom. If the employer thinks that the person concerned cannot achieve a normal output because of their deficiency and related incapacities, he may ask the district Social Regulations and Relations Inspector for authorisation to bear only a percentage of their wage, which must be no less than 50%. The Inspector can only grant such authorisation after consulting the Agency and company doctor on the medical and occupational indications and contraindications relating to the worker's deficiency. The Agency pays the remaining proportion of the wage. Authorisation is granted for a renewable twelve-month period.

- Self-employed worker's allowance (new measure): the Agency can now grant an allowance to people who set up in self-employment in the French-speaking region, who resume self-employed work following a six-month period of unemployment caused by an accident or illness, or who try to continue with their occupation despite poor health. The allowance is fixed at 33% of the average minimum monthly wage guaranteed by Collective Labour Agreement No.43 of 2 May 1988, which was adopted by the National Labour Council. It is paid monthly for a maximum of one year.
- Grant for the adaptation of work stations of employed (old measure) or self-employed (new measure) workers with disabilities: this covers the whole cost of the changes, which must be indispensable and shown not to be commonly carried out in the sector in which the worker with a disability is employed.

- Payment of a proportion of travel expenses (old measure) where, because of disability, employees have to travel to work by private transport, taxi or accompanied by somebody on public transport.

The Decree of 6 April 1995 maintains the obligation on the public sector to employ a certain number of workers with disabilities. Article 10 refers to "an obligation towards persons with disabilities". This obligation is incumbent upon public authorities and public-interest bodies that operate under the Region's authority. The Government shall lay down the number of persons with disabilities who must be employed, taking into account the nature and size of each organisation and the productivity level of persons with disabilities".

The obligation applies to national administration, the national post and telecommunications offices, the ministries of the Walloon Region, provinces, municipalities, associations and groups of municipalities and public social welfare centres. Two new instruments are currently being ratified by the Walloon Government: the first aims to promote the employment of persons with disabilities in public social welfare centres, while the second concerns Walloon Government departments and some public-interest bodies.

The Agency approves special support services in order to promote integration of persons with disabilities, particularly vocational integration.

These services operate outside residential institutions and target adults with disabilities who either live outside such centres or are keen and able to become independent. They deal with requests for the information, help and support required to cope with all the demands of everyday independent living, particularly in the areas of accommodation, work, vocational integration, training, learning to be independent, personal finance and leisure.

### **3. Sheltered employment**

The Walloon Government Order of 23 January 1997 made a number of necessary amendments to previous provisions on sheltered employment. Sheltered workshops are making a fresh start after reapproval in accordance with new standards. They have been given the new, more dynamic and less stigmatising name of "adapted-work enterprises".

In addition to the general conditions for approval set out in the chapter on general policy, adapted-work enterprises in the Walloon Region must meet a number of requirements. For example:

- they must give priority to persons with disabilities as defined in the decree and who cannot, temporarily or permanently, carry out a normal job;
- no more than 20% of their employees should be able-bodied;

- they must enable persons with disabilities to develop their skills and provide further training wherever possible, specially adapted work stations and a career development process whereby workers are prepared for the open employment market or promotion within the adapted-work enterprise.

The Agency's managing board decides how many posts can be subsidised in each enterprise, depending on its particular circumstances and economic situation.

The level of subsidy granted for each disabled worker is a certain proportion of their basic salary, depending on the loss of output estimated by the Agency. This figure is dependent on three groups of criteria: those linked to the worker's deficiency and its medical and functional consequences, those concerning the worker's work-station performance and those connected to their ability to adapt to the demands of employment. These groups of criteria account respectively for 50%, 30% and 20% of the output-loss calculation.

A Joint Industrial Council for sheltered workshops was set up on 14 February 1992. One of its main tasks is to draw up collective labour agreements on work conditions and pay which, when made obligatory by crown order, become applicable to all adapted-work enterprises. For example, under one such agreement, every worker has been entitled to an hourly wage equal to 80% of the guaranteed average minimum wage since 1 January 1997. Talks are currently under way to increase this to 100%.

As well as contributing to the wages of workers with disabilities and helping unemployed people who are difficult to place in work, the Agency awards allowances for supervisory staff (disabled or able-bodied), maintenance subsidies, capital-investment grants for setting up, extending or equipping adapted-work enterprises and operational-expenditure grants for support and training units.

Provision for the creation of support and training units within adapted-work enterprises was made in the Order of 23 January 1997. These units are for people who, because of a disability and despite possessing the necessary physical, mental and vocational aptitudes, need an adjustment period in order to attain a satisfactory output level. They must either have received the special education provided for pupils capable of training for sheltered work, or have attended, during the six months prior to signing the contract, an Agency-approved support or residential institution. The enterprise must draw up an adaptation programme for each individual, taking into account their needs and wishes, the nature and severity of their disability, their aptitudes, development potential and qualifications. The enterprise must ensure that, by the end of the adjustment period, the worker is capable of contracted employment in an adapted-work enterprise. The length of this vocational adaptation contract must not exceed one year, although it can be renewed for one further year following an evaluation.

At the instigation and with the support of the minister, the Walloon Association of Adapted-Work Enterprises has produced a handbook to help such companies break into new markets. It was distributed free of charge in 1998 and gives private and public employers more information about the opportunities available to adapted-work enterprises.

#### **4. Work in and out of the home**

The *TELETRAPH* project, mentioned under the sub-heading “Principles”, is concerned with telework.

The aims of the Walloon Government 1998-99 action programme to give persons with disabilities greater access to telecommunications include promoting the employment of persons with disabilities through telework and telecentre experiments.

### ***C. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

#### **1. Employment in an ordinary working environment**

The Brussels French-speaking Service for Persons with Disabilities offers registered persons with disabilities the following vocational-integration assistance.

- The vocational adaptation contract, which promotes the recruitment of persons with disabilities by arranging with the employer and the disabled worker a mutually agreed adjustment period as an incentive to an offer of a normal contract of employment. The contract is for one year renewable and cannot exceed three years in total. The person with a disability is paid by the employer a fixed sum of BEF 40 per hour, raised to BEF 60 after the first year, plus an additional amount. The Service reimburses the additional amount to the employer, as well as the employer's social security contributions pertaining to it.
- The integration allowance, which promotes the recruitment of persons with disabilities by compensating for the lower output resulting from some disabilities. The allowance is paid to the employer in respect of the person's salary and the related social charges. A fixed amount is paid for one year, although it can be extended if output levels remain low. It can not exceed 65% of the salary and social charges paid by the employer. The integration allowance may follow on from the vocational adaptation contract. It is available to private employers and adapted-work enterprises. Employers must comply with their statutory and regulatory obligations. They are not allowed to lay off other workers in order to claim the allowance.
- The allowance under Collective Labour Agreement No.26, which has the same objectives and rules as the integration allowance. There are some differences, however.

The level of assistance is fixed by the Employment and Labour Ministry's Labour Law Inspectorate (*Inspection des Lois Sociales – ILS*), which informs the employer accordingly. However, it is the Brussels Service that actually pays the subsidy, which must not exceed 50% of the salary and social charges paid by the employer. It is only available to private employers in the open employment market.

- The start-up allowance, for persons with disabilities who wish to become self-employed, or who return to self-employed work following a period of unemployment resulting from an accident or illness, or who try to continue in work which is jeopardised by their disability. The allowance is paid for a six-month period, renewable up to three times. It is calculated as a percentage of the average minimum monthly income guaranteed by Collective Labour Agreement No.43 of 2 May 1988. The percentage, which may not exceed 50%, represents the applicant's loss of output. The period of cover may not begin before the application is received. To qualify, applicants must:
  - be based or have their main work premises in the Brussels-Capital Region;
  - meet all statutory and regulatory requirements for carrying on the occupation;
  - not have any other half-time or more-than-half-time work.
- The work-station adaptation allowance, which promotes the recruitment of persons with disabilities, helps them to find jobs that match their abilities and aims to keep people in employment who become disabled. The allowance is paid to employers to cover the actual costs of adapting work stations to the needs of workers with disabilities. If this involves purchasing specialised equipment, the allowance only covers the difference between the cost of such equipment and that of the standard model. It is available to public and private employers, to those who employ a person with a disability under a vocational adaptation contract and to self-employed persons with disabilities.
- The Service pays travel expenses to cover one daily journey to and from work of workers with disabilities who, as the result of a deficiency, are incapable of travelling to work alone by public transport. If the worker with a disability can only use public transport when accompanied by another person, only the expenses of that person are covered.

## **2. Adapted employment**

Adapted-work enterprises (formerly known as sheltered workshops) are for persons with disabilities who have the skills to work, but who are unable to fit temporarily or permanently into a normal working environment.

Persons with disabilities employed by these enterprises are encouraged to develop their skills by carrying out useful, remunerative work.

They are employed under either an ordinary worker's or office worker's contract, depending on their duties. In some cases, a vocational adaptation contract is possible (see 1. Employment in an ordinary working environment).

In order to be recruited by such an enterprise, persons with disabilities must be in possession of a special adapted-work enterprise employment certificate, issued by the Brussels French-speaking Service for Persons with Disabilities (individual assistance department), whose multidisciplinary team decides whether they should be employed in this type of company.

Approval is granted only to adapted-work enterprises that:

- give priority to recruiting persons with disabilities qualifying for regional or Community integration measures and who have the work skills but are unable to fit temporarily or permanently into an ordinary working environment;
- provide every person with a disability with useful, remunerative work and allow them to develop their vocational skills;
- employ persons with disabilities on the basis of a work contract or, if the disability is particularly serious, a vocational adaptation contract;
- take into account the occupational abilities of each person with a disability they employ, in particular by appropriate assignment of tasks and adaptation of the pace and conditions of work;
- take the form of non-profit-making organisations, as governed by the Act of 27 June 1921;
- are approved by the French Community Commission Board, at the recommendation of the Brussels Service;
- as a matter of priority, provide disabled workers with a staff and equipment infrastructure funded by the Brussels Service;
- keep a welfare, job and pay record on each disabled worker;
- provide their workers with occupational, medical and welfare supervision in accordance with the regulations;
- maintain satisfactory health and safety standards;
- have the technical, administrative and financial capability to perform their function and be supervisable by the Brussels Service;
- meet their obligations as set out in the law and regulations;
- provide the Brussels Service with any documentary evidence it may require for supervision purposes;
- submit an annual report to the Brussels Service on the company's performance, both economic and social;
- are located and have their headquarters in the Brussels-Capital Region;
- keep a file on each member of their supervisory staff, with papers showing that they meet the requirements laid down in the regulations;

- keep accounts for the financial year in accordance with the standard model, as required by the Brussels Service, and submit, by 30 April of the following year, a profit and loss account approved by the annual general meeting, signed by a director and based on the model adopted by the Brussels Service;
- submit their accounts for annual inspection by an independent auditor, whose report is forwarded to the Brussels Service.

The Brussels Service grants subsidies to adapted-work enterprises for:

- (on certain conditions) equipment, building work, land purchase and the purchase or conversion of buildings;
- the supervision, support and remuneration of workers with disabilities.

These subsidies depend in particular on the vocational aptitudes of each disabled worker, which are determined by the Brussels Service in consultation with the adapted-work enterprises, and on the number of workers with disabilities employed by each enterprise.

#### ***D. GERMAN-SPEAKING COMMUNITY***

##### **1. Employment in an ordinary working environment**

###### ***a. Ordinary employment***

In order to support their vocational integration into the open employment market, the Office subsidises the employment of workers with disabilities whose output is significantly reduced as a result of a disability. Subsidies cover professional support and practical, organisational and/or educational help where appropriate.

The Office contributes a maximum of 40% of the minimum wage towards the salary and social charges paid by the employer.

The scheme is aimed at private employers and municipal authorities. To qualify for subsidies from the Office, municipal authorities must create a new post and comply with the requirements set out in the Crown Order of 31 December 1977 concerning the employment of persons with disabilities.

Persons with disabilities in ordinary employment are supported by the Start Service, which:

- holds discussions with the person with a disability and, if appropriate, his/her family;
- draws up a vocational guidance plan on the basis of information provided by a vocational guidance centre, school, the person with a disability, etc.;
- contacts companies suitable for the scheme;
- defines the abilities needed to do the job;
- discusses adaptations that must or may be made to the work station<sup>1</sup>;
- assesses the reduced output level of the disabled employee;
- offers assistance throughout the period of employment.

### ***b. Vocational rehabilitation placement***

Any Office-approved institution or service can apply for a vocational rehabilitation placement on behalf of a person with a disability they are assisting.

Placements are available to anyone receiving income support – i.e. aged 21 or above – who, though incapable of working to a normal paid-employment contract, is able and wishes to make a useful contribution to the common good. Employers are required to provide the person with a disability with useful work which, along with his/her working hours, should be specially adapted within an integrated environment.

## **2. Sheltered employment**

### ***a. Sheltered workshops***

#### **I. The institutions**

Sheltered workshops are designed for workers who are capable of gainful employment but who, because of physical, mental or psychological deficiencies, have difficulty coping with the demands and constraints of an ordinary working environment.

There are three sheltered workshops in the German-speaking Community, employing around 150 workers in total.

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<sup>1</sup> As part of its remit, the Office may also help private employers pay for the adaptation of a work station. Such adjustments, which may be physical, organisational or educational, include those necessary to provide access to the work station. The subsidies cover the actual cost of adapting the work station, up to the maximum amount laid down for building adaptations. The Office also meets the cost difference between specially adapted working materials or tools and standard models.

## II. New subsidy procedure

In 1997 the Office reviewed the way in which it contributed to the salaries and social charges paid by sheltered workshops. Subsidies previously depended on the nature of the worker's disability.

However, a disability does not necessarily reduce a worker's output in a given occupation. A person with a physical disability may have a normal productivity level in secretarial work, but a low output in craft work, for example. Somebody with a mental disability, meanwhile, may not be fully capable of secretarial work, but achieve a normal output level in a physical occupation.

Subsidies must therefore be based on a person's abilities rather than on their medical deficiencies. For this reason, an order passed on 12 December 1997 and which came into force on 1 January 1998, stated that the Office would base its contributions to the salaries and social charges paid by sheltered workshops on workers' abilities.

Sheltered workshops therefore no longer have to employ as many high output workers as possible in order to be profitable. The new subsidy system compensates so effectively for any reduction in productivity that workers with severe disabilities now have the same chance of employment as those with less serious disabilities.

### ***b. Day centres***

#### I. The institutions

Day centres provide an occupation for adults with disabilities who cannot cope with the demands and constraints of employment (working hours, deadlines, stress, etc.) because of their disability.

Such people are nevertheless able and keen to make a useful contribution to the common good. Day centres offer them the opportunity to carry out useful work from which society can benefit. Those who attend day centres are therefore respected as socio-economic partners, although the person's individual needs take priority over their output.

There are four day centres in the German-speaking Community.

## II. New subsidy procedure

The procedure for subsidising day centres was reformed in 1997.

The new system gives greater consideration to persons with disabilities themselves, offering them vocational rehabilitation and activities outside the day centre. Before the reform, persons with disabilities had to spend the whole day in the day centre whereas, now the rules are more flexible, they are only there for as long as really necessary, e.g. two or three days per week. The rest of the time they can use other services such as non-residential services, training or other activities. This approach not only takes into account the person's own interests and needs, but is also more cost-effective.

To begin with, an individual supervision plan is drawn up for the person with a disability and set out in a contract. At the same time, the person's needs in terms of occupation and support are classified in one of the following four categories:

- Category L: slight disability;
- Category M: moderate disability;
- Category S: serious disability;
- Category S+: very serious disability.

This information is used to determine what kind of support staff is required. Not only do staff need to be more specialised, but co-operation between different institutions is also necessary. An occupational therapist, for example, no longer works in just one day centre, but spreads his/her time across several institutions. Persons with disabilities and day centres all benefit from this flexibility, since the activities offered can be tailor-made to suit the individual abilities and interests of each person with a disability.

Under the new provisions, the Office subsidises:

- subsistence costs (food, medicines, insurance, activities, etc.);
- transport costs (between home and day centre);
- staff costs (in accordance with the scale laid down in the order);
- the use cost of premises and depreciation costs (e.g. of furniture and equipment), on the basis of a daily rate plus expenditure actually incurred.

The Order of the Government of the German-speaking Community on organisation and subsidy of day centres was passed on 12 December 1997 and entered into force on 1 January 1998.

## ***E. FEDERAL STATE***

Employment of persons with disabilities is primarily a matter for the communities and regions. However, some aspects are regulated at federal level.

A number of recruitment programmes are specifically available for persons with disabilities. For example:

### *a. Temporary reduction of employer's social security contributions*

If a person with a disability is recruited as a company's first salaried employee or, in some cases, to fill a newly created post, the employer is entitled to pay lower social security contributions.

### *b. Subsidised contract workers*

People receiving income support may be recruited as subsidised contract workers in ministries and federal public-interest bodies.

In addition, the authorities promote the recruitment of disabled workers:

- in the federal ministries;
- in federal public institutions;
- in provincial and municipal authorities and public social welfare centres (*CPASs*).

Various provisions are in place:

1. As far as federal ministries and federal public institutions are concerned, a committee, chaired by the head of the permanent secretariat recruitment service, is responsible for:
  - drawing up a list of posts that could be filled by workers with disabilities;
  - submitting opinions to the appropriate authority concerning adaptation of a candidate's work station;
  - monitoring the employee's work throughout the contract.
2. Disabled candidates for public service posts need not take competitive recruitment procedures. Required standards in terms of physical aptitudes are also lower. They must, however, pass a vocational aptitude test.
3. Persons with disabilities may be recruited to grade 3 or 4 public service posts without a diploma.

4. When switchboard operators are recruited, priority is given to visually impaired candidates.
5. The minimum number of persons with disabilities who must be employed in the public sector is laid down by order.
6. Where, over an uninterrupted period of at least one year, two or more full-time members of staff in the same public service perform four-fifths of the work normally expected of them, persons with disabilities receiving income support may be considered if replacements are needed.

In order to promote the recruitment of persons with disabilities, various provisions are included in the disability allowances system:

- when calculating entitlement to the integration allowance, the first BEF 540,816 (EUR 13,406.48) of the person with a disability's actual annual employment income is discounted;
- a person with a disability's entitlement to disability allowances is not automatically reviewed if the person is employed for a period of less than six months. This measure is designed to avoid penalising those who try to work;
- in calculation of a person's entitlement to disability allowances, any compensation or additional remuneration received as part of a vocational training or rehabilitation programme is discounted.

Finally, under the provisions of Collective Labour Agreement No.43b, workers in sheltered workshops (or adapted-work enterprises) have been entitled to the average minimum monthly wage (around BEF 43,000 or EUR 1,065.94) since 1 January 1999.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

### **A. *FLEMISH COMMUNITY***

#### **1. Principles**

1.1 Persons with disabilities should be able to participate fully in all areas of social life. It is important, first of all, to combat piecemeal welfare provision, although agreements, harmonisation and exchanges with other sectors all need improving. These tasks are clearly beyond the Flemish Fund's remit. Nevertheless, the Fund must take the lead and encourage other authorities and social bodies to build integration of persons with disabilities into their own policies. The Flemish Fund has appointed two officials specifically to work on its mainstreaming policy.

## **1.2 Welfare**

The creation of the Central Family and Health Council in April 1998 represents an important step towards a cross-sector or mainstream welfare policy. The Council can advise the Flemish Government on an integrated approach in the health and welfare field and endeavour to promote greater coherence between provisions in different related sectors.

The Flemish Fund consults regularly with the Family and Social Welfare Department on specific matters such as the draft decree on home care, unregulated subsidies and the publication of a Flemish Community disabled person's handbook.

Talks are currently under way between the Flemish Fund and the mental health centres concerning co-operation in providing support for people suffering from autism, slight mental disabilities, deafness or hearing impairments as part of the centres' range of services.

## **1.3 *Non-discrimination and equal opportunities for persons with disabilities***

In order to keep up with policy developments in other countries and to play an instigative role, the Flemish Fund is represented in the Council of Europe's Committee on the Rehabilitation and Integration of People with Disabilities and the European Union's High Level Group on policy for persons with disabilities. The Fund also takes part in meetings of the Interdepartmental Committee on Equal Opportunity, which co-ordinates work on equal opportunity for persons with disabilities in the Flemish Community, and in consultations between the federal State, the communities and the regions on drawing up anti-discrimination legislation.

## **2. Mobility and access**

2.1 Physical access in everyday life and access to information and communication are both vital aspects of any equal opportunity policy. A survey is being conducted of obstacles to access (in regulations as well as practice), preparatory to an awareness campaign and setting up machinery on access policy. The Flemish Fund is represented in a group of experts from different areas of working life which is looking at the findings. The group's activities are co-ordinated by the Flemish minister responsible for equal opportunity.

Provision has been made concerning the four services that provide adapted transport services in Flanders for persons with reduced mobility, including people with disabilities. In order to guarantee their short-term future, the Flemish Government has made available BEF 4.5 million for 1998. A permanent arrangement is in the pipeline and is scheduled to take effect in 1999.

The Flemish Fund contributes a section on access to normal public transport to the mobility handbook published by the Department for Roads and Communications, drawing particular attention to access difficulties faced by persons with disabilities.

The European action programme *COST 335*, which aims to improve access for disabled and elderly persons to rail transport in Europe, is expected to publish concrete recommendations by 1999 concerning both technical and economic matters. These recommendations will be addressed to the rail authorities and companies. Belgium has signed the declaration of principle. The Flemish Fund is also trying to persuade the *SNCB* (Belgian national railway company) to participate in the programme.

2.2 To assist mobility, the Flemish Fund pays for the alteration of vehicles (see 4, below) and meets part of the cost of travel to the workplace and to educational or vocational courses.

2.3 The Flemish minister for equal opportunity also co-ordinates policy on access to public buildings. New regulations are expected in the near future, along with the creation of an administrative unit to monitor the question.

### **3. Housing policy**

3.1 There is a structural agreement between the Flemish Fund and the Flemish Housing Association on harmonisation of rules and standards in relation to ADL (activities of daily living) housing as part of social housing policy. There are plans to harmonise regulations and publish a joint information booklet.

3.2 The Flemish Fund covers the cost of adapting buildings and furnishings for persons with disabilities (see 4, below). Small grants are also available from the Flemish and Brussels-Capital Regions.

### **4. Technical aids**

4.1 The Flemish Fund can finance in full or in part the purchase of technical aids to give disabled users greater independence in everyday life or assist their integration.

This assistance is no longer conditional on potential for vocational integration.

a. General principles on material assistance to the individual:

- the aid must promote social integration;
- the aid should not be available under other regulations (apart from specific exceptions such as wheelchairs) or chargeable to an insurance company, for example;
- medical and paramedical appliances are excluded;

- in principle, only equipment qualifies, i.e. assistance from persons does not (except sign-language interpreters and educational help for students in higher education);
- only the cost additional to that incurred by an able-bodied person in similar circumstances is refunded;
- in some cases, the person with a disability may have to pay a proportion of the cost.

b. Special rules on financial help with the following types of individual material assistance are laid down in the Appendix to the Flemish Government Order of 31 July 1992:

- alterations to dwellings, special equipment, furniture and fittings;
- mobility aids;
- means of communication for persons with disabilities;
- educational support for those in higher education;
- special beds;
- anti-bedsore cushions;
- lifting and movement devices;
- toilet seats;
- shower seats;
- incontinence aids;
- computers and related equipment;
- adjustable armchairs with electronic controls.

Requests for aids not included in the above list are submitted to the Special Assistance Commission, set up by the Fund to decide, taking certain budgetary limits into account, whether assistance should be granted.

Finally, the Fund may, in exceptional and worthy cases, depart from these rules in awarding individual material assistance.

## **4.2 Recent and future developments**

### **4.2.1 Regulations on advance payments**

On 10 March 1998 the Flemish Government adopted an order concerning advance payments for individual material assistance. This makes it possible to grant persons with disabilities a refundable advance pending payment of compensation by the person vicariously responsible or legally competent. Road accident victims, for example, often had to wait a long time for the compensation to which they were entitled and were thus deprived of the social-integration help they needed.

Advances are tied to a subrogation contract (agreement under which the Fund applies for compensation on behalf of the person with a disability). It is hoped that a legal subrogation system will be established by amendment of the order.

#### *4.2.2 Consultation with other political sectors*

The Flemish Fund has recently begun constructive consultation with the National Institute for Sickness/Invalidity Insurance (*INAMI*) concerning improved harmonisation of responsibilities, particularly in relation to the purchase of wheelchairs. This should produce rules much clearer for the client.

In the autumn, the Flemish Fund will also begin regular consultations with the Housing Department and provincial and local authorities to harmonise the rules and responsibilities regarding grants for alterations to persons with disabilities' dwellings.

#### *4.2.3 List of types of assistance*

In principle, the list of the types of assistance available, appended to the regulations, is to be updated twice a year. The aim is to keep the list permanently up-to-date so that clients and their helpers are fully aware of the requirements and arrangements for assistance. In the meantime, an updated list has again been prepared for the approval of the Flemish Government.

The demand for assistance has grown rapidly over the last few years. In order to continue meeting this demand, the budget for individual material assistance was increased by BEF 30 million in 1998.

#### *4.2.4 Flexible award procedure*

The current overhaul of the registration procedure has not lost sight of the need for an easier method of granting assistance:

- when a person with a disability submits a request for assistance (supported by the necessary certificates and documents) together with their registration form, the Flemish Fund is required to decide what assistance to grant at the same time as processing the registration;
- if the type of assistance requested appears on the list appended to the regulations, the Flemish Fund has to announce its decision within a month of the application being submitted;
- the cost of material aids must be reimbursable up to one year after they are acquired.

## **5. Communication**

5.1 Technical aids (see 4) paid for by the Flemish Fund include means of communication (sign-language interpreting for the deaf, telex and fax for the hard of hearing, adapted Teletype machines for the blind, etc.).

5.2 All information must be available and understandable to everyone. The Flemish Fund is particularly concerned about intellectual availability.

## **6. Sport, leisure and cultural activities**

6.1 A sufficient range of adapted holidays should be available both through welfare tourism services and on the commercial market. An accessibility logo is to be awarded after appropriate inspection.

Consultation on this subject is required at European level.

6.2 Special initiatives for people with disabilities in the leisure, sports and cultural fields should certainly not be ruled out, but efforts in this area should ultimately be directed towards mainstreaming, i.e. making standard activities available to persons with disabilities.

6.3 As an experiment, the Flemish Fund currently subsidises leisure organisations which actively subscribe to the principle of mainstreaming (6.2).

## **B. WALLOON REGION**

### **1. Principles**

Under Article 3 of the Decree on the integration of persons with disabilities the Government is required to ensure that persons with disabilities play a full part in economic and social life, whatever the origin, nature or severity of their disability.

Government measures in pursuance of the decree should *inter alia* “focus on involving persons with disabilities, their families and friends, give priority to projects which interfere as little as possible with the dynamism of the natural environment and recognise the need, as far as possible, to keep persons with disabilities in the family setting or usual social context” (Article 4.2).

Chapter IV of the guiding principles is devoted to integration measures.

Article 7 states: "The Government shall ensure that information on the rights of persons with disabilities and on the services available to them is properly disseminated".

Article 8 requires the Government to implement programmes that:

1. promote construction of individual dwellings to architectural standards that cater for persons with disabilities;
2. promote a transport policy that takes into account the needs of persons with disabilities;
3. provide access to public buildings and amenities, educational institutions, training centres, workplaces and the public highways for persons with disabilities;
4. promote the adaptation of information sources to the functional characteristics of persons with disabilities;
5. promote research into and the development of new technologies with a view to social integration of persons with disabilities.

Article 9 provides: “The Government shall encourage municipalities to develop initiatives for greater participation of persons with disabilities and their associations in the life of the local community”.

In 1992 a Social Integration Unit was created within the Ministry of the Walloon Region. Its particular feature is its interdepartmental, transsectoral approach to social exclusion issues. It co-ordinates action by the different players at regional and local levels. Its permanent contact with municipal leaders, local communities, voluntary organisations and front-line workers enables it to help implement specific projects. Finally, it suggests improvements or new initiatives to the regional authorities. The unit is responsible in particular for co-ordinating public transport services for people with reduced mobility.

## **2. Access**

The Belgian Act on access for persons with disabilities to public buildings was passed in 1975. In the Walloon Region, it was first amended by the 1984 decree on the Walloon Town and Country Planning Code. In the same year, the Walloon Regional Executive adopted an order adding a chapter to the code, setting out a list of buildings and parts of buildings covered by the Act and specifying what standards had to be met.

The Walloon Town and Country Planning and Heritage Code was amended on 27 November 1997. Article 76.1.6 stipulates that the Government may enact regional town-planning regulations containing any measures necessary to ensure “that people with reduced mobility have access to and the use of areas, buildings and parts of buildings that are open to the public or intended for public use”.

The preliminary draft implementing order, adopted at first reading by the Walloon Government on 18 June 1998, extends the list of buildings to which there must be access

because they are open to the public or intended for public use. The original list was set out in the Order of 19 December 1984.

Subject to amendment, the new list is expected to include:

- residential homes for elderly persons and persons with disabilities;
- hospitals and medical, psychological, family and social assistance centres;
- buildings and areas for tourist, recreational and socio-cultural activities;
- office buildings;
- car parks with 10 or more spaces and all multistorey car parks;
- public toilets;
- establishments for sport and outdoor activities;
- places of worship, funeral centres and cemeteries;
- prisons and young-offenders institutions;
- public service infrastructure, such as post offices, railway stations, regional transport depots, and ferry and airport terminals;
- banks and other financial institutions, shops, shopping centres, hotels, inns, restaurants and cafes;
- communal areas in apartment blocks;
- schools, universities and training establishments, boarding houses and student halls of residence;
- public highways and areas, private or public, used by pedestrians or providing access to the buildings mentioned above, as well as any street furniture located in such areas.

The Minister for town and country planning will be required to lay down technical and architectural standards for such buildings and areas.

The Walloon Agency, for its part, is responsible (Article 14.2.14 of the Decree of 6 April 1995) for promoting “the participation of persons with disabilities in cultural and social life, particularly through improved mobility and access”.

In particular with European funds, the Agency organises colloquies on questions of physical access to buildings, which are attended by persons with disabilities and their associations, the ministries concerned (social action; housing and health; town and country planning, public works and transport; natural resources and environment; home affairs and public service, etc), city and municipal representatives, architects, engineers, etc.

The Agency’s Access Project, approved under Objective 1 of the *Employment-Horizon III* initiative as a continuation of the *Horizon II* Access Project which ended in 1998, has three main thrusts: the town as employer, the town as a partner in employment and the town as an accessible place for persons with disabilities. The following methods are being used to achieve these aims: consultation with regional and European experts; participation of towns

in various projects concerning access and employment; follow-up and advice geared to towns' particular needs, through the Agency's regional offices. Eight Walloon towns are closely involved with the project. The aim of transnational co-operation in this field is to spread good practices and harmonise access regulations as being essential to the social and vocational integration of persons with disabilities.

### **3. Transport**

The Walloon Agency for the Integration of Persons with Disabilities, as part of the individual assistance it provides for integration, helps meet the cost of technical aids and alterations for improved mobility: crutches, alteration of vehicles, wheelchairs when they are not covered by the sickness/invalidity insurance scheme, white sticks and training in how to use them, guide dogs, etc.

In its 1992 declaration on regional policy, the Walloon Government expressed the desire that people with reduced mobility should have transport services giving them access to social life in the regional community.

Particular attention was paid to improved access when the Public Transport Service replaced its bus fleet in 1995. Buses with lower floors (55 cm rather than 70 cm) were ordered, for example. However, it was also necessary to introduce an on-request transport system to collect people from their homes. On 18 May 1995 an agreement was signed between the Walloon Region (particularly the Ministries for Social Action and Transport), the Walloon Agency for the Integration of Persons with Disabilities, the Red Cross, the Walloon Regional Transport Company and the Public Transport Service. Under the terms of the agreement, eleven specially adapted eight-seater minibuses operate between 7 am and 9 pm five days a week. Where necessary, the Red Cross provides an assistant to help passengers embark and disembark and to supervise them during the journey. It also offers the services of its five call centres (one per sub-region), which, in co-ordination with the Public Transport Service, schedule the journeys requested. Passengers pay standard public transport prices. The Agency pays the Public Transport Service a set amount for every journey made. Since an estimated 35 buses are needed to meet the demand of potential users, the network should be extended.

### **4. Housing**

The Walloon Agency for the Integration of Persons with Disabilities, as part of the individual assistance it provides for integration, pays part of the cost of building specially adapted housing and of altering existing dwellings in accordance with residents' abilities and disabilities.

The Walloon Government provides various types of assistance to help people buy, keep or rent private dwellings. Eligibility for such assistance usually depends on income and

number of dependent children. Insofar as persons with disabilities may be treated as dependents from a tax point of view, they can qualify for preferential tax treatment.

Persons with disabilities who wish to stay on in their homes can apply to various municipal or intermunicipal bodies, such as:

- nursing and paramedical care services;
- “meals on wheels” services;
- services which lend out health appliances;
- family support services.

The Walloon Region officially approves services set up to help families and the elderly. These services employ home helps for families and senior citizens who request assistance with everyday tasks. The service is aimed at the least well-off members of society. They and their helpers are supervised by social workers, who try to match the assistance as closely as possible to the needs. Beneficiaries include families with social or health problems, elderly people and persons with disabilities. Services to the second and third categories are aimed at helping them remain independent and in their own homes for as long as possible.

On 27 April 1995, the Walloon Government promulgated an order promoting the setting up of ADL (activities of daily living) units for persons with disabilities wishing to live independently in social housing areas, i.e. in complexes of existing or future dwellings owned by one or more housing associations recognised by the Walloon Regional Housing Authority and comprising, in addition to houses or flats whose occupants receive help with activities of daily living (ADL), at least 25 social housing units whose size is determined by the minister. Housing associations may qualify for grants to cover the cost of providing additional living space and meeting other statutory requirements.

An ADL unit must comprise between 12 and 15 private dwellings for people with serious physical disabilities. The houses form part of a social housing area and are linked to a central office (ADL centre), where help with daily living activities is co-ordinated. Help is available 24 hours a day, seven days a week. Disabled residents receive specially adapted individual assistance with everyday tasks such as dressing and washing, getting from room to room, eating and other simple activities. Other assistance - with cleaning the house, preparing meals, transport - must be arranged by the occupant or their family. Some of these services are provided by local authorities (public social welfare centres) or regional authorities (special buses). The above-mentioned order and the ministerial order implementing Article 6 set out the technical standards required of ADL units as well as specific building and access regulations with which ADL dwellings, ADL centres and the buildings in which they are located must comply.

The Agency approves and subsidises help-with-daily-living services under the French Community Executive's Order of 9 September 1991. Four such services are currently recognised. The Minister would like to develop a new project of this type every financial year until 2005.

In addition, the Agency approves and subsidises various facilities:

- residential services for young people, offering individual educational, medical, therapeutic, psychological and social help, to complement school education and meet the child's particular needs. The aim is the children's educational, social, cultural and vocational integration;
- residential services for adults which also provide educational support through various specially adapted activities, as well as the best possible psychological and social care designed to meet the individual's needs. The aim is the social, cultural and vocational integration;
- night-time residential services for adults, providing optimal support adapted to the individual's needs and promoting social, cultural and vocational integration;
- transitional residential services, which prepare people for re-entry to family life or for independent living in individual or shared housing with a maximum of six people per housing unit. Although run by a residential service, the housing is located elsewhere. The transitional residential service must ensure, by signing an agreement with an appropriate support service, that persons with disabilities continue to be supervised after leaving the accommodation it provides;
- short-term residential services, which accommodate people for up to 90 days per year and offer educational support through a variety of specially adapted activities, as well as the best possible psychological and social care shaped to the individual's needs. They promote social, cultural and vocational integration;
- fostering services, which seek and select foster families with which they place children or adults. They provide foster families with support and guidance and liaise between them and other services used by the person placed with them.

The Agency also grants approval to support services in accordance with the Decree of 28 July 1992 and the implementing Order of 13 April 1995. These services operate away from residential institutions, helping disabled adults with a physical, mental or sensory deficiency who either live outside such centres or want and are able to become independent. On request, they provide information, help and support for coping with all the demands of everyday life, particularly in the areas of accommodation, employment, vocational integration, training, learning to be independent, personal finance and leisure, in order to boost persons with disabilities' independence in their day-to-day activities.

## **5. Technical aids**

The Agency's role with regard to technical aids is described in Chapters IV (Treatment and therapeutic aids) and VII (Employment).

## **6. Communication**

As part of the assistance for individual integration it provides (see Chapter IV), the Agency can pay a proportion of the cost of technical aids which help persons with disabilities communicate and access information: optical aids (magnifying glasses), electro-optical aids (video enlargement machines, reading devices, enlargement software), computer interfaces and accessories, typewriters, calculators, computers, word-processors, telephones and telephone accessories, face-to-face communication devices, tactile and hearing devices or various other technical aids.

In March 1998, under its additional declaration on regional policy, which included provisions to promote access for persons with disabilities to telecommunications, the Walloon Government approved an action programme for 1998 and 1999 at the joint instigation of the Minister for Social Action and the Minister for Planning, Public Amenities and Transport. This programme will:

- allow persons with disabilities to learn how to use the Internet by setting up training and support sites in partnership with persons with disabilities' associations;
- help persons with disabilities to access and exchange information using new technologies;
- develop modern communication tools for persons with disabilities and services by creating a website describing all the activities of the Walloon Agency for the Integration of Persons with Disabilities;
- promote good design of websites and multimedia resources for persons with disabilities by providing a server for testing their usability;
- promote the employment of persons with disabilities by creating opportunities for telework and telecentre work.

## **7. Sport**

The list of amenities to which access should be provided for people with disabilities, as set out in the Walloon Region Executive Order of 19 December 1984, includes "8. facilities for sport and outdoor activities". The preliminary draft order implementing the Decree of 27 November 1997, which amended the Walloon Town and Country Planning and Heritage Code, extends the list to include "play areas".

On 1 January 1994, responsibility for subsidised sports facilities was transferred from the French Community to the Walloon Region. A new decree and implementing order revising national and community legislation are to be adopted in May 1999. The decree will make subsidy of sports facilities conditional on providing disabled access.

## **8. Leisure and cultural activities**

The Ministerial Order (applicable nationwide) of 6 April 1989 made several exceptions to the general regulations on job protection in order to facilitate access to places of performance for wheelchair users.

The list of amenities to which access is to be provided for people with disabilities under the Walloon Region Executive Order of 19 December 1984 includes “3. buildings designed for recreational or socio-cultural activities”. The preliminary draft order implementing the decree of 27 November 1999 which amended the Walloon Town and Country Planning and Heritage Code refers to: “c. buildings and areas for tourist, recreational and socio-cultural use”.

The provincial tourism federations are currently trying to draw up lists of accessible sites and attractions and, in so doing, to bring the access issue to the attention of the people in charge. Namur province has produced around a hundred information leaflets so that persons with disabilities, their associations and those who transport them can judge for themselves how accessible the province’s tourist sites actually are. Walloon Brabant province, which does not yet have a handbook on access, has had the original idea of creating a woodland keep-fit trail with access for wheelchair users. Alongside the conventional keep-fit installations are special ones for wheelchair users. Hainaut province has published a tourist guide aimed at people with reduced mobility. Projects to make leisure and recreational areas accessible and provide access information are increasing all the time in both public and private sectors.

## ***C. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

### **1. Principles**

Article 14 of the French Community Commission Decree of 17 March 1994 on the social and vocational integration of persons with disabilities states: “The French Community Commission Board shall promote the social integration of persons with disabilities and their socio-vocational integration in an ordinary working environment”.

Under the terms of Article 6.2 of Chapter II of the decree, the Board is to “promote the provision of information for persons with disabilities...”.

## 2. Access

The Belgian Act on access for persons with disabilities to public buildings was adopted in 1975. In the Brussels Region, the Crown Order of 9 May 1977 implementing the Act of 17 July 1975 on access to public buildings is still in force. It defines disability and, in Article 2, specifies the buildings concerned:

1. buildings for recreational or socio-cultural activities;
2. places of worship;
3. residential homes for the elderly and the disabled;
4. facilities for sport and outdoor activities;
5. shops, hotels, restaurants and cafes with more than 150 square metres of space open to the public;
6. hospitals and medical, psychological, family and social assistance centres;
7. car parks with more than 100 spaces either above or below ground level;
8. public toilets;
9. post and telecommunications offices, banks and other financial institutions;
10. office blocks, court rooms and community centres;
11. prisons and young-offenders institutions;
12. schools, boarding houses and student halls of residence;
13. airport terminals;
14. railway stations permanently staffed by the *SNCB* (Belgian national railway company);
15. urban public transport depots.

The Ministers and State Secretaries responsible for town and country planning are required to enforce the architectural and technical standards applying to the above buildings.

A draft set of regional urban regulations applicable to all public areas and access routes is currently being negotiated in the Brussels Region.

The Brussels Service is doing all it can to ensure access is provided to persons with disabilities' workplaces, training centres, social integration centres, etc.

## 3. Transport

As mentioned in Chapter IV (individual practical assistance), the Brussels Service meets some of the cost of technical aids (vehicle alterations, invalid carriages, etc.) that make persons with disabilities more mobile when this is not covered by the National Institute for Sickness/Invalidity Insurance (*INAMI*).

Seven associations in the Brussels-Capital Region set up a collective in 1998 to champion freedom of movement for people with reduced mobility. They are hoping to produce a kind of white paper in time for the June 1999 elections, to be sent to the authorities concerned in an effort to force them to take a stand on the issue of mobility.

The Brussels Intermunicipal Transport Company (*STIB*) owns a fleet of 15 minibuses with which it provides a special service for persons with disabilities. The door-to-door service is available on request to blind persons and to people with disabilities in both arms or both legs. It serves the 19 municipalities of the Brussels-Capital Region and the Flemish municipalities on the edge of Brussels which have special language facilities for French-speakers.

Most metro stations are adapted for visually impaired or blind persons. Lifts are to be installed and more escalators provided. The *STIB* has lowered the floor of new buses and trams and is planning to adapt platforms.

The Regional Government has also released a sum of EUR 322,260 for the alteration of taxis so that they can take passengers in wheelchairs.

Ten of the nineteen municipalities of the Brussels-Capital Region currently provide taxi vouchers. Others are expected to follow suit. The public social welfare centre gives persons with disabilities with low income thirty vouchers every six months,

Some municipalities also provide a transport service, run by volunteers, to take people to medical centres.

Several municipalities have installed audible signals at pedestrian crossings for visually impaired or blind people, while the use of tactile symbols is currently being tested.

One private taxi company has vehicles adapted for persons with disabilities. The service costs around EUR 0.50 per kilometre, although this may be shared between more than one passenger.

Finally, *Touring Secours*, a national breakdown service, owns five adapted vehicles for persons with disabilities whose car is involved in an accident or breaks down.

#### **4. Housing**

As part of individual practical assistance, the Brussels Service will, in certain circumstances, pay some of the cost of building adapted housing, converting existing dwellings and providing special furniture or additional equipment, depending on the applicant's disability.

The Government of the Brussels-Capital Region provides various types of financial assistance to help people buy, keep or rent private dwellings if they, their spouse or dependent child are disabled. The allowances cover removal and moving-in costs, rent (full or partial) and refurbishment.

To help persons with disabilities remain in their own homes, mutual benefit organisations, municipalities and municipalities' associations provide various services such as nursing and paramedical care, "meals on wheels", loan of health appliances and family assistance.

The French Community Commission approves home care services for families and the elderly. Home helps must work for an approved (public or private) home care service. Home care aims to help disabled or elderly people who are unable to perform everyday tasks stay on in their own homes for as long as possible. Such support, under the supervision of a social worker or nurse, goes primarily to those with the lowest income. It consists of help with routine household chores, cleaning, preparing meals, shopping, collecting children from school and certain administrative tasks.

The French Community Commission also approves 24-hour monitoring services.

It likewise approves support services that help persons with disabilities living outside residential institutions to acquire or preserve their independence. The services provide information and assistance for coping with all the demands of everyday life, particularly in the areas of accommodation, employment, training, personal finance and leisure.

Any help provided in this way must be covered by a written contract between the support service and the recipient, who is asked to pay part of the cost proportionate to his/her financial situation.

Persons with disabilities are helped to acquire greater independence through the support of so-called ADL (activities of daily living) units. In the Brussels-Capital Region responsibility for these units, which cater for both French- and Flemish-speakers, lies with the Joint Communities Commission.

The standards that ADL services must meet are set out in the Joint Communities Commission Order of 21 October 1993.

ADL units are for people with serious locomotor disabilities (usually wheelchair users) who live in housing specially adapted to their disability. They form part of a larger residential complex.

An ADL unit requires the following elements:

- individualised help with activities of daily living;
- adapted architecture;
- appropriate technical aids: a door-opening device, an intercom system, etc;
- special layout of dwellings and staff areas.

Persons with a disability can decide for themselves what type of assistance they require and when they need it (e.g. transfer from bed to wheelchair).

## **5. Technical aids**

(see Chapter IV)

## **6. Communication**

The French Community Commission Board Order of 22 May 1997 made provision for deaf and hard of hearing persons to obtain vouchers from the Brussels Service, each of which entitles them to the services of a sign-language interpreter for one hour. Each person is entitled to 15 vouchers per year. Each voucher is currently worth EUR 17.35, the value being adjusted on 1 January each year. The vouchers can be exchanged for the services of interpreters approved by the Brussels-based non-profit-making organisation *Info-Sourds*. They are used by deaf and hard of hearing persons in consultations with doctors, lawyers, etc.

## **7. Sport**

Article 2.4 of the Crown Order of 9 May 1977 on access to public buildings, in force in the Brussels-Capital Region and Flanders, refers to “facilities for sport and outdoor activities”.

Since 1980, the Belgian Disabled Sports Federation has been an active member of the International Paralympic Committee, from which it receives official support for the purchase of equipment.

## **8. Leisure and cultural activities**

Article 2.1 of the crown order mentions “buildings for recreational and socio-cultural activities”.

The French Community Commission subsidises a very extensive games library specially designed for children and adults with disabilities. It also subsidises various leisure centres for people with disabilities.

One such centre, for people with mental disabilities, is the Belgian headquarters of *Very Special Arts Belgium*, which organised the second world festival in 1984, attended by over 1,000 artists from all over the world. In 1998 it hosted an exhibition on democracy, citizenship and disability.

The City of Brussels is adapting more and more exhibitions to the needs of blind people and provides a commentary on the set and costumes in some theatre productions. As part of the Brussels 2000 project, the City of Brussels and several partners are endeavouring to draw up a list of sites and attractions accessible to persons with disabilities.

Similarly, a private association publishes a comprehensive annual handbook, "Leisure and holidays for persons with disabilities".

A travel agency, "*Continents adaptés*", specialises in holidays for people with disabilities.

In July 1998 the French Community Commission put forward draft regulations providing for a grant to associations that include deaf people in their cultural, sports and youth activities.

#### ***D. GERMAN-SPEAKING COMMUNITY***

##### **1. Principles**

As we have already mentioned several times, all measures aimed at persons with disabilities are designed to promote their independence and integration into all areas of society.

##### **2. Access**

Access is another vital aspect of efforts to make persons with disabilities' daily lives as normal as possible.

In 1993 the Office published a booklet (available only in German) on access to buildings and gardens for people with reduced mobility.

The booklet describes the alterations needed to make houses or flats, streets and buildings that are open to the public accessible to people with reduced mobility (a category which includes elderly persons and mothers with prams as well). The booklet was updated in 1997 and includes information on the changes needed to improve access for people with visual and hearing impairments.

The booklet shows that the Office's long-term objective is to create an environment that takes into account the needs of persons with disabilities.

As well as publishing the booklet, the Office is happy to give expert adaptation advice on building plans.

On 21 October 1996 the Council of the German-speaking Community took another step towards meeting this objective by issuing a programme decree on infrastructure, stipulating that the German-speaking Community would not subsidise infrastructure projects unless they provided access for people with disabilities. In 1997 the first steps were taken towards making subsidy and planning permission conditional on providing access to buildings and gardens open to the public that was of the standard set out in the booklet.

The Office also intends that private houses be fitted at least with wider doorways, a toilet for persons with disabilities and, where necessary, a lift.

All this requires greater public awareness, particularly among architects and local councillors. Awareness-raising is already beginning to bear fruit. For example, the Office contacted the German-speaking Community's social-housing associations, as a result of which 16 of 93 newly built association flats now have access for wheelchair users.

In order to ensure that accessible flats are actually available to people with reduced mobility rather than occupied by people with no special needs, the Office and the social housing associations have agreed that:

- if, when a specially adapted flat is to be allocated, no Office-registered person with reduced mobility needs it, the housing association may let it on special conditions to other tenants provided the Office has no objections. For example, the flat may be allocated to someone with a less serious motor disability;
- in such cases, the lease is limited to one year, with six months' notice required on the part of the housing association. If a person with reduced mobility needs a specially adapted flat, the housing association must offer alternative social housing to the tenant of the adapted flat.

It should be noted, as far as raising public awareness is concerned, that the Office gives special recognition to private buildings open to the public (cafes, hotels, restaurants, cinemas, sports facilities, etc.) that provide access for people with reduced mobility.

### 3. Housing

There are various types of housing for persons with disabilities in the German-speaking Community.

The Office considers that the best living environment for a person with a disability is the family home, which is why the family are involved in all consultations as early as possible. The social integration of most persons with disabilities is maximised if they can live with their family for as long as possible. The family can obtain help if necessary (see below).

However, the time may come when, in the interests of their personal fulfilment, persons with disabilities need to leave their family environment. This may be when their parents are too old to look after them properly or when they reach adulthood and wish to live away from the family home.

In such cases, the following options are available, depending on the person's degree of independence:

- residential homes, which retain a family atmosphere in units accommodating up to ten people;
- supported housing, in which the person with a disability lives alone or with other people of their choice in a house or flat. The *Wegweiser* service offers support, including training in certain everyday activities;
- independent accommodation, without the support of *Wegweiser*, where the person with a disability is sufficiently independent not to need regular help. However, *Wegweiser* is still the contact point if any need arises;
- since 1998, private individuals have been able to offer accommodation, guidance and support to one or more disabled person(s) and promote their independence and social integration. They provide a family environment and share their daily activities with the disabled person(s). This is an alternative to other forms of housing and is aimed at persons with disabilities who wish to live in a family setting.

The various types of housing come with support services that provide:

- a contact person who prepares the application in consultation with the person with a disability, the family and the relevant services;
- training in daily activities (household chores, shopping, gardening, washing, cooking, personal hygiene, etc);
- help in resolving conflicts;
- educational advice;
- advice on living as a couple, sexual matters and accident prevention;
- assistance with arranging health care.

Short-term residential care is also available for fixed periods of up to three weeks for a maximum of four persons with disabilities whose families are temporarily unable to care for them – e.g. because of illness, accident, bereavement or sheer exhaustion – or need a break.

#### **4. Material and social assistance**

Our efforts to integrate persons with disabilities into all areas of society and to promote their independence are sometimes hampered by physical obstacles.

It is vital that persons with disabilities be helped to overcome such obstacles and given as much mobility as possible.

The Office accordingly provides advice and financial support for people buying a wheelchair, technical aids or other equipment specially adapted. It also assists with the alteration of houses, flats and vehicles for persons with disabilities.

The amount of funding varies according to the type of aid.

#### **5. Communication**

To facilitate communication, the Office supplies special aids to people with visual or hearing impairments as part of its practical and social assistance programme. It subsidises the purchase of telephone answering machines, fax machines, videotext decoders, computers, Internet access, speaking clocks, Braille or speaking kitchen scales, speaking calculators, magnifying glasses, Sonic Pathfinders (an acoustic orientation aid for blind people), etc.

The Office also promotes the use of sign language for those with severe hearing impairments by subsidising sign-language training and meeting some of the cost of hiring sign-language interpreters.

It gives people with serious visual impairments training in everyday tasks.

The Office helps people with other communication deficiencies in accordance with existing subsidy rules, examining each case individually and taking into account each person's specific social-integration needs.

#### **6. Leisure, sport and cultural activities**

Numerous recreational, cultural and sporting activities are available in the German-speaking Community, including many aimed at persons with disabilities. On average, forty activities are organised for people with disabilities, including creative workshops, rhythmic

gymnastics classes, barbecues, afternoon events, cookery lessons, walks, excursions by coach, car, etc., swimming, skittles, archery, cinema trips, information evenings, exhibitions and various other forms of entertainment.

A special leisure service was set up in October 1998 with the aim of promoting better, more integrated use of existing recreational opportunities.

Its role is:

- to make contact with persons with disabilities and discuss with them and their families whether and to what extent recreational activities can enhance their quality of life. Making initial contact is important because many persons with disabilities tend to withdraw into a world of their own;
- to build up links between people with disabilities and able-bodied people who can help them with their leisure activities or be with them in the home in order to ease the burden on parents. Again, the primary aim is to improve the quality of life of the person with a disability;
- to draw up - and this is a priority - a list of activities available to able-bodied people and a list of those for people with disabilities, inform the latter about existing opportunities and contact associations, clubs, etc. and voluntary helpers. Ideally, existing clubs or associations would each take in one or two persons with disabilities as their integration would then be easier and more personal;
- where there is a need, and where there is a large number of identical events (e.g. St Nicholas's Day or Christmas parties), to reorganise at least some of them as alternative events.

Recreational activities must be seen as social opportunities and personality developers for persons with disabilities, providing them with contact, eventfulness and new experiences.

#### ***E. FEDERAL STATE***

The social integration of persons with disabilities is the responsibility of the federate entities. However, the federal state remains responsible for certain transport matters.

The ministries and bodies responsible for promoting the mobility of persons with disabilities have taken the following measures:

- people with a disability that reduces their mobility may be exempted from road tax and VAT on vehicles;
- a special parking card is available to people with a permanent disability of 80% or more, to persons whose state of health means their independence is reduced by at least 12 points (on the scale laid down in the legislation on disability allowances), to people

with a permanent disability directly affecting the lower limbs and creating at least 50% disability, and to people whose upper limbs are either totally paralysed or have been amputated. The card allows the bearer to park in spaces reserved for people with disabilities and to park indefinitely in restricted parking zones (blue zones);

- a consultation group comprising representatives of the Belgian national railway company and of the National Council for Persons with Disabilities has been set up to improve access to trains and railway infrastructure.

## **IX. SOCIAL PROTECTION**

### **A. *FEDERAL STATE***

#### **1. Scope and principles**

Article 23 of the Belgian Constitution states:

“Everyone has the right to lead a life in conformity with human dignity. To this end, the laws, decrees, and rulings alluded to in Article 134 guarantee, taking into account corresponding obligations, economic, social, and cultural rights, and determine the conditions for exercising them. These rights include notably:

1. the right to employment and to the free choice of a professional activity in the framework of a general employment policy, aimed among others at ensuring a level of employment that is as stable and high as possible, the right to fair terms of employment and to fair remuneration, as well as the right to information, consultation and collective negotiation;
2. the right to social security, to health care and to social, medical, and legal aid;
3. the right to have decent accommodation;
4. the right to enjoy the protection of a healthy environment;
5. the right to enjoy cultural and social fulfilment.”

Article 10 of the Constitution states that Belgians are equal before the law. Under the terms of Article 11, enjoyment of the rights and freedoms to which Belgians are entitled is to be guaranteed without discrimination. Persons with disabilities must therefore be able to enjoy the same rights as anyone else. However, the constitutional provisions on equality and non-discrimination do not preclude different treatment of different categories of person,

provided the differences in treatment are based on objective criteria and are reasonably justified. On that basis, special advantages can be granted to persons with disabilities to help them integrate into society and enjoy their rights in full.

## **2. Economic and social security**

Employment is currently a priority area as far as policies for persons with disabilities are concerned and must provide them with a degree of economic protection and social security entitlements.

Whereas social security was originally available only to people with an employment contract, it has now been extended to cover other categories, either partially or fully. For example, the system of reimbursement of health care costs was recently made applicable to everyone, whether or not they work.

However, despite efforts to expand and improve the social security system, certain groups of unwaged people are not entitled to any kind of income support through the social security system (unemployment benefit, invalidity pension, industrial accident or occupational disease allowances). In order to correct this situation, a number of statutory schemes have been introduced to guarantee a minimum income for anyone incapable of work, unentitled to any kind of social security benefit or drawing social security benefits which are inadequate. The disability allowance system is one such scheme.

There are three types of allowance: income support, integration allowance and elderly person's allowance.

- Income support is granted to people aged between 21 and 65 whose disability means their earning capacity is reduced to one-third or less of the income that an able-bodied person can earn on the open employment market.
- The integration allowance is granted to people with disabilities aged between 21 and 65 whose reduced independence means that social integration entails additional expenditure. A person's degree of independence is measured according to their mobility, their ability to prepare food, eat, wash and dress, clean their home, perform other household chores and live without supervision, their awareness of danger and their ability to avoid accidents, communicate and have social contact.
- The elderly person's allowance is granted to people over 65 with reduced independence, which is measured by the same criteria as for the integration allowance.

These allowances are granted on application, on the basis of income and medical checks. Disabled applicants who disagree with the decision have three months to appeal to the labour tribunal.

Parents of children with disabilities may also be entitled to special benefits. The families of children with disabilities under the age of 21 are entitled, in addition to the normal family allowance, to a supplementary benefit if there is 66% or more physical or mental disability. The child's disability is evaluated according to two different criteria:

1. physical or mental disability, which should be rated at 66% or above and is measured using the official Belgian disability scale and a list of childhood diseases that do not appear in the official scale;
2. reduced independence, measured according to six types of function: behaviour, communication, bodily care, mobility, use of the body in certain situations/dexterity, and adaptation to the environment. The child's independence is rated on a scale of 0 to 9.

Appeals against the decision on supplementary family allowance are heard by the labour tribunal.

In addition to income-related provisions, several tax benefits are available to persons with disabilities:

- taxpayers whose household includes at least one person with a disability of 66% or over qualify for a higher level of income tax exemption;
- people with a disability of 80% or more, blind people, deaf-mutes and people who have had a laryngectomy do not have to pay the radio and television licence fee;
- people whose disability impairs mobility are exempt from paying road tax and VAT on vehicles.

### **3. Legal protection**

Although, under Articles 10 and 11 of the Constitution, persons with disabilities enjoy the same rights and have the same duties as anyone else, various measures have been taken to give legal protection to those who are particularly vulnerable as a result of their disability.

#### *Extended legal minority*

This applies to people with severe mental disability - those with serious intellectual, emotional and volitional retardation, which must be permanent and irreversible (i.e. with no hope of a cure or improvement). They may be adults or minors, but their disability must be congenital or have developed in early childhood. Psychiatric patients cannot be placed under "extended legal minority". Those who acquire the legal status of a child under 15 as far as their person and possessions are concerned. They have only limited rights and are subject to parental authority. If it is in their interests, they can be placed under guardianship by a court of first instance. In principle, persons under extended legal minority cannot do

certain things (e.g. buy a house, borrow money, write a will, get married). The extension of minority can be rescinded on an application to the court by an interested party, who may be the person him/herself.

#### *Declaration of legal incapacity*

As with persons placed under extended legal minority, a court of first instance makes the relevant order at the request of an interested party (relative, spouse or public prosecutor if there is no known relative or spouse). The Family Council must also give its opinion. The Family Council is responsible for deciding whether certain tasks should be carried out by the person's legal guardian. It comprises the district judge and members of the mentally disabled person's family. The application must be supported by documentary evidence or records of facts and occurrences that might justify the measure. In addition, once the court has received the Family Council's opinion, it appoints one or more neuro-psychiatrist(s) to examine the person. The court first of all appoints a temporary representative, who has the same powers as a legal guardian. A guardian and an auxiliary guardian are then appointed to manage the disabled person's possessions. If the person is married, the spouse is the legal guardian. They acquire the legal status of a minor with regard to their person and possessions. They may not carry out any legal transaction (such as selling a house). Any legal instrument they execute is void. The status is discontinued if the reasons for it cease to exist, on a court order for which the procedure is the same as for declaration of incapacity.

#### *Placement under a judicial guardian*

A judicial guardian may be appointed to supervise people who are mentally retarded or incapable of managing their assets. Persons under judicial guardianship are allowed to take various decisions, but the judicial guardian supervises their financial outgoings.

#### *Protection of property owned by people incapable of managing it themselves*

In order to protect their property, adults who, even temporarily, are totally or partially incapable of managing it themselves, can be allocated a temporary administrator if a legal representative has not yet been appointed. Their incapacity to manage their property must be a result of their state of health. The temporary administrator is appointed by the district judge of the place of residence or domicile of the person concerned. Ideally, it should be the person's spouse, a member of the immediate family or the person's confidential adviser. The temporary administrator's task is to manage, as a responsible parent would, the disabled person's property within the limits laid down by the district judge. He/she represents the person in all legal transactions and proceedings, whether as plaintiff or defendant.

*Protection of mentally ill persons*

Diagnosis of and treatment for a psychological disorder are not grounds for restricting the individual's freedom except in the cases set out in the Act of 26 June 1990 on the protection of mentally ill persons. The provisions apply only if the person's mental state renders them necessary, i.e. if they are endangering their own health and safety or if there is serious risk of bodily harm to others or serious threat to others' lives. Anyone who agrees to be admitted to a psychiatric institution may leave that institution at any time. Any interested party may apply to the district judge of the place where the person concerned is resident, domiciled or staying to have them admitted to a hospital or foster family (for treatment). The observation period in hospital or placement in a family may not last longer than 40 days, although the arrangement can be extended. Aftercare is also a possibility. The situation may be reviewed and the patient discharged from hospital or transferred to another institution at any time.

A court is involved in all these decisions so that the person's interests are protected at all times.

**B. *FLEMISH FUND FOR THE SOCIAL INTEGRATION OF PERSONS WITH DISABILITIES***

**1. *Appeal procedures***

Under the decree establishing the Flemish Fund for the Social Integration of Persons with Disabilities, a person with a disability or their legal representative used to have thirty days in which to appeal to an administrative board, known as the Appeal Commission, against a decision of the Flemish Fund concerning a request for registration and assistance.

Appeals against the Appeal Commission's decisions could be lodged with the Conseil d'Etat.

The main feature of the procedure was the length of the delays, which created legal uncertainty. Furthermore, the Jurisdiction and Procedure Court ruled in 1997 that the Flemish Community, when it set up the Flemish Fund, had not been competent to create an appeal commission with the status of an administrative board.

To avert having to refer every appeal straight to a labour tribunal, an alternative review procedure, administered by an advisory commission, was set up last year through an amendment to the decree establishing the Flemish Fund. This was a conscious decision to give the Flemish Fund's clients a second opportunity to have their applications evaluated without undue delay or undue procedural complications.

The first task was to deal with the backlog of appeals that had built up since the Appeal Commission had ceased functioning. To this end, the advisory commission, which in principle consists of three permanent chambers, functioned with six for quite a while. The backlog of appeals, which went back to before the new system came into force (on 18 November 1997), has now been fully dealt with. Initial figures suggest that almost half of these appeals were successful.

The process of dealing with all the appeals submitted since November 1997 has now begun. By the autumn, the authorities should be able to meet the deadlines laid down in the decree.

NB: There is no appeal against decisions of the Special Assistance Commission, which examines applications for types of material assistance that are not on the official list.

## **2. *Legal status of persons with disabilities admitted to an institution***

2.1 The general requirements that institutions must fulfil in order to receive official approval include several measures designed to protect the people in their care:

- any institution in which persons with disabilities use shared infrastructure (except sheltered workshops, foster home placement services and peripatetic services) must have its own internal regulations which explain the respective rights and duties of the institution and its clients;
- any institution accommodating, supporting or treating persons with disabilities (except sheltered workshops and peripatetic services) must draw up, with the client, an agreement itemising the accommodation, treatment and support arrangements;
- all institutions (except sheltered workshops) must appoint a special committee, including clients' representatives, to deal with complaints;
- all long-stay institutions (those where residence is for more than two years) must arrange for client participation - either individual (with prior consultation if its services are to be altered) or collective - in their administration. For that purpose they must set up a clients' council, which should send a representative to observe at meetings of the administrative council of the institution's management body.

2.2 The financial interests of persons with disabilities are protected by specific rules governing the management of their finances and other assets by institution administrators or staff members, which is supervised by a special body (to be set up), which will be able to inform the director of the Flemish Fund of any abuses or unacceptable situations. The managing board of the Flemish Fund deals with any breaches of these rules.

### **3.     *Protection of institutions' interests***

Institutions may appeal to the Conseil d'Etat against any decision made by the Flemish Fund concerning them, except decisions regarding authorisation or approval.

Appeals against decisions concerning approval are brought before an advisory commission of the Flemish Family and Welfare Council. The final decision rests with the ministry in charge.

### **4.     *Mediation service***

The Fund has a permanent mediation service ("Ombud") to deal, in some cases, with complaints from individuals or bodies. The managing board has entrusted the service with two main tasks:

- firstly, to deal with complaints concerning the services offered;
- secondly, to guarantee the right to consult administrative documents.

The basic rule, however, is that all other channels must be tried before the mediation service can be used. A person with a disability who wishes to complain about a decision to close his/her file, for example, must first approach the service concerned (usually the Fund office in the province where he/she lives). The same applies to the right to consult administrative documents: the mediation service can only intervene if the service holding the document in question has refused to provide access to it.

## **C.     *WALLOON AGENCY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES***

The Agency's financial action, described in previous chapters, is intended to reduce the financial impact of rehabilitation and integration on persons with disabilities on themselves and their families.

As regards Agency-approved services, the early-intervention services, ADL (activities of daily living) services, residential services for young people and adults and support services are equivalent to special social services. The functions of these services are described in the relevant chapters. Other social services that help people remain in their own homes are listed in Chapter VIII (Social Integration and Environment, sub-heading Housing).

#### ***D. BRUSSELS FRENCH-SPEAKING SERVICE FOR PERSONS WITH DISABILITIES***

The Brussels Service's financial action, described in previous chapters, is intended to reduce the financial impact of the rehabilitation and integration on the persons with disabilities themselves and their families.

The early-intervention services and other support services approved or recognised by the French Community Commission are equivalent to special social services. Their functions are described in previous chapters.

#### ***E. GERMAN-SPEAKING COMMUNITY***

Financial protection is available in the German-speaking Community in the form of:

- remuneration paid to those undergoing training, or employed, in businesses;
- income support for sheltered-workshop employees, from a fund set up in 1997 (financial support for those taking early retirement or laid off for economic reasons, etc.).

### **X. TRAINING OF STAFF DEALING WITH REHABILITATION AND SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

#### ***A. FLEMISH COMMUNITY***

In order to obtain a professional qualification, staff who care for and support persons with disabilities must undergo training.

The level of professional qualification required is stipulated in the conditions of approval and subsidy of institutions, centres and services for vocational integration of persons with disabilities.

Special training in the integration of people with disabilities for certain groups of professionals such as architects, town planners, general practitioners and medical specialists other than functional rehabilitation specialists is being discussed with the Flemish Ministry of Education.

Institutions for the social integration of persons with disabilities receive funding for in-house training.

**B.     WALLOON REGION**

The Agency approves only services whose staff have obtained appropriate professional qualifications.

With regard to the training of specialist staff, Article 14 of the Decree of 6 April 1995 specifies that the Agency has the general function of ensuring co-ordination and providing information and that this includes “promoting basic and further training of the staff of all services working partly or entirely with persons with disabilities”.

The Agency accordingly organises training programmes for the staff of residential or day centres, support services and ADL (activities of daily living) services, and has commissioned a hundred training or information modules in fields as varied as psychology, techniques and education from six universities in French-speaking Belgium.

The modules, which are for employees of the above-mentioned services, are entirely funded by the Agency.

To date, 3,500 employees have taken one or more of these modules and the system is proving highly successful.

In order to meet staff's needs as effectively as possible, the agreements between the Agency and the universities are reviewed annually by a special committee comprising management in the care sector and staff representatives.

The Agency also publishes practical information leaflets on relevant topics, written at request by employees of approved residential centres. Content is not imposed on the authors. A means of exchanging skills and practices in the education and rehabilitation of disabled adults, these leaflets are widely disseminated among all interested services.

**C.     FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION**

The French Community Commission approves only centres, companies and services whose staff have appropriate professional qualifications.

For training of health care personnel, grants are awarded to functional rehabilitation centres according to the type of training they provide. For example, a maximum quarterly grant of EUR 495.78 is paid for at least one day of training per employee per quarter.

Grants are also made to medico-socio education institutes at a rate of up to 1% of their total wage bill to pay for staff training and supervision. The training must form part of an overall programme of continuing training for all members of the institute's staff and must match the institute's programme and its staff's duties.

#### ***D. GERMAN-SPEAKING COMMUNITY***

In 1993 the salaries of staff in residential homes, day centres, early-intervention centres and services for persons with disabilities in the German-speaking Community were brought into line with those of teachers.

This step was taken on condition that the staff of these institutions received further training to update and enhance their knowledge and resources.

A study of staff's needs has since been carried out and the Office organises regular further training sessions aimed at particular categories of staff employed by institutions and services working with persons with disabilities in the German-speaking Community.

The Office provides additional module-based training, a new initiative in Belgium, mainly for sheltered-workshop managers and supervisors. It created this training programme in collaboration with the managers of institutions working with persons with disabilities in the German-speaking Community, so the training is based, to a large extent, on real experiences.

The training imparts knowledge and skills relevant to relations with persons with disabilities. Most sheltered-workshop managers and supervisors have some kind of technical or craft training, but until now they have not been given any additional training in matters relating to disabled workers. They have no basic or specific knowledge about different deficiencies and disabilities. This additional module-based training not only gives them the theoretical knowledge they need, but in particular allows participants to discuss practical questions with the lecturers. The principal aim is to enable the participants to apply what they learn to their everyday work.

The training programme, which is extremely varied, comprises around fifty compulsory units and a number of optional modules. Participants must take various examinations and submit two dissertations in order to obtain the certificate.

The additional module-based training programme was introduced in October 1997 and will run until June 1999.

## **XI. INFORMATION**

### **A. *FLEMISH COMMUNITY***

The Flemish Fund is required to provide full information about how it operates and how it is regulated, although it is also responsible for gathering information about changing needs and the quality of provision.

To disseminate information the Flemish Fund depends heavily on “intermediary organisations” that work more closely with persons with disabilities. However, individuals should also be able to approach the Fund itself, which must therefore be able to offer the same information through both channels.

Information can be gathered in particular by making more use of information technologies and by listening to feedback from clients. The information gathered can be used to develop new research projects, in turn leading to new activities, adaptation of the Fund’s operations, rules and assistance, innovative projects and experiments, performance assessment, consultation with the various players, etc.

#### ***Flemish Fund information unit***

By appointing an information officer, the Flemish Fund has taken the first step towards better communication with its clients. The officer is assisted by an information unit which, since the beginning of the year, has comprised two full-time employees and a webmaster. The unit provides a steady flow of accurate information and acts as the Fund's contact for organisations and individual clients.

#### ***Listening post***

Since the start of the year, the posts of ombudsman and information officer have been combined in the post of orientation officer. A vital aspect of that job is to act as a “listening post”: the orientation officer must gather feedback so that, if necessary, the Fund can adapt the way it functions as a service provider. The Fund has also set up an internal procedure to ensure that queries and comments are channelled directly to the people or departments concerned, so that they can respond in the appropriate manner.

#### ***Internet site***

In early 1998 the Flemish Fund set up a website (<http://www.vlafo.be>) as a point of contact with the public. Persons with disabilities and service providers can find on the site full up-to-date information about the structure and functioning of the Fund, legislation, recent and current developments, addresses of the various services available, etc. The site can also be used to request information or to inform the orientation officer of any needs or wishes via

e-mail. The website was widely publicised in a leaflet sent to more than 7,000 intermediary bodies. The site has proved very successful, attracting between 12,000 and 16,000 visitors per week.

### ***Provision of information***

During 1998 the Flemish Fund will publish a series of six booklets dealing with its full range of functions and the help available. One booklet will be devoted to the efforts made to render the Fund more flexible. Leaflets and booklets will be regularly updated. The Fund has also been involved in issuing, via the teletext pages of the *VRT*, of an information leaflet for people with disabilities (pages 525-6 on *Canvas/Ketnet*).

Special attention is paid to communication with visually impaired persons. The action plan is also available in Braille and in a version for reading with image enlarging equipment.

Certain professional groups will soon be able to obtain specific information about what the Flemish Fund can offer. In 1998, the medical and paramedical sectors, for example, will learn about the Fund from a short on closed-circuit television and an article in the *Journal des Médecins* (Medical Journal).

The Flemish Fund regularly participates in shows, conferences and other events in an effort to strengthen contact with the target clientele and stay in touch with political developments.

### ***Quality of communication***

The orientation officer is not the only person responsible for promoting the Flemish Fund's image. In principle, all members of the Fund's staff are required to help provide a client-oriented service. First of all, the staff was extensively informed about the action plan. Then, in 1998 there were two innovations to improve the quality of communication: a "client-centred reception service" training project, focusing on the Fund's initial contact with clients, and a client-oriented language project.

### ***Prevention***

One of the Flemish Fund's tasks, as set out by decree, is to prevent disabilities. The Fund is not really equipped to assume this huge social responsibility fully, but can nevertheless play a part by informing and encouraging the various sectors and institutions concerned. For example, the Fund is planning to participate in a National Road Safety Institute television advertisement.

### ***Activity information system***

The Fund uses different computer systems in performing its functions. These are primarily used for administrative tasks, since they are not yet sufficiently advanced to provide information themselves. In order to make better use of existing data, the Flemish Fund has recently become involved in an activity information project (*HERMES*), which is developing a data warehousing system to reply to a broad range of requests for information.

### **B. WALLOON REGION**

Article 7 of the Decree of 6 April 1995 states that the Government “shall ensure that information on the rights of persons with disabilities and on the services available to them is properly disseminated”.

Recent projects have included issue of a free booklet “*Cap sur la personne*”, which describes the role of both the Walloon Region and the Agency, a booklet on early intervention, an interactive introduction to sign language on CD-Rom and a file containing detailed, well-presented summaries of the different types of activity carried out by adapted-work enterprises.

Article 14 of the decree states that the Agency “has the general task of co-ordinating and providing information”. This includes the following activities:

- promoting research and establishing social indicators;
- organising promotional and information events to raise public awareness;
- supporting, informing and guiding persons with disabilities and informing their families.

The Agency has taken various initiatives in this area:

- development of its communication and information departments. The communication department publicises the Agency’s role, particularly via the press, by means of booklets and by sending representatives to events and colloquies organised by the Agency itself or by other bodies (associations, etc.). The documentation service collects and publishes information, which it distributes to the public over the counter, by post or via the Internet. Its collection includes books, articles, video cassettes and lists of addresses of organisations concerned with deficiencies and the social, educational and vocational integration of persons with disabilities. The service also co-operates with other documentation centres in Belgium and abroad.

- Establishment of an Agency technical aids advice and information centre, responsible for gathering information, liaising with organisations which have their own technical aid databases and helping persons with disabilities to find the information they need.
- Promotion of the employment of persons with disabilities in the open labour market, through a campaign funded partly by Objective 1 (1995) and consisting of:
  - a publicity spot on national television and in Walloon cinemas;
  - ten programmes featuring well-known personalities on the theme “Without prejudice”, broadcast on local television stations;
  - a ten-minute video cassette on vocational integration, particularly aimed at employers;
  - an information campaign among municipalities and public social welfare centres.
- Organisation, in partnership with the Walloon Advisory Council and the Ministry of Social Action, of the International Day of Persons with disabilities (3 December). In 1996 this focused on the artistic creativity of persons with disabilities, 1997 was devoted to the theme of citizenship, while in 1998 a celebration and information event was held, together with a competition open to everyone on the theme “An integration idea or initiative”.
- Colloquies and conferences focusing on access, partly financed by the European funds (see Chapter VIII, Social integration and environment).

### ***C. FRENCH COMMUNITY COMMISSION OF THE BRUSSELS-CAPITAL REGION***

Under Chapter 2, Article 3 of the Decree of 17 March 1994, the Brussels Fund is responsible for “promoting the provision of information for persons with disabilities, in particular by collecting and disseminating any useful documentation”.

The Brussels Service has published two leaflets, one for employers and the other for workers with disabilities. Copies were sent to each of the 12,000 potential employers in Brussels. Posters about the Brussels Service’s activities and an attractive booklet on adapted-work enterprises have also been brought out.

In order to publicise education and vocational training, leaflets describing the various agreements between the City of Brussels and mainstream training centres have been widely disseminated. This illustrates the political will in Brussels to take persons with disabilities out of specialised centres and encourage them to attend social integration centres and courses that are open to everyone.

A booklet entitled “Services for persons with disabilities run by the French Community Commission in the Brussels-Capital Region” was published to mark idea or activity for European information day in Brussels.

The Brussels Service has invited various bodies and associations that work with persons with disabilities in the Brussels-Capital Region to a number of information events.

Information is communicated to the general public in the press, through the booklets and other material, through participation in forums where the Brussels Service has its own stand, and at the documentation centre itself, which is open to students, families and professionals.

An information spot has also been shown on the French Community’s public television station.

#### **D. GERMAN-SPEAKING COMMUNITY**

Article 4.1.7 of the Decree of 19 June 1990 establishing the German-speaking Community Office for Persons with Disabilities specifically mentions the dissemination of documentation and information as one of the Office’s tasks.

Information is disseminated by means of:

- circulars, booklets and leaflets;
- the *Rehadat* database, containing all available information on vocational rehabilitation in the Federal Republic of Germany;
- the *Infoblatt*, a quarterly newsletter published by the Office and sent free of charge to persons with disabilities, institutions and services, persons with disabilities’ associations, parents’ organisations, community and local authorities, special schools, media in the German-speaking Community and any other interested party. The *Infoblatt* reports on the disability scene in the German-speaking Community, provides detailed coverage of certain subjects and gives information on material and social assistance, leisure and holiday opportunities and other interesting developments. It also promotes debate and encourages readers to send in their views;
- the media;
- conferences, seminars, information days, events, on-site visits;
- the Office’s information stand at specialised exhibitions, congresses, seminars and open days in and outside the German-speaking Community;
- the Office library.

## **E. *FEDERAL STATE***

The Ministry of Social Affairs, Public Health and the Environment disseminates information to persons with disabilities in various booklets, including the Disabled Person's Handbook, which describes the different benefits available to persons with disabilities through the various Belgian public authorities – federal, community and regional. The handbook, containing more than 200 pages, is also available on the Internet.

The ministry also regularly runs information stands at events concerning disability.

The Disability Allowances Department of the Ministry of Social Affairs, Public Health and the Environment has also introduced *HANDITEL*, an automatic telephone answering system for people with disabilities. The system enables persons with disabilities registered with the department to:

- access information about the state of progress of their application, including details of any payments due;
- inform a department official of any changes to their address, civil status or income.

The system can also be used by anybody requiring information about disability allowances and the tax and social benefits available.

## **XII. STATISTICS AND RESEARCH**

### **A. *FEDERAL STATE***

The exact number of persons with disabilities in Belgium is not known. Any evaluation would require a narrow definition of what is meant by a “person with a disability” and would force people with disabilities to register as such with an official body. At present, registration with the organisations concerned is purely voluntary.

However, each body that deals with persons with disabilities publishes statistics concerning its particular functions.

Every year, the Ministry of Social Affairs, Public Health and the Environment issues statistics on the different social security schemes. The Department for Social Integration also publishes annual figures on numbers drawing disability allowances. The Administration Directorate's annual report contains the most revealing data regarding persons with disabilities who receive allowances and those recognised by the Ministry as entitled to tax and social benefits.

**B. *FLEMISH FUND FOR THE SOCIAL INTEGRATION OF PERSONS WITH DISABILITIES***

The Flemish Fund is currently working on a computer programme called *HERMES* for collecting statistical data relevant to the design of policy on persons with disabilities.

A large quantity of statistical data can be obtained from the various computer systems used by the Flemish Fund.

The Fund also subsidises scientific research, mostly carried out in universities, in areas relating to the social integration of persons with disabilities.

**C. *WALLOON AGENCY FOR THE INTEGRATION OF PERSONS WITH DISABILITIES***

As a result of its work the Agency holds information on persons with disabilities who apply for assistance. This information, some of which is published in the Agency's annual report, remains anonymous. The multidisciplinary teams in the Agency's regional offices are required to respect people's privacy and are bound by their own code of ethics.

Article 39 of the Decree of 6 April 1995 made provision for the establishment of subregional co-ordination committees, which are responsible for:

- gathering data concerning the socio-economic status and circumstances of persons with disabilities;
- examining, within their field of competence, the types of service needed by persons with disabilities;
- promoting consultation and co-ordination between social and health services which deal, at least partly, with persons with disabilities within their field of competence;
- suggesting how to promote an active policy in their local area, and in particular drawing up a subregional co-ordination and intervention plan for services to persons with disabilities.

These committees submit their conclusions to the Agency.

Requests for help from one of the European aid programmes must be innovative. Projects led or supported by the Agency in this connection (see previous chapters), and most of which have a transnational element, therefore tend to be research-oriented or experimental and their findings can lead to changes in the law.

#### ***D. BRUSSELS FRENCH-SPEAKING SERVICE FOR PERSONS WITH DISABILITIES***

As a result of its work the Brussels Service holds information about persons with disabilities who apply for assistance. This information, some of which is published in the Service's annual report, remains anonymous. The Brussels Service's multidisciplinary team is required to respect people's privacy and is bound by its own code of ethics.

As part of a research project on whether there are sufficient social services (including all types of institution meeting the needs of the whole population) in the Brussels-Capital Region and whether they are evenly distributed, the Brussels Service provided general information (on the types of institution that deal with persons with disabilities) so that a map and list of social services approved and/or subsidised by the French Community Commission could be drawn up.

#### ***E. GERMAN-SPEAKING COMMUNITY***

There are no official statistics on the precise number of persons with disabilities living in the German-speaking Community of Belgium. As in all democratic countries, such a survey would be unethical since it would be necessary to define what was meant by a "person with a disability" (e.g. what level of visual impairment is required for a person to be categorised as "visually impaired"?).

However, the number of persons with disabilities registered with the Office is a guideline. The Office has around 4,800 people on its books, which represents approximately 7% of the population of the German-speaking Community of Belgium.

This percentage concurs with that put forward by the World Health Organization and the European Union, who each suggest that the social and vocational integration of between 7% and 10% of the population is hindered by mental, physical or sensory impairments.

8% of new-born babies have retarded development, although only 2% to 3% remain disabled.

The largest category of persons with disabilities is those with a slight mental disability (2.6%).

Around 0.36% of the population requires special lifelong assistance, i.e. individual help and regular assistance with everyday activities. Approximately 0.78% needs special assistance to acquire social and vocational skills, plus support in the workplace.

Staircases and pavements represent a major obstacle for 3% of the population. 0.25% of people are wheelchair users.

0.13% of the population is blind. Of these:

- 16% are under 18 years old
- 25% are between 18 and 60 years old (most as a result of accidents)
- 60-65% are over 65 years old.

Thanks to medical prevention programmes, the number of blind people is decreasing.

In contrast, the number of people with hearing impairments is rising as a result of environmental factors and accidents. Currently, 0.1% of the population has a hearing deficiency and 75% of these impairments are serious.

0.15% of the population has multiple sclerosis.

0.5% of the population is susceptible to Huntington's disease and 0.1% actually suffers from it.

Of people who fall into a coma each year:

- 0.5% remain in a coma for 1-2 weeks;
- 0.25% remain in a coma for 3-4 weeks;
- 0.06% remain in a coma for six months or more.

0.5% of the population is autistic (0.4% boys and 0.1% girls).

3% of the population is aphasic.

In all, 2.1% of the population needs medical care.

Each year, an average of two people in the German-speaking Community become paraplegic as the result of a road, industrial or sports accident.

The number of people with psychological disorders is constantly rising, with around 0.5% of the population requiring adapted employment because of such a disability.

The increasing effectiveness of medical treatment is helping to extend life expectancy and improve quality of life. This is also true among people with a serious mental disability, whose life expectancy is much higher than it was twenty years ago. It is likely, therefore, in the light of demographic trends, that the number of people suffering from this kind of disability will also increase.

The results of research in the disability field have been and continue to be exchanged as part of inter-Community, crossborder and international co-operation projects as well as, at European level, the *Horizon*, *Interreg*, European Social Fund and *Helios* programmes.

The European working group *EURLYAID*, set up in 1989, comprises professionals and representatives of parents' and researchers' associations from all European Union member States. Concerned with early intervention for disabled children, it pursues the objectives of the *Helios* programme, which ended in 1997 (i.e. to provide, at European Union level, a pragmatic, coherent response to the need and desire of persons with disabilities to live independent lives).

At the same time and with the same objectives, *EURLYAID* regularly holds European symposia for professionals, researchers, parents and persons with disabilities from all over the world. The last symposium, from 14 to 17 October 1998, focused on equal opportunities and quality of life for families with a child with a disability.

## APPENDIX

### INSTITUTIONS FOR PERSONS WITH DISABILITIES

#### A. *FLEMISH COMMUNITY*

The Flemish Fund officially approves and subsidises organisations that offer assistance to persons with disabilities on a collective basis. Although it is legally entitled to do so, the Fund does not itself set up such facilities.

These tend to focus either on vocational integration (sheltered employment, vocational guidance and training) or accommodation, treatment and support (care sector), on a residential (day and night care), semi-residential (day or night care) or peripatetic basis.

Children's institutions take persons with disabilities up to the age of 21, while adult institutions accept people from the age of 18.

##### *1. Types of service*

###### *a. Residential institutions for minors (medico-educational institutes – IMPs)*

These provide permanent accommodation and support (24 hours per day, 365 days per year). This does not mean that residents must always be present; presence is entirely optional, residents being allowed to attend school according to the normal timetable and to return home whenever they wish.

Most children who live in such an institution and are capable of attending school go to a special school, which may or may not be linked to the residential institution. The institution provides alternative educational activities for its other residents, in addition to the standard care and support.

Sometimes these institutions are clearly meant to be a substitute for home (as when a child is placed by the child protection authorities). However, they are also designed to support life in the home, which is why constant dialogue takes place with parents and other family.

On 31 December 1998, there were 59 of these approved institutions, with a total of 4,885 beds.

###### *b. Semi-residential institutions for minors*

Unlike *IMPs*, these institutions are only open from 8 am until 6 pm.

Children with disabilities who are able to attend lessons must spend eight hours each day at the institution. Most semi-residential institutions are linked to a special school. Children who are unable to attend lessons must spend at least six hours per day in the semi-residential institution.

A number of semi-residential institutions have recently been set up specifically for children incapable of attending lessons.

If the province governor is in agreement, a child may attend only part of the week.

Semi-residential institutions are essentially designed to support and complement home life. In some cases they perform a preventive function as an alternative to *IMPs*.

On 31 December 1998, there were 57 approved semi-residential institutions, with a total of 3,569 places.

*c. Observation, guidance and medico-psycho-educational treatment centres (observation centres)*

These centres are aimed at disabled minors with emotional problems and/or mental deficiencies.

In principle, children attend the centres for a limited period, although that period may be extended.

Observation centres carry out multidisciplinary investigation of the neuropsychiatric, psycho-educational and social aspects of a child's disability. They prepare a report on the treatment and educational approach required, and advise on whether the child should be admitted to a specialised institution. The centre can decide to begin treatment at any point in the observation process, albeit only for a relatively short period.

On 31 December 1998, there were six approved observation centres with a total of 327 beds.

*d. Short-term residential homes*

Short-term residential homes provide day and night accommodation for a limited period for adults and children with disabilities. Residence is for a maximum of 3 months (non-consecutive) in any calendar year.

The function of the homes is, clearly, to provide support for family life, although they are also a substitute for home life, relieving families in difficult situations.

On 31 December 1998, six short-term residential homes had been approved, with a total of 56 beds.

*e. Homes for adult workers with disabilities (workers' homes or substitute homes)*

These provide permanent accommodation and support for adults with disabilities who work or are able to work. Residents are usually employed in a sheltered workshop.

The homes are intended for lone persons with disabilities who are unable to integrate into society on their own and who need a sheltered environment in order to lead an independent life. To that extent they provide a substitute for home life. Nevertheless, there are enough holidays for contact with people at home, for example, to be maintained. On 31 December 1998, there were 54 such homes approved, with a total of 1,141 beds.

*f. Homes for non-employed adults with disabilities (occupational activity homes and nursing homes)*

There are two different types of home for non-employed adults with disabilities: occupational activity homes and nursing homes.

Occupational activity homes are for adults with disabilities who are unable to work, even in a sheltered workshop. They provide accommodation, support, (para)medical treatment and constant, specialised care.

Activities are offered as an alternative to work, while all kinds of skills are taught and maintained, according to individual capabilities.

A nursing home is essentially an occupational activity home in which more than 40% of residents are bedridden, suffer from serious mental or visual impairment or use a wheelchair. Nursing homes pay slightly more attention to (para)medical care and treatment.

Homes for non-employed adults with disabilities primarily provide a substitute for home life. However, there are enough holidays for contact with people at home to be maintained.

On 31 December 1998, 7,337 beds were available in 137 approved homes for non-employed adults with disabilities, which comprised:

- 72 occupational activity homes, with 1,963 beds;
- 31 nursing homes, with 2,152 beds;
- 34 combined nursing/occupational activity homes, with 3,222 beds (maximum 1,686 nursing beds)

*g. Day-care centres for non-employed adults with disabilities*

Day-care centres are designed for adults with disabilities who are unable to work, even in a sheltered workshop. They provide alternative activities and try to teach and maintain all kinds of skills in accordance with individual capabilities.

Day-care centres are semi-residential and open from 8 am until 6 pm. Depending on the degree of their disability, persons with disabilities must attend the centre for between six and eight hours per day.

With the province governor's consent, attendance may be reduced to a few days per week. Day-care centres are open five days a week and must, in principle, remain open all year round. People who attend are entitled to thirty days holiday per year. Daily transport between home and the centre is available on request.

Day centres support and complement home life. In some cases they perform a preventive function as an alternative to homes for non-employed adults with disabilities.

On 31 December 1998, there were 111 day-care centres approved, with a total of 3,045 places.

*h. Foster home services*

These services place children and adults with disabilities in suitable family homes. Once a person has been placed, the service continues to support and help the foster family by offering them any practical assistance they need.

Foster families are responsible for the accommodation, general education and guidance of persons with disabilities in their care.

While other types of service can be said to provide a substitute for home life, foster home placement services offer a "substitute family".

On 31 December 1998, twelve such approved services existed.

*i. Home guidance services*

Home guidance services offer general educational assistance to families who prefer to care for a family member with a disability at home rather than send them to a residential institution. This kind of help is based on a programme agreed with the person with a disability and/or his/her parents.

An up-to-date file is kept on each individual.

Regular team meetings and discussions with parents or guardians are compulsory. Families may not receive assistance from more than one home guidance service at any one time.

On 31 December 1998, there were 18 such services approved, carrying out 30,450 guidance sessions per year.

*j. Sheltered accommodation for people with disabilities*

Some adults with disabilities are capable of leading an independent life provided they receive a certain amount of organised support and assistance, making admission to a residential or foster home unnecessary. In such cases, assistance is provided by an organisation or by a volunteer supported by an organisation.

On 31 December 1998, there were forty such organisations approved, with capacity for 1,100 people, plus 24 with motor and sensory disabilities.

*k. Independent housing services for people with physical impairments*

Some persons with physical impairments who have the mental capacity to organise their lives with total independence need help, on account of their physical limitations, with daily activities such as getting up, dressing, washing and eating.

Independent housing services provide such assistance 24 hours a day, 365 days a year in the home of the person concerned, who therefore does not need to be taken into care.

In practice, this kind of assistance with activities of daily living (ADL) depends on whether the person's home and the equipment they use have been suitably adapted.

ADL assistance is available on a rapid-response basis. Help is only provided on request and on the instructions of the persons with disabilities themselves.

On 31 December 1998, there were 14 such services approved, with the capacity to assist 182 people.

*l. Sheltered housing services*

These services, which are linked to existing adult residential homes, offer a style of accommodation in between those provided by residential homes and peripatetic services. Persons with disabilities have their own individual accommodation, but are supervised by care and educational staff similar to those found in residential homes.

On 31 December 1998, there were 22 such services approved, with a total of 120 places, mostly in converted occupational-activity homes.

## **2. *Authorisation and approval***

Since 1 July 1994, prior authorisation has been required for the construction and conversion of subsidised institutions as well as for the installation, use and adaptation of their accommodation facilities. This applies both to new institutions and to major alterations to existing structures. The main purpose of the authorisation requirement is to ensure that proposed developments conform to the Fund's overall strategy and priorities. By strategy is meant scientific and demographic evaluation of the assistance judged to be necessary per type of service for meeting the demand and need for help.

Facilities that were authorised or already in existence at 1 July 1994 can be approved, in accordance with the appropriate procedure, provided they meet the general conditions of approval and the rules specific to each type of service.

The general conditions of approval are mainly concerned with protection of clients.

The special rules, dealing mainly with staff numbers and physical infrastructure (buildings and equipment), differ from one type of service to another.

If authorisation or approval is refused, suspended or totally or partially withdrawn, an appeal may be lodged with the Flemish minister responsible for social welfare, who will consult an advisory commission set up specifically for this purpose.

## **3. *Subsidy***

Services approved by the Flemish Fund receive capital-investment and operational grants.

a. Capital-investment subsidy, to cover infrastructure, is granted by the Flemish Fund in accordance with the so-called *VIPA* rules.

Any request for capital-investment grants must be based on a financial plan. Grants are made under the following three-stage procedure: subsidy agreement, subsidy decision, subsidy payment.

Capital-investment projects can be composed of up to four phases (fabric, technical equipment, completion, equipment and furniture). The Act on public-works contracts must be complied with.

Capital-investment grants are also classified according to the type of facility. The basic rules are:

- for building from scratch, a fixed amount per square metre is available for equipment and furniture;
- for extensions, a fixed amount per square metre is available, depending on the type of facility. A further 60% of the estimated cost of equipment and furniture, approved by the appropriate authority, is also available;
- for alterations, 60% of the estimated cost, approved by the appropriate authority, is available. The capital-investment grant may be adjusted on the basis of the final payment, provided the adjusted grant does not exceed 60% of the estimated cost as approved by the appropriate authority. The overall capital-investment grant for alterations must not exceed 75% of the capital-investment grant for extension work;
- capital-investment grants for purchase of buildings, including necessary alterations, equipment and furniture, must not exceed 75% of the capital-investment grant for building a similar facility from scratch. As far as the actual purchase is concerned, the grant must not exceed 60% of the market value of the building, as estimated by the purchase committee;
- the capital-investment grant referred to in the relevant orders is always the amount before VAT at the current rate, while overheads are fixed at 7%. Both are also subsidised;
- special rules apply to particular medical appliances used by rehabilitation centres and to machines used in sheltered workshops.

b. Operational costs relating to the social aid sector (accommodation, treatment and support services) are subsidised at a daily rate calculated on the basis of several factors: subsistence costs, staff costs, costs relating to the occupancy of buildings and depreciation. Some services also receive socio-cultural grants and subsidies for organisation of holidays.

If they have income and are able to put some of it aside, persons with disabilities pay part of the daily rate themselves. This “personal contribution” can vary from BEF 157 per day in semi-residential institutions for school-age children to BEF 1,000 per day for accommodation in a home for adults.

Finally, on account of the many factors involved and the need to take into account exactly how long the client actually spends in the institution, the daily rate can often only be calculated after a certain time. However, institutions receive substantial advance payments (of between 95% and 98%), based on previous years.

#### ***4. Developments 1997-98***

##### *a. More flexible care*

On 24 March 1998 the Flemish Government passed three orders which provide for the development of a system of “tailor-made care”, involving:

- easier use of services on a part-time basis;
- new residential options (whereby children and adults still living with their parents can stay temporarily in an existing institution);
- more opportunities to combine the use of different services;
- housing for people with sensory and/or motor disabilities;
- supported development, based on current services (support within the family setting to enable the person with a disability to adapt smoothly to another, more suitable form of care);
- accommodation with support from a private individual (peripatetic provision with lowered threshold);
- subsidy of flexibility projects with practical emphasis.

A sum of BEF 40 million has been set aside within the Flemish Fund’s budget to implement these three orders. The aim is to make existing measures more user-friendly in order to meet the needs of and offer support to families in a more flexible way. Further information concerning actual use of the new “tailor-made care” system is available from the Flemish Fund’s information unit.

##### *b. Extended peripatetic services*

The policy of extending services for persons with disabilities gives priority to support for families. Peripatetic services which help persons with disabilities in their own life and home situation are assuming more prominence.

In 1998 the number of subsidised home-help arrangements rose by 5,200 and the total capacity of sheltered accommodation services increased by 100. All 120 available places were filled. In order to meet the growing number of requests, capacity will be increased more significantly in 1999, subject to budgetary constraints.

Since last year, each independent housing service has been allocated an extra ADL assistant, who will be supplemented by two further assistants in 1998. These people can be sent where the need is greatest. In order to gain a clearer idea of independent housing needs in Flanders, the Flemish Fund’s Administrative Council has decided to carry out a survey next summer. The findings should make it possible to adapt to optimum effect the types of service available to future demand.

*Priority target groups*

Particular attention has been paid to groups of persons with disabilities with special care needs, such as those suffering from post-traumatic disorders, autism, serious behavioural problems and multiple disabilities.

In 1997 a large additional amount was freed to provide extra staff in a number of services dealing with people with special care needs. An amount equal to a proportion of this sum will continue to be set aside from 1998 onwards.

Intensive efforts have also been made to draw up action proposals with regard to priority target groups. An ad hoc group of experts has produced a report on people suffering from post-traumatic disorders (people with non-congenital brain injuries, particularly resulting from road accidents), which is being carefully examined by the Flemish Fund with a view to proposals for future action.

The Flemish Fund is also awaiting the results of a study by the *Katholieke Universiteit Leuven (KUL)* on reshaping the semi-residential institutions. The aim of the study is to decide which target groups should be given priority and where semi-residential care fits in with other types of activity such as education and rehabilitation. The results of the study will be discussed in more detail in the autumn.

Finally, a research project has been carried out on defining the target group comprising mentally disabled persons with serious behavioural problems. The project, funded by a one-off subsidy, was jointly carried out by five services, the *KUL* and the Flemish Fund. The final report was submitted in February 1998. Discussions are under way on rules governing the allocation of additional resources to help this particular target group in the future.

*c. Family support*

In recent months there have been intensive discussions concerning family-support provisions, i.e. support for persons with disabilities in their social environment so as to avert, delay or limit the need for residential care. Funding has also been made available for new initiatives in this area. Leisure activities in particular seemingly tend to fall outside the range of support offered by normal home care services. The Administrative Council of the Flemish Fund will shortly submit to the minister a set of draft regulations concerning recognition criteria that new initiatives should meet.

*d. Separation of day care and accommodation*

The action plan also stated that the “all or nothing” principle linking the provision of accommodation with that of employment, particularly housing for those who work, was shortly to be reviewed. This subject has since been referred for social-sector consultation.

*e. Quality management*

By 1 January 2003 at the latest, all services will have to adopt a policy on quality in order to be officially approved. Institutions already try to provide a high-quality service, but the quality policy should help to systematise the quality they have already achieved. Implementing the basic principles set out in the decree on quality (new regulations, decentralisation and accountability) means involving all players and adopting a structured approach. In the meantime, there is already a step-by-step plan to implement the decree on quality in care for people with disabilities. The focus was on information in 1997 and raising awareness in 1998. From 1999 onwards, concrete action will be the primary aim.

The Flemish Fund has appointed its own quality coordinator. There is also a sectoral consultation group comprising representatives of all interested parties. The group is working on two aspects of the decree on quality in the disability sector:

- the minimum quality criteria that services must fulfil, based on the fundamental aims set out in the decrees (listening to the client, effectiveness, efficiency, continuity, social acceptability);
- structural requirements: a quality system, a quality plan, a quality handbook.

Agreement should be reached on these key elements by mid-1998 so that regulations can be ready by the end of 1999. The sector will then have three years in which to comply with the new rules.

*f. Optimum allocation of care*

Clearly, if care provision is to be allocated as effectively as possible, regional harmonisation is needed and must involve consultation between clients, services and the authorities. This regional harmonisation, often described as “action on provincial waiting lists”, should mean that the most urgent or complex needs for treatment are given top priority.

One idea currently under discussion with a view to implementation in 1999 is committees on provincial harmonisation of care, to be jointly funded by the provincial authorities and the Flemish Fund. Services, clients of the Fund’s provincial offices and the provincial authorities would all be represented on the committees. The system would be based on a common registration procedure for emergency and priority cases.

*g. Study*

The University of Ghent is studying the possibility of grading health care in such a way as to take into account the new definition of mental disability (with ten levels of

independence). The second phase of the study concerns the relationship between the grading of care and the staffing requirements of the care services. A review of the subsidy and approval system in the care sector is being prepared for.

### ***5. Future developments***

Given:

1. the complexity of calculating the daily cost of care when the rules are so unclear;
2. the effort to improve allocation of care services;
3. grading of care;
4. institutions' too broad target groups,

a shift to individual budgets in the near future is likely.



***FINLAND***



## **I. GENERAL POLICY**

### **1. Principles**

According to the Constitution Act of Finland (969/1995), citizens of Finland are equal before the law. Section 5 of the Act includes a general anti-discrimination clause in subparagraph 2, which rules that without acceptable grounds, no one shall be placed in a different position because of, for instance, state of health or disability. The amended Penal Code (1995) also includes a prohibition on discrimination on the basis of disability. Besides these national laws, Finland has joined about 40 international human rights agreements, drawn up mainly by the United Nations, the Council of Europe and the International Labour Organization. By complying with these instruments, Finland can secure the realisation of equality of persons with disabilities in our society.

Apart from promulgating legislation, the state is under an obligation to enable persons with disabilities to exercise their rights and obligations on an equal basis with other citizens. These include human, civil and political rights.

### **2. Aims**

Finnish disability policy and legislation are based on the Nordic welfare policy. The goal is to ensure all inhabitants the necessary services irrespective of their economic or social status.

The general legislation applies to all citizens, including persons with disabilities. Furthermore, there is a separate Services and Assistance for the Disabled Act, that entered into force in 1988. Its goal is to promote independent living of and equal opportunities for persons with disabilities. The local authorities, i.e. municipalities, must provide the services and support measures referred to in the Act. At present the focus of disability policy is being shifted from the service and rehabilitation orientation to removing barriers to the participation of persons with disabilities. Accessible housing and living environment, transport, communication and information will enable the empowerment and participation of persons with disabilities.

Through empowerment all persons with disabilities will be able to lead a good and meaningful life starting from their own abilities and personal goals. Empowerment also involves the opportunity for independent living, equality in human relationships and full participation. Furthermore, it presupposes that the necessities of life are met to a reasonable degree.

### **3. Fields of intervention**

The empowerment of persons with disabilities and their full equality with other citizens requires that society and environment are made as accessible as possible. This means the elimination of physical, attitudinal and communication-related obstacles. The greatest obstacles to gaining access and participation in society are attitudes. The services must be available to all members of society. Persons with disabilities are members of their society and municipality just like everybody else. Thus, in their service provision, municipalities must consider the needs of persons with disabilities regarding the accessibility of the physical environment, and public transport, access to information and communication, and to rehabilitation and support services.

Equal opportunities for persons with disabilities should be realised in all spheres of life. The central spheres are education, employment, income security and social protection, culture and recreation. The goal is a “society for all”, a society that takes into account the needs of all its members equally. Especially in a period of diminishing resources, it is not possible to guarantee such sustainable development as would safeguard the rights of persons with disabilities solely by way of special arrangements directed to this group. Therefore, we must seek to achieve our goals by integrating disability issues into the mainstream of social planning and activities.

### **4. General directives**

Legislation obliges the local authorities to provide social welfare and health care for their residents. Municipalities can organise the services by providing them themselves or by purchasing them. Five Provincial State Offices guide and monitor the delivery of social and health services.

Persons with severe disabilities need various services and supportive measures to attain a status equal to other people in society. Therefore municipalities are by law obliged to provide these persons with such services and supportive measures as are necessary for independent living. They have to provide at least transport service, service housing and interpreter service for persons with severe disabilities. Furthermore, municipalities have to compensate them for the costs of repairs to flats and for obtaining equipment and devices needed in the home. These services have to be provided irrespective of the economic situation. If dissatisfied with services and support, clients have a right to appeal to the Supreme Administrative Court.

The special care of people with mental disabilities is based on a separate law, which came into force in 1978. Accordingly, Finland is divided into sixteen districts for special care, which organise the services needed by persons with a mental disability. The most vital services include housing service, day activities and leisure activities, family care and institutional care. The special care of persons with a mental disability has undergone a big

change in the 1990's. In practice the responsibility for providing services has been shifted from joint municipal boards to municipalities - involving that services are today arranged to a greater extent in the local community of persons with mental disabilities.

## **5. Definitions**

There is no general and common definition of disability in Finland, but it is defined in different ways in different laws concerning benefits and services.

In the Services and Assistance for the Disabled Act disability is defined in relation to how a person copes with everyday situations. Therefore functional capacity cannot be assessed only medically.

## **II. PREVENTION AND HEALTH EDUCATION**

### **1. Prevention of impairments, disabilities and handicaps**

In Finland the goal of preventive health policy is to promote people's health, to maintain their working and functional capacity, to improve their quality of life, and to prevent illness and premature death. The central means to this end include promoting healthy lifestyles, bringing about safe working and living conditions, promoting people's life skills, responsibility for themselves, own initiative and participation, and safeguarding their access to information and support. Preventive health care is incorporated in the service systems of municipal health care and specialized medical care. Several laws oblige municipalities to provide preventive health care for their inhabitants (Primary Health Care Act 66/1972; Specialized Hospitals Act 1062/1989; Mental Health Act 1116/1990; Occupational Health Care Act 743/1978; Occupational Safety and Health Act 299/1958; Communicable Diseases Act 583/1987; Act on the Interruption of Pregnancy 239/1970).

Many aspects of health services are connected directly or indirectly with the prevention of impairments, disabilities and handicaps. For example, mother and child clinics are run as part of the primary health care service and their services are free of charge (Primary Health Care Act 66/1972). Their history in Finland is long compared to most other countries. They have proved to be efficient in reducing various forms of pre-natal and postnatal ill-health. The Primary Health Care Act also has provisions on health counselling (including public health education and arranging of health examinations for municipal residents), school and student health care and occupational health service.

The Act on Special Care of the Mentally Handicapped (519/1977) includes the following elements concerning prevention: a) medical, psychological and social examinations and aptitude tests needed in individual planning and implementation of special care, b) individual care and treatment, and c) prevention of developmental disturbances and other services to provide corresponding special care.

Statutory protection of the working population against work-related hazards and risk factors at work, and the comprehensive occupational health service system are important tools of prevention.

Occupational safety and health legislation, including both the Occupational Safety and Health Act (299/1958) and the Occupational Health Care Act (743/1978), lays down the minimum level of occupational safety and health and constitutes the framework on the basis of which the employer's responsibility for employees' safety and health is determined. The Occupational Health Care Act obliges the employers to arrange occupational health service for their staff in order to prevent work-related health risks. The measures of occupational health service are also associated with developing the working environment and working conditions, or the organisation of work. Measures related to occupational health should be taken into account also when drawing up the action plan for occupational health at individual workplaces prescribed by the Occupational Safety and Health Act. The purpose of occupational health service is to prevent work-related illness and to maintain and promote employees' working and functional capacity. The Occupational Health Care Act was amended in 1991 with a requirement to provide special arrangements for employees with disabilities. Many employers also provide comprehensive health care for their employees beyond the requirements of the Act.

## **2. Health education and information**

As regards health education and information, the Finnish approach has been similar to that used in prevention. The general programmes, campaigns and individual counselling services are relevant also in the case of people with disabilities, due to their positive approach, emphasis on effective use of existing individual resources and capacities.

The general approaches of health promotion have been complemented with specific programmes and strategies with a disease-base or a clear link to a certain handicap.

The aspect of appropriateness for people with disabilities is evaluated in the preparation of all health information and education material subsidised by the government

### **III. IDENTIFICATION AND DIAGNOSIS**

#### **1. Identification of impairments**

According to the Primary Health Care Act (66/1972) and the Specialized Hospitals Act (1062/1989) the local authorities are responsible for providing primary health care and specialised medical care. The health care system plays a central role in identifying clients' impairments and need for rehabilitation. It also draws up a rehabilitation plan for the medical rehabilitation of a client.

In identifying the need for rehabilitation and referring for services all those professionals and agencies that work with clients and their problems are in the key role. These comprise health care, occupational health service, employment office, social welfare office, disability organisations, the Social Insurance Institution, etc.

#### **2. Diagnosis**

Diagnosing is incorporated in the services of the social welfare and health care system.

In diagnosing Finland uses the international ICD-10-classification. As regards rehabilitation, it includes for instance classes relating to the fitting and maintenance of technical aids and prostheses and classes relating to the rehabilitation of persons with some diseases and injuries. The disease classification also includes some classes describing impacting on the psychosocial environment.

### **IV. TREATMENT AND THERAPEUTIC AIDS**

#### **1. Medical treatment**

Public health care is divided into primary health care and specialized care. Primary care is provided by municipal health centres, while specialized care is arranged by joint municipal boards within 21 hospital districts. Public health care is provided free of charge or at a subsidized price. Private health care expenses are refunded up to 30-50% by the national health insurance.

#### **2. Medical assistance, medical and functional rehabilitation**

Medical rehabilitation and treatment are part of the general health care regulated by the Primary Health Care Act (66/1972) and the Specialized Hospitals Act (1062/1989). Medical rehabilitation usually refers to the rehabilitation taking place within the framework of health care. It aims to improve and maintain the client's physical, mental and social functional capacity. The purpose is to promote and support command of one's own life and

independent coping with everyday routines. Medical rehabilitation is arranged and financed by municipal health care and the Social Insurance Institution. Furthermore, accident and motor insurance schemes and employment pension schemes can on certain conditions reimburse their clients for the expenses of medical rehabilitation services.

According to the Decree on Medical Rehabilitation (1015/1991), medical rehabilitation services include:

- rehabilitation guidance, that involves information about rehabilitation services;
- assessment of the need for and possibilities of rehabilitation by evaluating the person's working and functional capacity with tests and work try-outs;
- physiotherapy and functional therapy, speech therapy, neuropsychological rehabilitation, psychotherapy and other comparable measures and therapies that improve and sustain the clients' functional capacity;
- services relating to technical aids, that include assessment of the need for, testing and providing the patients with aids and prostheses as well as instruction in their use and maintenance;
- adaptation training, that involves guidance and training for patients and their family members in coping with life after the onset of the disease or after the injury;
- necessary rehabilitation periods, that may consist of either outpatient or institutional care, and therapies comprising the measures referred to;
- rehabilitation counselling, that means support and guidance to patients and their family members as well as giving information about their possibilities in rehabilitation; and
- other comparable measures and services.

The Act on Rehabilitation Services to be Provided by the Social Insurance Institution (610/1991) concerns the arrangement of and compensation for rehabilitation services. The obligation to provide medical rehabilitation applies to persons with severe disabilities who are in need of long-term and demanding measures that are not included in the normal health care and are necessary for sustaining or improving the insured person's working and functional capacity.

### **3. Prostheses, orthoses and technical aids**

The main responsibility for providing and financing technical aids is vested in the municipal health care. The aids needed in medical rehabilitation are defined in the Decree on Medical Rehabilitation (1015/1991). They are aids, devices or comparable equipment for remedying a medically diagnosed impairment, which a person with a disability needs in order to cope with everyday routines. These include the technical aids needed at work and in education, if they are not funded through some other system. Equipment needed in care and physical exercise within rehabilitation are also counted among aids.

The Social Insurance Institution must provide as vocational rehabilitation the expensive technical aids that are needed to improve or sustain the working capacity and the means of earning a living of seriously disabled rehabilitation clients. In this respect a person with a severe disability is considered a person who, owing to the handicap caused by illness, impairment or injury, cannot manage studies or work without technical aids funded through rehabilitation or whose coping would otherwise involve unreasonably difficulty. Among expensive aids are counted also technologically advanced aids, such as those designed for persons suffering from a sensory defect or for persons with severe disabilities.

The health care system is mainly responsible for obtaining technologically advanced aids and aids needed in communication and for improving mobility. It also provides personal aids for pupils of the comprehensive school and upper secondary school when they cannot be granted on the basis of the Act on Rehabilitation Services Provided by the Social Insurance Institution. The task of the education administration is to provide aids needed by schools and classes.

### **4. Assessment of abilities**

An individual rehabilitation plan has to be drawn up for each client in order to assess his or her need for services and supportive measures. The Decree on Medical Rehabilitation lays down that the rehabilitation plan shall be drawn up together with the client and, if needed, his or her family members. The rehabilitation plan defines, among other things, the necessary rehabilitation measures taking account of the services offered by social welfare, labour and educational authorities and the Social Insurance Institution and other agencies arranging rehabilitation.

The medical rehabilitation services of health care must be coordinated with the rehabilitation arranged by other agencies. The implementation of the rehabilitation plan is monitored and evaluated at regular intervals. According to the Decree on Medical Rehabilitation it has to be agreed with the client how necessary contacts between the parties involved are maintained. If necessary, a contact person can be appointed for that purpose, e.g. the attending physician, a social worker, a rehabilitation counsellor, or some other health care worker.

According to the law, the obligation of the Social Insurance Institution to provide vocational rehabilitation concerns the insured whose working ability and means of earning a livelihood have been gravely reduced due to illness, impairment or injury. Vocational rehabilitation services comprise, among other things, examinations to assess the need for rehabilitation, and training and work try-outs. These services are arranged by the labour administration, education administration, the Social Insurance Institution, accident and motor insurance schemes and employment pension schemes.

Tests designed to assess a rehabilitation client's rehabilitation needs and outlook as well as work and training try-outs are arranged at work clinics, ordinary workplaces or work activity centres in cases where interviews and the documents available do not provide a satisfactory basis for assessing the rehabilitation outlook and planning the rehabilitation programme. The new rehabilitation needs evaluation defined in the Act on Rehabilitation Services Provided by the Social Insurance Institution is aimed at determining which methods of medical or early rehabilitation could be used to stop the further exacerbation of the client's problems and speed up recovery. The evaluations are carried out by rehabilitation units of central hospitals and work activity centres authorized by the Social Insurance Institution.

## **V. EDUCATION**

### **1. Aims**

The goal of basic education is to support children's growth towards humanity and ethically responsible members of society and to give them such skills and knowledge as are needed in life. In addition, pre-school education aims to improve the children's facility to learn. The education must promote civilisation and equality in society and the pupils' facility to take part in education and otherwise develop themselves in the course of life. Furthermore, adequate equality in education must be secured in the whole country. All children covered by compulsory education are ensured equal opportunities for basic education. Completion of the syllabus of basic education gives eligibility for seeking access to higher education.

### **2. Mainstream education**

According to the Basic Education Act (628/1998) the municipality is responsible for arranging basic education for the children and young people resident within its territory. The Act is applied to all basic education or comparable education provided at the schools of municipalities, joint municipal boards and the state and at private schools. The Act includes provisions on compulsory education and the provision of basic education, its goals and organisers, instruction, assessment, pupils' rights and responsibilities, etc.

The municipality in whose territory a hospital is situated must arrange education for pupils staying at the hospital. In addition, the development and service centres maintained by the state provide pre-school, additional and basic education for children with multiple disabilities.

### **3. Special education**

If it is not possible to provide a pupil with tuition otherwise, he or she receives special education, either in the context of ordinary tuition or in a special class or, if necessary, in a special school. In 1996 the National Board of Education commissioned an evaluation report dealing with the state of special education. Accordingly, the National Board initiated a project to develop the quality of special education in order to find means and models for arranging and developing basic education and promoting integration in co-operation with municipalities and educational institutions. The goal is to develop, in co-operation with universities, municipalities and schools, models for the planning and provision of special education at the basic and secondary levels, for the co-operation of general and special education and interest groups, taking account of the individual needs of different municipalities, schools and pupils.

### **4. Education and rehabilitation**

Legal provisions on arranging education according to the pupils' age and aptitudes constitute the basis for all instruction and planning of arrangements and support related to instruction. The law prescribes that instruction shall be individually adapted for all those pupils who need special support. An individual instruction plan is drawn up for each pupil receiving special education, including personal arrangements for both instruction and rehabilitation, as well as an account of development, guidance and support tasks.

### **5. Education of adults with disabilities**

The Social Insurance Institution is obliged to arrange vocational rehabilitation for people with disabilities. It has to compensate the insured whose working capacity and means of earning a living are essentially reduced owing to illness, impairment or defect for the costs of education and training needed to maintain or improve their working capacity. The condition for the payment of this compensation is that vocational rehabilitation has not been arranged in virtue of the Employment Services Act, the Act on Labour Market Training, employment pension acts or provisions concerning special education. As rehabilitation can be arranged basic education, actual vocational education and university studies. The education takes place within the ordinary educational system. The Social Insurance Institution arranges examinations to assess a client's need for rehabilitation as well as work and training try-outs needed in drawing up an individual rehabilitation plan.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

### **1. Assessment of vocational aptitudes**

According to the amended Rehabilitation Allowance Act (836/1998) a young person aged between 16 and 18 can be granted rehabilitation allowance for ensuring vocational rehabilitation, presupposing that an individual study and rehabilitation plan has been drawn up for him or her. The pupil's aptitude for vocational or other further education is assessed at the end of basic education.

### **2. Guidance**

Vocational guidance is a service provided by employment offices. They help their clients by examining their vocational aptitudes and opportunities for education or changing the occupation.

### **3. Vocational training**

The Vocational Education Act (630/98), that entered into force on 1 January 1999, includes provisions on the vocational basic education for young people and adults and the diplomas that can be taken within it, as well as on preparatory and rehabilitative training and guidance for persons with disabilities. According to the same act, vocational special education shall be available to students who due to illness, disability, developmental retardation or emotional disorder or for a similar reason need special services with regard to tuition, counselling or student welfare. Students with special needs receive their vocational education within the ordinary school system. They study in the same groups with other students or in their separate groups.

An individual plan for arranging tuition has to be drawn up for each student. This plan defines the goals of instruction, ways of arranging the studies, and need for other guidance and student welfare. It is allowed to deviate in special education from the legal provisions as prescribed in the grounds for instruction plans and diplomas. However, the goal is always such vocational competence that will enable access to working life, although the goals of learning have been adapted emphasising the student's strengths. Furthermore, the goal is to promote, in co-operation with rehabilitation service providers, the student's overall rehabilitation.

Students with severe disabilities receive their vocational education for the most part in one of the fifteen special vocational education institutions in Finland. These institutions offer more rehabilitation and student welfare programmes. Vocational education of young people in need of special support can also be arranged in the form of apprenticeship training.

## **VII. EMPLOYMENT**

### **1. Principles**

The goal of the Finnish disability policy is, in accordance with the United Nations' Standard Rules for the Equalization of Opportunities for Persons with Disabilities, to promote disabled persons' equal opportunities and participation in society. The main strategy of social and employment policies is to integrate persons with disabilities in the labour market and into general service systems. The goal of integration into working life is that persons with disabilities could have access to the labour market by means of employment services, vocational education or other employment promoting measures. The Employment Services Act has separate provisions on arranging special services for persons with a disability so that they complement the general services.

Persons with disabilities have access to all general services of employment offices. Furthermore, employment legislation prescribes that the state shall organise and develop the vocational rehabilitation of persons with disabilities as an employment service. The Employment Act and Decree contain provisions on employment supporting measures.

### **2. Employment in an ordinary working environment**

According to the Employment Services Act the state shall arrange and develop employment services with a view to supporting the vocational development and job placement of individual clients. The employment services referred to in the Act comprise employment exchange, vocational guidance, labour market training, information service concerning education and professions, and vocational rehabilitation. The purpose of vocational rehabilitation is to promote vocational planning, access to the labour market and remaining in work of people with disabilities. The labour administration considers a person disabled if his or her opportunities to obtain a job, keep it or advance in it are considerably reduced owing to a disability, impairment or illness that has been diagnosed appropriately.

As benefits related to employment services a person with a disability can be refunded the costs of examinations of working capacity, expert opinions and consultations, work and training try-outs, practical work training, and the employer can, on application, be granted on application support for making appropriate arrangements in the working conditions.

### **3. Sheltered employment**

If it is impossible to employ a person with a disability on the open labour market by the support measures of the labour authorities, the person can be employed on a temporary basis in a sheltered workshop. Sheltered employment may also remain a permanent solution. Sheltered work is regulated by the provisions of the Care for the Invalids Act (1946), the relevant provisions of which have been integrated in the Services and

Assistance for the Disabled Act (1987). According to Section 22 of the latter Act, sheltered work can be arranged in sheltered workshops, in an employee's home, or at any other suitable place. Sheltered workshops are mainly operated by local authorities or joint municipal boards, as well as by organisations of people with disabilities. There are about 130 sheltered workshops with 3300 employees in the country.

#### **4. Work at home and away from home**

Carrying out a trade or an occupation is supported as vocational rehabilitation arranged by the Social Insurance Institution by granting financial support for instance for setting up one's own business, or for obtaining tools and equipment needed in the work. The Social Insurance Institution must also provide such expensive and advanced equipment as is necessary for improving a person with a disability's working capacity and opportunities to earn a living.

### **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

#### **1. Accessibility and housing**

The latest amendment to Finnish building legislation aiming at accessibility was made in 1993 in the Building Decree (Section 80).

Hence all public administration and service buildings and such commercial offices and service premises to which everyone shall have access with a view to equality shall be suitable for use by persons whose capacity to move or functional capacity is impaired. Residential buildings and housing premises shall fulfil the requirements for barrier-free access, bearing in mind the intended number of users, the number of storeys and other conditions.

Based on the above-mentioned Decree, the Ministry of the Environment issued in 1997 the National Building Code of Finland, the regulations and guidelines for Barrier-Free Building (F1). It includes demands for access routes, lifts and ramps, sanitary facilities, assembly rooms and accommodation facilities. Since 1994 also the regulations for Housing Design (G1) have given basics for accessible homes and apartments, for instance for lifts required in residential buildings.

## **2. Transport**

The accessibility of means of transport is not regulated by society through legislation but by means of research, information and co-operation of various actors. The development of public transport is one of the most important goals of the transport policy in Finland. Well-functioning public transport is considered a basic service of society, and it can be instrumental in furthering the implementation of regional and social equality. The aim has been to provide transport opportunities for all: older persons, persons with disabilities and other citizens, regardless of their place of residence.

Until 1995, the Ministry of Transport and Communications granted state funding for the renewal and refurbishing of public transport vehicles to meet the needs of people with disabilities. Two of the results were the development of a Finnish low-floor bus equipped with a ramp and the introduction of low-floor buses into local traffic. State funding also allowed train coaches to be renovated, and lifts were installed in trains. The new trains are accessible.

The rights of people with disabilities are defined in several statutes. Their right to personal mobility and their right of self-determination are widely recognised in Finland. The Act and Decree on Services and Assistance for the Disabled require that all municipalities provide their disabled residents with certain services such as transport, personal assistance and technical aids. Since 1992 the law has required that municipalities organise, besides essential transport related to employment or studies, a minimum of 18 one-way trips each month for municipal residents with severe disabilities.

## **3. Technical aids**

The main responsibility for providing and funding technical aids is vested in the municipal health care. The aids needed in medical rehabilitation are defined in the Decree on Medical Rehabilitation (1015/1991). These comprise equipment and devices to remedy an impairment diagnosed on medical grounds needed by a person with a disability to cope with everyday routines. They also comprise technical aids needed in work and education if they are not funded through some other system. The care and training equipment needed in rehabilitation are also counted among aids.

## **4. Communication**

Interpreter service in sign language is important for the communication of the deaf, and they have a right to this service. Furthermore, Finnish TV sends daily news in sign language and the Association of the Deaf publishes a monthly video bulletin in sign language. The introduction of information technology has increased visually impaired

people's access to information: e.g. the largest Finnish newspaper is available in electronic form, and can be read with the appropriate technology. A library for visually impaired people provides both fiction and study material for them. Disability organisations co-operate in publishing material in plain language, e.g. a newspaper and literature.

The Telecommunications Market Act, that entered into force in June 1997, aims to promote the efficiency of the telecommunications market in various ways and to keep the prices of services reasonable, to raise their level and to improve the choice of services - which will benefit all user groups.

Telecommunication services especially designed for persons with disabilities have been funded by the Slot Machine Association as far as they exceed the normal price. These services include e.g. text telephone service for people with impaired hearing. The local authorities or the Social Insurance Institution have been responsible for covering the costs of obtaining the equipment.

## **5. Sport**

The Finnish Parliament amended in 1998 the Sports Decree (1054/1998), underlining the responsibility of local authorities to arrange physical activities for special groups. The participation of special groups in various physical activities has essentially increased in recent years. Crucial steps forward have been the hiring of physical education instructors for special groups within municipal sport provision and increasing the financial support for special sport organisations. The Ministry of Education has annually raised the state grant for disability and special sports organisations.

The research and information concerning the sports of special groups has increased within the municipal sport provision and social welfare and health care. The training and publication activities and the provision of facilities and environments suitable for people with disabilities and special groups have contributed to the increased opportunities for pursuing sports. In the 1990's plenty of sports facilities, such as public swimming pools, have been renovated to be suitable for people with disabilities.

## **6. Leisure time and cultural activities**

Arts, sciences and sports are supported in Finland mainly by the national pools and lottery revenue, whose use is guided by the Ministry of Education. The Ministry of Social Affairs and Health has a partial responsibility for supporting the culture and prevention of social exclusion of minority groups. Supporting disabled people's own cultural activities is a fairly new thing. Up to recent times support for cultural activities of minorities has been directed mainly to ethnic and comparable minorities.

The aim in respect of leisure activities is an equal access to services for the whole population. The planning of facilities is the responsibility of the local authorities, and the provisions of building legislation are observed e.g. as regards the accessibility of premises and facilities. Local disability organisations are usually actively involved in the planning of facilities. Disability organisations also offer cultural and leisure activities for their members.

An example of leisure activities are library services. The Finnish library network consists of more than 1000 library units and mobile libraries. The home services of libraries vary from one municipality to another. Libraries offer to some extent special material, such as tape recordings, talking books, books with large text, books in plain language etc. The assistance given by the personnel is also important. The library for visually impaired people maintained by the state is also meant for other people with disabilities who are not able to read usual books.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

### **1. Scope and principles**

Finland has joined about forty international human rights agreements. These and national legislation enable safeguarding the equality of persons with disabilities. The legislation applicable to all citizens is supplemented with special legislation concerning people with disabilities when the general legislation is not considered to give adequate protection for them. Citizens with serious disabilities have a subjective right to, for instance, transport services, interpreter services and service housing.

In the context of the reform of the constitutional acts, the Constitution Act of Finland was amended in 1995 with a provision on the equal treatment for persons with disabilities, according to which no one shall be assigned a different status on the basis of their health or disability. It is required that the state and municipalities work actively for implementing the rights of persons with disabilities.

The Penal Code prescribes that a person shall be sentenced for discrimination if he or she, when carrying out a business or trade, in public service or office or some other public duty or when organising a public event or meeting, does not without an acceptable reason serve a person on the conditions observed generally. It is also punishable if a person in the above-mentioned activities denies a person access to an event or meeting or removes him or her from there or places a person in an obviously unequal position or a position essentially poorer than others, for instance on the basis of health.

## 2. Economic and social security

The home care of a sick child is supported by paying the family a care allowance if the child's illness and its care involve special financial or other burden on the family. The allowance is granted either for a fixed period until the child is 16 years of age, depending on how permanent the need for special care and rehabilitation is. After that it is examined which education or vocational rehabilitation would be suitable for the person. At the age of 18 years a young person can receive a disability pension and care allowance for pensioners, or vocational rehabilitation and disability allowance.

Those young persons who otherwise, after attaining the age of 16, could receive a disability pension can receive instead a special rehabilitation allowance on the basis of a personal study and rehabilitation plan. In this way young persons with disabilities are tried to be encouraged to study and gain access to the labour market instead of living on a pension. The amendment will enter into force on 1 August 1999 (836/1998).

Disability allowance supports persons with disabilities aged between 16 and 64 to cope with everyday life and to take part in working life and studies. Disability allowance is payable to persons whose functional capacity has been reduced owing to illness or impairment and for whom the illness or disability involves essential disadvantage and contentious extra costs. The amount of the allowance depends on the need for assistance owing to the disability and its costs.

The purpose of the care allowance for pensioners is to support the living at home and home-based costs of persons with disabilities aged over 16. This allowance is paid to refund a person whose functional capacity is reduced at least for a year the costs of care and services or special costs. The amount of the allowance depends on the need for assistance and related costs.

Those persons who are unable to earn a reasonable living by themselves because of illness are entitled to disability pension. This pension can be withdrawn if the pensioner's health and working capacity has essentially improved or the pensioner has had continuous earnings and is considered to have a reasonable income. If the person becomes disabled anew, the payment of the withdrawn pension can start again within two years from the date from which it was withdrawn.

A pension can also be left dormant for a minimum of six months and a maximum of twelve months when the person is trying to work. This amendment will enter into force on 1 August 1999 (837/98). The person is paid a disability allowance for the period the pension is dormant.

Tax legislation includes some allowances on the basis of disability. Persons with disabilities may be entitled to an income tax allowance depending on the degree of disability. Persons with impaired mobility and visually impaired people can be refunded the automobile tax wholly or partly when purchasing a new car. Some disabled adults are self-employed. Disabled entrepreneurs engaged in traditional occupations in handicraft and repair sectors are on certain conditions exempted from value-added tax.

### **3. Social services**

Municipalities supply services available to all. The services covered by the Social Welfare Act include social work, income security, institutional care, family care and fostering, housing and home help services, counselling and information services. The municipalities are also obliged to give special assistance and services to persons with disabilities. The obligation of the municipal welfare is, however, secondary if the person with a disability is entitled to the corresponding services by some other delivery system.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

### **1. Principles**

Vocational education includes matters related to disability to different extents depending on the diploma. In addition to the general vocational diploma it is possible to deepen one's knowledge of disability-related matters through further studies and postgraduate studies.

Polytechnics offer education leading to the following diplomas (three and a half or four years) related to the care of persons with disabilities within social welfare and health care, including degree programmes in:

- aid technology
- first care
- physiotherapy
- pedicure
- nursing for nurses
- nursing/health care line
- occupational therapy
- rehabilitation/music therapy line
- rehabilitation/social rehabilitation line
- social work of the church/deaconry line
- social welfare and health care
- social welfare/line for social services for special groups
- social welfare/rehabilitation line
- social welfare/social advisor line.

## **XI. INFORMATION**

### **1. Information**

Access to information is of utmost importance in view of exercising one's rights. The state, local authorities and disability organisations take part in informing about the services needed by people with disabilities. The authorities are subject to the general information responsibilities. The general information does not always reach people with disabilities, but in particular persons suffering from a sensory defect and with communication disabilities need alternative methods of communication. Disability organisations possess special expertise in this field, and have developed practical methods to improve the access to information of the groups they represent.

Important services for deaf and hearing impaired people comprise interpreter service, daily news in sign language, and the monthly video bulletin in sign language produced by the Finnish Association of the Deaf. The use of information technology has increased visually impaired people's access to information: e.g. the largest Finnish newspaper is available in electronic form and can be read by computer and appropriate technology. A library for visually impaired persons provides both fiction and study material. In addition, disability organisations co-operate in publishing information in plain language, e.g. a newspaper and literature.

The Act on the Status and Rights of Patients (785/1992) stipulates on the patients' right of access to information (chapter 2, section 5). Accordingly, a patient shall be given an account of his or her health, the impact of treatment, different treatment alternatives and their effects, as well as of other circumstances that are of significance for the treatment. However, such an account shall not be given against a patient's will or when it is obvious that it would involve a serious danger for the patient's life or health. Health care professionals must give the account so that the patient sufficiently well understands its content. As regards a patient's right of access to the information about him or her in patient documents, the provisions concerning it of the Personal Data File Act (471/1987) and Decree (476/1987) shall be observed. Section 9 of the Act stipulates on the access of other persons to the information concerning a patient.

A law on the status and rights of social welfare clients is being drafted. The purpose is to stipulate on the client's rights and responsibilities, as well as on confidentiality and delivery of information subject to confidentiality. According to the draft social welfare personnel has to inform a client of the different options available and their impacts and other circumstances that are of significance in the case. The account must be given so that the client sufficiently well understands its content and significance. The client and his or her legal representative shall give the necessary information needed in providing social welfare to the body deciding on it.

The provisions of the Personal Data File Act (471/1987) and Decree (476/1987) are applied to clients' right of access to information concerning themselves in personal data files of social welfare.

## **XII. STATISTICS AND RESEARCH**

### **1. Statistics**

Disability statistics are compiled in Finland by the official statistical authorities in the field: the National Research and Development Centre for Welfare and Health (STAKES) and Statistics Finland. STAKES is subordinated to the Ministry of Social Affairs and Health. It compiles statistics on the clients using social welfare and health care services. The focus is on statistics on the services under the Services and Assistance for the Disabled Act and the Act on Special Care of the Mentally Handicapped and on institutional and housing services. Furthermore, STAKES maintains registers of deformities and visual impairments, that enable a review of the incidence of certain disabilities and impairments in Finland.

Statistics Finland carries out a living conditions survey at four years' intervals. Certain data on the living conditions of people with disabilities are compiled as part of it.

In addition to the above-mentioned authorities, the Social Insurance Institution, the Ministry of Labour and the Ministry of Education compile statistics on their own activities. The Social Insurance Institution is a body under Parliament whose task is to secure the basic income of the population (e.g. disability allowance and disability pension). The statistics on the benefits granted by it are classified according to diagnosis. These statistics are also used as the basis for estimating the incidence of different disabilities. The Ministry of Labour compiles statistics on disabled jobseekers, and the Ministry of Education on pupils taking part in special education.

The most recent survey of the number of people with disabilities is from the beginning of the 1980's, when it was estimated at 10 per cent of the population. This estimate is based on the sources referred to above.

### **2. Research**

Practically-orientated studies have been typical of the disability research of recent years. The choice of objects has been guided by external needs, not so much by scientific interests associated with developing a certain theory. Disability research is carried out within several sciences in Finland; it does not seem to have an independent place in the field of sciences.

Disability research is carried out e.g. by universities, NGOs, the National Research and Development Centre for Welfare and Health and the Social Insurance Institution. The disability research carried out at universities is concentrated mainly in the Universities of

Jyväskylä and Kuopio. The University of Jyväskylä has a Centre for Disability Research, that employs one to two full-time researchers yearly. The Disability Research Unit of the University of Kuopio employs several project workers. In their research these units have focused on evaluating the different sub-areas of the service system. The research carried out by disability organisations has increased in recent years. The key role is played by the Rehabilitation Foundation, the Association on Mental Retardation, the National Association of the Disabled and the Federation of the Visually Impaired. Their research is focused on examining special issues related to certain impairments. The R&D activities of the National Research and Development Centre for Welfare and Health related to people with disabilities focus on technology, technical aids and various sub-areas of developing the service system. The Social Insurance Institution carries on research in order to develop the application practice concerning different benefits.

*LUXEMBOURG*



## I. GENERAL POLICY

The Government Declaration of 24 July 1989 stated, with regard to family policy, that government policy on persons with disabilities should be better co-ordinated. To this end, the Minister for Family Affairs was instructed to draw up a national programme for persons with disabilities. This programme was prepared in 1992 by a working group comprising officials and professionals in the disability sector. The group stressed the importance of co-ordination between the various ministries concerned on the one hand and between the state and private organisations on the other.

The national programme, adopted by the Cabinet in 1993, pursued the principles of a differentiated approach, standardisation and solidarity. The Government's desire to promote the integration of persons with disabilities was demonstrated in 1994, when an agreement was signed with the non-profit-making organisation *Info-Handicap* to set up and manage a national disability information and contact centre, known as *Info-Handicap*, which has constantly been developing its role and services ever since.

The stepping up of efforts in the disability policy field led to the 1995 introduction of a Minister for Disabled Persons and Accident Victims, whose responsibilities are set out in the Grand-Ducal Order of 1 February 1995 listing ministries and ministerial responsibilities. This was an important step towards the co-ordination of policy on behalf of persons with disabilities. It brought a number of services, previously answerable to government departments with responsibilities as diverse as family affairs, labour and even national education, under the remit of a single authority. The aim was to adopt a coherent policy on disability with precise objectives, i.e. a policy taking in all aspects and stages of life.

Under the Government Declaration on the national economic, social and financial situation, presented to the Chamber of Deputies on 4 May 1995, the Minister for Disabled Persons and Accident Victims was to draw up an action plan for persons with disabilities. This action plan was to reflect the principles and measures of the national programme adopted in 1993 by setting out comprehensive, coherent policy on the integration of persons with disabilities.

The action plan, drawn up by various interdepartmental committees in close co-operation with private and public bodies in the disability field, was adopted by the Cabinet in February 1997. It incorporates the fundamental principles of the national policy on persons with disabilities i.e. integration, independence, a differentiated approach, standardisation, solidarity, freedom of choice, co-ordination, etc. It also takes stock of the legislative, regulatory and financial measures already in place and the difficulties faced by persons with disabilities and their families in Luxembourg. On the basis of this general appraisal, a selection of measures are set out in various fields: prevention, early intervention, education, training and employment, social integration and independence (housing, access, transport,

leisure, cultural and tourist activities, technical aids), social, economic and legal protection, information and awareness-raising. Since the measures proposed are so numerous and diverse, the action plan will have to be implemented in stages and in accordance with clearly defined priorities.

## **II. PREVENTION AND HEALTH EDUCATION**

Various types of prevention are implemented in Luxembourg, each with a precise purpose.

To help prevent congenital deficiencies, pregnant women and future parents are usually informed during antenatal examinations about specific precautions that should be taken during pregnancy. Doctors are advised to pass on this information in Article 8 of the Grand-Ducal Regulations of 8 December 1977 on the medical and dental examination of pregnant women, the postnatal examination of mothers and the pregnancy record card.

The Preventive and Social Medicine Division of the Ministry of Health is the public body responsible for all matters relating to the prevention of diseases and disabilities under the Act of 21 November 1980 on organisation of the Health Directorate. As part of its efforts to prevent congenital deficiencies, the division organises awareness campaigns and has produced various information booklets for future parents.

A number of organisations that promote childbirth and the family provide information on the protection of the foetus during maternity classes and family consultations.

Some genetic diseases can be diagnosed by premarital medical examinations. Doctors in Luxembourg tend to offer genetic counselling in collaboration with specialists from university clinics abroad.

In prevention of congenital deficiencies, particularly cerebral palsy, the prevention of premature birth, which is primarily achieved by raising awareness among doctors, is especially important. According to professionals, measures to prevent premature birth need to be stepped up, especially among women at risk (women from disadvantaged social backgrounds, women with alcohol or drug problems, etc.).

As well as informing and raising the awareness of future mothers, the prevention of congenital malformations involves protecting pregnant women in the workplace.

The amended Act of 3 July 1975 on the protection of pregnant women in the workplace, amending Article 13 of the Social Insurance Code as amended by the Act of 2 May 1974, recommends special working conditions for pregnant women, particularly in relation to leave, daily working hours and the nature of their work.

Health education would appear to be an effective way of preventing deficiencies caused by disease. It is aimed at the whole population, particularly schoolchildren. Various health-education initiatives have been taken at primary and secondary school levels in Luxembourg. The Preventive and Social Medicine Division of the Ministry of Health and various private bodies in the medico-social field also run health education campaigns.

As part of preventing deficiencies caused by disease, the Ministry of Health's Preventive and Social Medicine Division publishes a number of information booklets concerning child vaccination.

Since road accidents are the cause of many deficiencies, road safety campaigns play an important part in the prevention of disabilities.

In order to promote road safety, the Ministry of Transport has taken various action to train future drivers and raise public awareness.

A variety of private bodies are also involved in combating road accidents. The non-profit-making organisation *La Sécurité Routière* runs campaigns to raise drivers' awareness and teach young people about road safety. In addition to its road-safety work, another non-profit-making organisation, the Association of Road Accident Victims, linked to the Ministry of Family Affairs, helps road accident victims, offering psychological support if required.

In prevention of industrial accidents:

- the Accident Insurance Association has drawn up recommendations on accident prevention;
- the Act of 17 June 1994 on health and safety in the workplace makes provision for various measures to prevent industrial hazards.

The Ministry of Health's Preventive and Social Medicine Division runs awareness campaigns for the prevention of domestic accidents.

### **III. IDENTIFICATION AND DIAGNOSIS**

Various legislative provisions state that systematic medical examinations must be carried out in order to detect congenital deficiencies and diseases as early as possible. For example, the Act of 20 June 1977:

- institutes systematic medical examination of pregnant women and young children;
- amends the legislation concerning maternity allowances.

The Act provides that all pregnant women must undergo at least five prenatal medical examinations and one dental check-up in order to be entitled to the prenatal allowance.

With the aim of preventing deficiencies that can develop after birth, a number of legislative provisions recommend systematic medical examinations for children. Under the Act of 20 June 1977, all children must undergo a series of examinations up to the age of two years. Children aged between two and four must undergo medical and dental examinations under the Act of 15 May 1984 on systematic medical examinations for children between the ages of two and four years. Schoolchildren are given health checks by medico-socio-educational teams at primary school and subsequently by the Ministry of Health's School Medicine Division (in accordance with the Act of 2 December 1987 introducing regulations on school medicine).

The Ministry of Health's orthoptics and pleoptics service and its audiophonology services are responsible for the early detection of sight difficulties and hearing and speech impairments respectively, and for treating them.

#### **IV. TREATMENT AND THERAPEUTIC AIDS**

Social security for the employed is provided under Luxembourg law through an ever-improving social insurance system. The social security system in Luxembourg is split into five branches:

- sickness and maternity insurance;
- disability, old age and survivor's pensions;
- insurance against industrial accidents and occupational diseases;
- family benefits;
- unemployment benefits.

Insurance against dependence falls within the sickness insurance system<sup>1</sup>.

Sickness insurance is compulsory for workers, assistants, apprentices and domestic staff as well as those receiving an old age, disability or survivor's pension. The Act of 31 July 1901 on the compulsory sickness insurance of workers has remained virtually unchanged over the decades as far as any fundamental restructuring of the insurance system is concerned. The Act of 2 May 1974 was primarily prompted by a desire to stabilise the finances of the workers' sickness fund and to standardise the ways in which the different funds were financed and provided benefits. The Act of 20 April 1977 brought the agricultural workers' scheme into line with other sickness insurance regimes as far as benefits in kind and various other financial provisions were concerned.

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<sup>1</sup> See Ministry of Social Security, Summary of social security legislation, 1998, p.1.

To further harmonise sickness insurance in Luxembourg, the Act of 23 April 1979 incorporated the main provisions of the Social Insurance Code into the scheme for independent professions. In the face of rising expenditure on health care, the Act of 27 July 1992 introduced radical legal, financial and administrative measures to prevent the system from running out of control. The sickness insurance system was thus reformed so that the right balance could be struck between gradually improving health care and a financially stable system. Relations between the Union of Sickness Funds and care organisations, relations with clients, the financing system and administrative structure were all recast in the reform.<sup>1</sup>

The various social security bodies possess the status of public institutions with legal personality. The nine sickness insurance funds are for workers in general, *ARBED* workers, private employees, *ARBED* office workers, public servants including office staff, municipal officials and office staff, employees of the Luxembourg national railway company, members of independent professions and agricultural workers.

The Accident Insurance Association and the Old Age and Invalidity Insurance Association form a single administrative entity known as the “Social Insurance Office”. Insurance against industrial accidents is compulsory for all industrial, craft, commercial, agricultural and forestry enterprises. Provided they are employed by such an enterprise, the following are insured against industrial accidents: workers, assistants, journeymen, apprentices, domestic staff, office staff, agricultural employees, foremen and technical staff.

Old age and invalidity insurance is compulsory for any employed or self-employed person working in the Grand Duchy.

The Act of 19 June 1998 incorporated insurance against dependence was incorporated into the Luxembourg social security system. Forming a new branch of the social security system, it covers the cost of assistance and care which dependent people need to carry out activities of daily living. It is compulsory, based on earnings or replacement income and also covers the insured person's family. Protected persons have unconditional entitlement to benefits in kind, as well as entitlement to cash payments to help them obtain care and assistance with activities of daily living. An evaluation, guidance and award system has been established, while co-operation with home- and institution-based assistance and care services is also in place.

Under the Grand-Ducal Regulations of 23 December 1998, the cost of various technical aids and appliances is met by the dependence insurance scheme in accordance with terms and conditions laid down in the regulations. The statutes of the Union of Sickness Funds also make provision for the reimbursement of the cost of technical aids. Grants for buying specific technical aids are available from different public authorities (the Ministry of

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<sup>1</sup> See Ministry of Social Security, Summary of social security legislation, 1998, pp 13 -14

Housing, the Ministry of Health, the Employment Ministry's Department for Disabled Workers) or private bodies.

## V. EDUCATION

The education of children with disabilities in Luxembourg has undergone a number of changes in the 20th century, reflected in various laws.

- The 1912 Schools Act stipulates that children with disabilities should be excluded from the state school system.
- The 1973 Act establishing differential education institutes and services makes school compulsory for children with “mental, emotional and sensory disabilities”. (The 1994 Act replaced the first sentence of Article 1 of the 1973 Act with a new text referring also to motor difficulties). This Act in effect promotes segregation of children with disabilities by creating special educational establishments.
- The 1994 Act abolishes the policy of segregation and promotes the integration of “children with special educational needs” into the mainstream school system.

### *Differential education*

Differential education, provided by specialised institutes and services, was introduced in Luxembourg through the Act of 14 March 1973. The first article of the Act clearly set out the aims of this new type of education, which was for any child unable to attend a mainstream or special school because of mental, emotional or sensory problems. Differential education centres and institutes were to provide specially adapted, highly individualised education.

As was originally intended, this specially designed education has been provided over the years by a number of centres and institutes with specialised staff and equipment, helping children with:

- speech and hearing difficulties (Speech Therapy Centre, Luxembourg City);
- visual impairments (Institute for the Visually Disabled, Luxembourg City);
- serious cerebral motor disabilities (Institute for Children with Cerebral Motor Disabilities, Luxembourg City);
- physical and motor deficiencies (Medico-Educational Centre, Mondorf-les-Bains);
- mental deficiencies and multiple disabilities (regional differential education centres in Clervaux, Differdange, Echternach, Esch/Alzette, Luxembourg City, Rédange, Roeser, Rumelange, Walferdange, Warken and the St Joseph Institute in Betzdorf);
- severe behavioural problems (observation centres in Strassen and Pétange, Educational Integration Centre, Cessange);
- autism and psychosis (Institute for Autistic and Psychotic Children, Luxembourg City).

These institutions look after school-age children.

Once they are beyond school age, teenagers with disabilities can receive vocational training and various types of employment at differential professional training colleges and state-subsidised private institutions.

As part of the differential education system, a children's psychological support service known as the *SGE* was created through the Grand-Ducal Regulations of 19 June 1990. The service was originally available only to children who attended differential education centres and institutes. It dealt with problems of mental, physical, psychological and sensory disability. Over the years, the service has steadily increased its involvement with children experiencing problems in mainstream schools. The *SGE* now has a dual mission as a psycho-educational support service:

- it monitors children with physical, mental, sensory or psychological disabilities ("disabled children") who attend differential education institutions;
- it plays an important role in preventing academic failure by offering counselling on and help with psychological or educational problems as part of a consultative process (diagnosis, rehabilitation and psychotherapy) for children with behavioural, learning and relationship difficulties ("children with educational difficulties").

The *SGE* runs twenty regional advice centres throughout Luxembourg. Since 1993, twenty years after differential education was introduced, peripatetic multidisciplinary teams have been operating across the country. A new, primarily educational service, the *SREA* (peripatetic rehabilitation service), set up as part of the differential education system, deals with "disabled children" who attend mainstream schools and children in pre-school and primary education who are in danger of being excluded from the school system because of severe learning difficulties ("children with educational difficulties"). The *SREA* operates in five regional sectors.

The *CMPPN* (National Medico-Psycho-Educational Commission) is responsible for guiding and monitoring children with special educational needs, whether they attend mainstream schools or differential education centres and institutes. The commission, an interdisciplinary working group, puts forward proposals on specific types of help and support for problem children. Although it was established by the 1973 Act, its mode of operation and remit are set out in the Grand-Ducal Regulations of 23 October 1989.

### ***Integration into mainstream education***

Current policy on persons with disabilities is underpinned by the principles of standardisation, integration and participation. In accordance with these principles there is pressure for ever greater integration of children with special educational needs into mainstream education in many national education systems.

Since the 1980s, various initiatives bringing together and promoting co-operation between groups of children from the differential and mainstream sectors have demonstrated a trend towards educational integration in Luxembourg.

The Act of 28 June 1994 forms the basis of an integrationist approach in the Luxembourg education system. It takes an opposite course from the 1973 Act, which was segregationist insofar as it created specialised educational establishments for children with disabilities. Amending and supplementing (i) the amended Act of 10 August 1912 on the organisation of primary education and (ii) the amended Act of 14 March 1973 establishing differential education institutes and services, the 1994 Act promotes the participation of children with disabilities in mainstream education and their educational integration.

This new educational integration legislation contains several important innovations.

- Firstly, it enables pupils with special educational needs to attend mainstream pre-school, primary and even post-primary educational establishments.

The 1994 Act makes provision for two types of school attendance:

- full integration of a child with a disability into mainstream pre-school, primary and secondary education;
- partial integration, with the child with a disability attending a regional centre or specialised institute of differential education and taking part in some mainstream class activities.

These arrangements are additional to those in the 1973 Act, which provided for attending:

- a regional centre or specialised institute for differential education in Luxembourg; or
  - a specialised institution abroad.
- The 1994 Act also gives greater consideration to parents' wishes. Parents are now involved in decisions regarding their children's education.

- The Act broadens the remit of differential education centres and services, requiring them to provide support to children with educational difficulties and children with disabilities in mainstream schools. Differential education now has a dual mission:
  - to educate children with disabilities in specialised centres and institutes;
  - to assist children with special educational needs attending mainstream schools.

To help the differential education sector perform these tasks, the 1994 Act provides for “support and assistance services” giving individualised help to children with special needs in mainstream schools. There are currently two such services: the children’s guidance service, set up under the Grand-Ducal Regulations in 1990, and the new peripatetic rehabilitation service (*SREA*), created under the Grand-Ducal Regulations of 9 January 1998.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

Under the Act of 8 June 1994 on occupational health and safety the vocational aptitudes of all job candidates are evaluated before they are recruited. The pre-recruitment medical examination determines whether candidates are suitable for the work or on what conditions they could be declared suitable. This examination, as well as regular medical check-ups and other medical examinations required by the occupational-medicine system are carried out by the company doctor.

The Disabled Workers Act of 12 November 1991 states that disabled worker status is granted by a guidance and occupational resettlement commission. The Grand-Ducal Regulations of 14 April 1992 on the composition and functions of this commission state that to qualify for disabled worker status, a person needs to be of reduced fitness in relation to their previous work. The person’s remaining capacity, from the standpoint of a rapid return to work and potential for rehabilitation is also taken into account. The commission, on the basis of the person’s age, the degree and nature of their disability and their previous fitness for work, makes a recommendation to the head of the Department of Employment that they be given an industrial placement, vocational training, vocational rehabilitation, a pre-training course, an adaptation course or vocational retraining.

Vocational training is carried out in either a mainstream secondary education establishment or a public or private pre-vocational training college.

## **VII. EMPLOYMENT**

The Grand-Ducal Order of 26 February 1945 set up the first office for the employment and occupational retraining of industrial accident victims and war invalids.

People in these two categories with disabilities who were at least 50% unfit for work had a prior claim on any jobs which came under the supervision of the Labour and Mines Inspectorate.

The Act of 28 April 1959, as described in the 4th edition, was amended by the Disabled Workers Act of 12 November 1991.

In the history of rehabilitation, public attitudes to people with disabilities have changed considerably. The Disabled Workers Act of 12 November 1991 took the latest developments on board, namely the idea that society has a duty to secure workers with disabilities a suitable place in working life, irrespective of the cause of their disability, and accordingly to provide for and promote their vocational integration or reintegration.

The Act simply reforms and adapts an earlier Act of 28 April 1959 to meet these requirements.

The improvements introduced under Section A consist in bringing the Office for the Employment and Occupational Retraining of Disabled Workers (*OTH*) under the aegis of the Department of Employment. The 1959 Act had in any case omitted to provide the *OTH* with its own administrative staff, with the result that ever since its inception its administrative duties had been performed by the staff of the Department of Employment. The Act begins by listing the categories of people eligible for disabled worker status: victims of industrial accidents, war invalids and persons with physical, mental or sensory disabilities.

The Act applies to victims of industrial accidents who are of Luxembourg nationality, nationals of a European Community member State and non-nationals whose capacity for work suffers at least 30% reduction while they are in paid employment with a company established in Luxembourg.

The Act sets out the procedure for applying for disabled worker status. This procedure reflects the concern to keep the body with the power to decide whether or not to grant disabled worker status separate from the department responsible for deciding what measures will best promote the disabled person's resettlement.

The worker's salary may be subsidised either permanently or temporarily, depending on the seriousness of the disability.

Article 4 applies where a person with a disability refuses a vacancy matching his/her abilities or refuses to attend training or rehabilitation.

Article 5 lays down arrangements for compulsory employment of workers recognised as disabled. At least 5% of staff employed by the State, local authorities, the Luxembourg national railway company and other public establishments must be disabled.

The private sector has similar but less strict obligations. Employers who recruit more than the quota are granted exemption from the employer's share of social security charges.

Article 6 deals with the obligation on both private and public sectors to declare to the Department of Employment which posts are to be occupied by persons with disabilities. Article 7 lays down the arrangements for disabled workers' pay. This may be reduced if the worker is prevented by disability from carrying out the job in full. Any disputes are to be settled by the Director of the Labour and Mines Inspectorate.

Article 9 deals with meeting the cost of vocational training or rehabilitation, induction courses or periods of work experience. It also states that the employer must play a part in rehabilitation by making equipment, facilities and routine tools available to the person with a disability.

Articles C, D, E and F govern various situations that are not relevant to the present report.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

### **1. Access**

Currently there is no specific access legislation in Luxembourg, so that access issues are usually resolved on an ad hoc, individualised basis, depending on various factors such as genuine desire to provide access, cost and technical feasibility.

The Acts of 13 June 1979 on the safety of public service buildings make provision for certain alterations that promote the safety of persons with disabilities. These could be extended to offer improved access.

In an effort to rectify this situation, the Minister for Disabled Persons and Accident Victims has instructed an interdepartmental committee to prepare legislation laying down minimum access standards for new or renovated public amenities. At the same time, a working group comprising representatives of disabled persons' associations has been asked to draw up a set of minimum access standards.

Under the Housing Benefit Act of 25 February 1979, the Ministry of Housing alone is empowered to co-finance the conversion of private houses to provide better access. Various grants are available from the tourism ministry for renovation and general building work in the tourist sector, although not specifically with persons with disabilities in mind.

As part of its work of promoting vocational integration, the Employment Ministry's Department for Disabled Workers can subsidise, fully or partially, the adaptation of workplaces.

## **2. Transport**

Generally speaking, public transport is not specially adapted for persons with disabilities and there is no national legislation on the subject.

The City of Luxembourg provides a special minibus service which operates alongside the regular bus network between 8 am and 8 pm from Monday to Friday. Other municipalities can take advantage of this service if they wish.

The Ministry of Transport organises a specialised service to transport persons with disabilities to school, sheltered workshops or even a normal workplace.

Under the Act of 23 December 1978, persons with disabilities are entitled to priority and disability cards which afford subsidised and free access respectively to public transport. Persons with reduced mobility can obtain a special disc from the Ministry of Transport, allowing them to park in spaces reserved for people with disabilities (amended ministerial regulations of 12 December 1977 on the use of the Physically Disabled parking disc).

## **3. Housing**

These days, social integration, independence and personal fulfilment are the main objectives of any action to support persons with disabilities.

The current trend of decentralising large specialised institutions is one way of pursuing these aims. More and more persons with disabilities are being cared for in small shared housing units with living conditions similar to those of mainstream society. The movement away from large institutions is aimed at improving the quality of life of persons with disabilities and fostering their independence. Those capable of living a relatively independent life, for example, are gradually being transferred to semi-open housing (i.e. facilities with low-level supervision) or even ordinary accommodation. Persons with severe disabilities who need constant supervision are being looked after in smaller, more outward-looking residential centres.

The shift in emphasis concerning persons with disabilities, from a rather protective approach to promoting independence, is also reflected in staffing. Persons with disabilities in large institutions used to be looked after exclusively by care and medical rehabilitation specialists. These days, a more positive view of disabilities means that residential and housing services recruit predominantly socio-educational staff, who are able to support and provide appropriate stimulus to the personal development of persons with disabilities.

The Luxembourg Ministry of Family Affairs subsidised 410 places/beds in various residential institutions in 1995, each specialising in particular types of disability. These institutions are run by the following eight private bodies:

- the Kräizbiërg Foundation (cerebral motor disabilities);
- the *APEMH* Foundation (mental and/or multiple disabilities);
- the *HMC* League (mental and cerebral disabilities);
- the *ADIPH* Foundation (physical disabilities);
- the St Elisabeth non-profit-making organisation (mental and/or multiple disabilities);
- the Association for the Creation of Homes for Young People (mental and social disabilities);
- the *Eislëcker Heem* (mental and/or physical disabilities); and
- the Tricentenary Foundation (respite home, mental and/or physical disabilities).

The State meets part of the running costs of the 410 places/beds in accordance with written agreements.

In these agreements, the State undertakes to pay a proportion of residents' subsistence and staff costs. Residents are to receive not only physical care, but also some form of socio-educational training in, as far as possible, meeting their own needs.

The model agreement on running a traditional residential centre requires thirty temporary or "respite" beds in addition to the permanent residential facilities. Various subsidised organisations run sheltered housing projects, i.e. community-based semi-open and open facilities, as well as a traditional residential centre (e.g. *HMC* League, *APEMH* Foundation, Kräizbiërg Foundation).

#### **4. Technical aids**

A number of organisations and services give information and advice or display equipment, usually specialising in certain types of disability:

- the *Service Moyens Accessoires* (technical aids service – *SMA*), a non-profit-making organisation registered with the Ministry of Health, has an exhibition room where people can view, try out and take away (if stock and other factors allow) technical aids for a limited period free of charge;
- the *ADAPTH* (Association for the Development and Promotion of Technical Aids for Disabled Persons), registered with the Ministry of Health, mainly deals with new technologies. It has a demonstration area for technological and computer-based aids, home, transport and work-station adaptations and telework equipment. It offers advice and guidance in these areas;

- the *CERETEP* (Technological Resource Centre for the Hard of Hearing), registered with the Ministry of Health, operates a hearing aid adjustment service and has an exhibition room containing devices specifically for persons who are hard of hearing;
- the *IDV* (Institute for the Visually Impaired), registered with the Ministry of Education, and the *ALA* (Luxembourg Association for the Blind), subsidised by the Ministry of Family Affairs, exhibit special equipment and advise people with visual impairments;
- *HANDYNET-Luxembourg*, a European database run by a body of staff registered with the Ministry of Family Affairs, offers general advice and guidance.

The health insurance schemes issue detailed information about reimbursement of the cost of technical aids but reimbursement does not necessarily cover the full cost.

Help may then be obtained from the following bodies, although financial support is not guaranteed if insufficient funds are available:

- the Ministry of Housing (Improvements Department) can offer and co-finance some alterations;
- the Department of Employment or Department for Disabled Workers (*STH*) can fund the purchase of prostheses and orthopaedic and occupational therapy equipment as part of its support for vocational resettlement if the cost is not reimbursed by the health insurance scheme;
- the Ministry of Education can pay some of the cost of technical aids for learning;
- the Ministry of Health can also provide help in some individual cases, depending on the person's situation and the results of a social investigation;
- some associations for persons with disabilities may support their members, e.g. the Luxembourg Multiple Sclerosis League and *Vivre 81* help with some purchases made by their members;
- the Prince Henri – Princess Maria Térésa Foundation and its various services may also meet some of the cost of technical aids.

## 5. Leisure time and cultural activities

Sporting, cultural and tourist activities open to both disabled and able-bodied persons and fostering better integration are starting up, but this is often at the instigation of associations for persons with disabilities.

There is no comprehensive source of information on “normal” clubs and associations which have experience of mixed (disabled/able-bodied) membership. Access problems are probably a factor here.

Organisations run specifically for the people with disabilities very rarely allow able-bodied non-members to participate in activities, holiday camps, etc. on an occasional basis.

Thanks to the European Commission's initiatives to promote independence of people with disabilities, tourism for people with disabilities is currently developing and growing rapidly in most European countries (the same is true of recreational activities in general).

No specific organisation in Luxembourg is officially in charge of the Tourism for All campaign. The national *Info-Handicap* centre is filling in until there is a special body that can take over.

On a proposal from DG V (social affairs) and DG XXIII (tourism), national Tourism for All co-ordination units have been set up in the EU member States. The Luxembourg unit was established on 8 May 1994, with administrative duties assigned to the non-profit-making organisation *Info-Handicap*.

Although Luxembourg has the same proportion of persons with disabilities in its population as neighbouring countries, demand is small, and so Luxembourg tourist site managers are under no great pressure to ensure that facilities are accessible. At the same time, the resulting lack of reliable information means that fewer visitors with disabilities come from abroad.

The national programme for persons with disabilities the national Tourism for All co-ordination unit, the establishment of a Government Department for Disabled Persons and the action-plan initiative are all aimed at improved co-ordination of activities to support the disabled. However, co-ordination is one thing, practical implementation another.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

The social and economic protection of persons with disabilities is guaranteed by a series of special allowances and income support benefits designed to provide these persons with an adequate income. The following Acts are particularly relevant:

- the amended Income Tax Act of 4 December 1964, which makes provision for various tax reductions and allowances for dependent persons or taxpayers who are legally responsible for dependent persons;
- the Priority and Disability Cards Act of 23 December 1978;
- the Act of 16 April 1979 establishing a special allowance for persons with severe disabilities;
- the amended Act of 19 June 1985 on family allowances and establishing the *CNPF*;
- the amended Act of 26 July 1986 creating *inter alia* entitlement to a minimum income;
- the Act of 27 July 1987 on the old age, invalidity and survivor's pension;

- the Act of 22 April 1989 introducing a health care allowance and machinery for placements in nursing homes.

There is no anti-discrimination legislation at present. The Luxembourg Constitution does not contain any specific provision expressly guaranteeing equal rights for persons with disabilities. However, it does state in a general way that “the people of Luxembourg are equal before the law”.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

Staff involved in the rehabilitation and integration of people with disabilities are trained either in Luxembourg or abroad.

In Luxembourg, basic training is available as follows:

- for paramedical staff, at the Technical College for Health Professions;
- for teaching staff, at the Institute of Educational Studies and Research;
- for educational staff, at the Institute of Educational and Social Studies.

University-level training is only available abroad.

A fairly wide range of further training is available in Luxembourg.

## **XI. INFORMATION**

Information on measures for the rehabilitation of persons with disabilities is available from the Department for Disabled Persons and Accident Victims, which reports to the Minister for Disabled Persons and Accident Victims and is linked to the Ministry of Family Affairs, and from the National Disability Information and Contact Centre. The Centre is responsible for:

- organising and centralising the collection of data concerning disabilities;
- advice to anyone seeking help;
- raising public awareness;
- evaluation and consultation;
- contact, exchange and training.

## **XII. STATISTICS AND RESEARCH**

No single body in Luxembourg is responsible for collecting statistical data concerning disabilities. There are no figures showing the total number of persons with disabilities in Luxembourg, nor a general definition of the term “disability”.

However, Luxembourg legislation does contain various definitions of disability, each linked to particular types of service or benefits. In this connection, statistical data is collected in accordance with criteria specific to each definition.

Statistics on the number of children and teenagers with special needs who attend the various differential education centres is collected by *STATEC*, the national statistics and economic studies service.



**NORWAY**



## **I. GENERAL POLICY**

### **1. Paramount objective and main principles**

Norwegian policy concerning people with disabilities is rooted in the welfare state principles of equality of opportunities, rights and obligations. The paramount objective is full participation and equality (White Paper No. 8 for 1998-99 “Plan of Action for Persons with Disabilities 1998-2001”). The policy is based on the belief that persons with disabilities have the same human value and basic needs as other persons. It is not the needs but the solutions that are different.

Normalization is an important principle in this policy. By normalization is meant that no unnecessary dividing lines are drawn between persons with a disability and others with regard to medical or social treatment, conditions for growing up, education, employment or welfare. A society adapted to the needs of persons with disabilities will benefit us all.

Full participation and equality imply organisational and social integration. Support for integration should be provided in all spheres of local communities. It is the general institutions that must provide services to persons with disabilities as for others. The same institutions must, if necessary, provide special services if the ordinary services are not sufficient. The principles of sector responsibility and social integration was stated clearly already in the White Paper No. 23 for (1977-78): *“The ordinary service institutions have the full responsibility for all persons with disabilities and each of them builds up its own necessary specialised measures.”*

This mainstreaming principle contains the division of responsibilities between the various Ministries. Each Ministry is responsible for measures for people with disabilities within their own policy area. This means that specialised measures, such as special transportation for people with disabilities, remain an integral part of public activities in this sector.

The UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities are used as a basis for public planning and for the shaping of measures and services.

### **2. The Plan of Action and its objectives**

The National Plan of Action for People with Disabilities is in itself an important element of the overall strategy. As a supplement to the comprehensive work being done within the framework of current activities, the Government has chosen to formulate political objectives, to highlight certain main areas and to implement extraordinary measures through special Plans of Action. Since 1990, 4-year plans of action have made it possible to

put important topics on the agenda and to improve areas where it has been difficult to do something within the framework of ordinary budgetary procedures. The plans of action have been useful instruments to start new activities, to try out new ways of organising existing activities and to highlight areas lagging in relation to political objectives.

The challenges lie in the improvement of the quality, the volume and the co-ordination of services, and in the necessary adaptation of society. The Plan of Action 1998-2001 is made with these challenges in mind. To be able to secure participation of people with disabilities, the society must be adapted to their needs.

The three Plans of Action (1990-93, 1994-97 and 1998-2001) have focused on the adaptation of society. In the last plan of action, however, emphasis is less put on all the specialised adaptation measures, and more on the planning procedures and on a systematic use of possible measures for the shaping of society.

The Plan of Action 1998-2001 concentrates on areas such as:

- An accessible society
- Planning and participation of persons with disabilities
- The rights of persons with disabilities
- Employment for persons with disabilities.

### **3. Legislation principles**

There is very little legislation in Norway dealing specifically with the protection of people with disabilities. As in most other areas the system of protection is general, i.e. based on *need*, not on the reasons for this need, be it self-inflicted disability or any other reason.

### **4. Co-ordination**

#### ***The Committee of State Secretaries for the overall disability policy***

The need to strengthen the co-ordination between the Ministries has become more and more evident. As a result, the Government has appointed a Committee of State Secretaries with responsibility for the overall disability policy. The tasks of the committee are to:

- follow up the overall disability policy,
- strengthen the political, interministerial co-operation concerning the Government's Plan of Action for people with disabilities.

The Committee is chaired by the State Secretary for Social Affairs, and the members come from the health and social side of the same ministry, the Ministry of Children and Family Affairs, the Ministry of Education, Research and Church Affairs, the Ministry of Local and Regional Government, the Ministry of Cultural Affairs, the Ministry of Industry and Trade, the Ministry of Transport and Communications, the Ministry of Environment and the Ministry of Government Administration and Labour.

### ***The State Council on Disability***

The State Council on Disability serves as an advisory body for the Ministries and other public authorities and institutions, reviewing existing policies and initiating research and documentation as a basis of policy recommendations. The Council consists of 12 members being appointed by the Government for four-year periods. The Chair and the Vice-Chair are politicians, six members are senior officials from different sectors and four members are appointed on the proposal of organisations of people with disabilities. Together the members represent a broad social experience and they have a special knowledge of the problems and position in society of people with disabilities.

### ***The participation of people with disabilities***

The participation of people with disabilities is an important principle of the disability strategy, meaning that those affected by a decision, or those who use services, may influence the decision-making procedures and the organisation of services. In addition to being a democratic right, the participation of people with disabilities is a transfer of experience-based knowledge from a person having a disability to a decision maker or a service provider. It is therefore a substantial contribution to the quality control of services.

The participation of people with disabilities may be practised at several levels:

- At the individual level, where a person exercises his/her influence on services in co-operation with the service-provider
- At the service level, where representatives from the organisations exercise their influence on the building up and the organisation of services
- At the political level, where representatives from the organisations exercise their influence on the policy-making and the use of economic resources

The role of the organisations of people with disabilities is important, and the organisations receive state support for their activities.

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## **II. PREVENTION AND HEALTH EDUCATION and III. IDENTIFICATION AND DIAGNOSIS**

### ***Policy***

The White Paper No. 8 1998-99 “Plan of Action for Persons with Disabilities 1998-2001” emphasises efforts to achieve social access for securing the integration of people with disabilities. The White Paper No. 21 for 1998-99 “Responsibility and Empowerment – Towards a global rehabilitation policy” emphasises coping and integration by means of individually adapted professional support. Keywords are:

- Empowerment of the user of rehabilitation services,
- Responsibility for individual plans in the community,
- Co-ordinating responsibility in the community,
- Individual plan for rehabilitation,
- Goal-directed rehabilitation,
- Co-ordinating sectors, levels and professions.

The Plan of Action for 1998-2001 carries the following measures from the previous Plans of Action:

### ***Identification, diagnosis and measures***

It is a paramount objective to form and organise the health services so as to give all persons the same opportunities to become as healthy as their condition permits. This ought to apply regardless of whether the diagnosis is common or rare (or absent), and irrespective of social, geographic or age-related differences.

Small groups with a rare diagnosis are given special attention. The intention is to establish nation-wide facilities which in co-operation with local environments can provide both medical, pedagogic and other specialised services for groups which are not satisfactorily provided for today.

In the event of illness or injury leading to disablement, it is important that systematic steps are taken quickly to help the person to be as self-supporting as possible and able to function with others. The protection is known as habilitation in relation to children and adolescents and rehabilitation in relation to adults. Active participation by the person concerned is essential to success.

Technical aids are important in most habilitation/rehabilitation processes. Technical aid centres have been established in every county. The use of information technology in aids to communication and other technical aids, is gradually opening up completely new opportunities for persons with severe disabilities.

### ***Prevention of injury or illness***

The promotion of health and prevention of illness and injury is important in all social planning. A paramount objective for such efforts in all sectors is to make them useful also to persons with disabilities. For those already disabled, it is important to prevent deterioration (secondary prevention).

For persons with disabilities to have the same access as others to facilities aimed at promoting health and preventing illness or injury, it is important:

- to make information on preventive measures accessible to those with visual impairments or reading difficulties;
- to make mother and child health stations, doctors' surgeries, etc. accessible to persons with impaired mobility, hearing, or ability to understand information;
- to plan the physical environment so that it imposes as few restrictions as possible on people with functional impairments;
- to include people with disabilities in preventive work, for instance in planning for accident prevention in relation to wheelchairs users, blind people and other vulnerable people.

To a greater extent than before, preventive work must aim to improve the quality of life of people with disabilities and their relatives. There is often a need for psycho-social support and surveillance. Parents who feel uncertain about how best to help a child with a disability risk being over-protective. Young adults with disabilities often live with their parents. One reason may be that the parents and child have had no help with loosening the bonds between them in the process which otherwise enables also young persons with disabilities to move away from home. One aim of psycho-social support is to lead to as independent a life as possible for children and young people with disabilities.

Another important field is to prevent injury to the health of relatives of persons with disabilities. An important condition for preventive work aimed at relatives is that it accords with the needs of the person with a disability and is experienced as positive both by the recipient and the provider of the care.

## **IV. TREATMENT AND THERAPEUTIC AIDS**

As indicated in the first part, the principle of the Norwegian policy on the rehabilitation and integration of people with disabilities implies that the ordinary health services provide services to persons with disabilities as to others. Specialised institutions provide, if necessary, special services if the ordinary services are not sufficient.

## **V. EDUCATION**

### **1. Pre-Primary Education**

In Norway pre-primary education (early childhood education and care) is given in day care centres. The day care centres are educationally oriented institutions for children under school age. The children may attend day care centres for short-day or full-day, every day or some days a week. The Ministry of Children and Family Affairs is responsible for the overall early childhood education and regulatory policy. The Day Care Centre Act regulates the authorisation and supervision of day care centres. The day care centres must be approved by local authorities. The staff consists of educated pre-school teachers and additional staff.

The aim for the day care centres is to provide children with good opportunities for development and activity in close understanding and collaboration with the children's homes.

According to section 9 in The Day Care Centre Act children with disabilities are to be given priority admission provided that it is deemed by expert assessment that the child will be able to benefit from attending the day care centre. The expert assessment is to be undertaken in collaboration with the parents, who make the final decision. The municipalities are by law responsible for ensuring that children with disabilities can have such an opportunity.

In 1997, 3374 children (1.8%) of the total number of children in day care centres were disabled, admitted by The Day Care Centre Act section 9, while 5483 children (3.0%) received additional support. Research has shown that almost all children with disabilities are in day care centres. The Ministry very seldom receives questions revealing problems in the field.

The main aim to integrate children with disabilities in day care centres is to give them opportunities to develop through play and interaction with other children. If necessary they are given additional support.

The Framework Plan sets out:

- binding objectives for day care centres
- requirements as to quality in everyday social interaction
- five subject-areas which all children attending day care centres should experience during the year:
  - society, religion and ethics
  - aesthetic subjects
  - language, text and communication
  - nature, environment and technology
  - physical activity and health.

The Framework Plan highlights the importance of adults' attitudes, knowledge and skills when it comes to meeting, understanding and bringing up children.

## **2. Primary education**

One of the basic principles of the Norwegian education policy is that all children and young people have an equal right to education and training - and all have the right to receive education adapted to their individual abilities and aptitudes. To offer all adults possibilities of personal growth and education, and especially to offer a second chance to adults with special educational needs is a national aim. School is for all, which, of course, includes children with disabilities.

Municipalities and counties have a legal obligation to arrange for suitable education for all persons with special needs. All pupils have a right to receive such adapted education within the framework of the ordinary school. This was one of the aims of the Reform of Upper Secondary Education of 1994, which ensures the right to a three-year upper secondary education (four years for most vocational studies) for all. It is also one of the aims of the Compulsory School Reform of 1997 which extends compulsory education from nine to ten years. Today more than 94% of pupils receiving special education are integrated in ordinary schools.

The reorganization of special education in 1992 replaced the former special school system by a support system consisting of 20 state *resource centres* and the local *Educational/Psychological Service*. The Service is responsible for assessing the individual needs for special education, and also for recommending individual programmes. The local school authorities decide on the implementation of these programmes. According to a new Education Act, an individual education/training plan shall be established for all pupils

receiving special education. The Education Psychological Service may also recommend assistance from a resource centre, each of which is responsible for one particular field. If the needs of a child exceed the normal resources of a school, extra resources can be allocated on an individual basis.

A new White Paper on Education of children, adolescents and adults with special needs was presented to the Parliament in 1998. To achieve the goal of raising the level of competence to take action in the school, the White Paper recommends a transfer of resources and expertise from the resource centres to the local Education Psychologic Service.

Through the reform of upper secondary education, pupils with special educational needs or disability may be granted the right to more than three years education, up to five years, and are entitled to be admitted on their first-choice foundation course, instead of one out of three choices. The right covers full-time upper secondary education leading to university entrance qualifications, vocational competence or documented partial competence.

The county is under legal obligation to establish a *follow-up service* for young people who have a statutory right to education, but who are not in training or employment. The aim of the service is to provide the young people in question with opportunities that will lead to formal competence.

Universities and colleges have a legal obligation to ensure the accessibility of higher education to students with special needs. A plan of action for persons with disabilities, laid down in a White Paper to be presented in 1999, obliges universities and colleges to make plans of action for students with special needs. This includes information about the accessibility to the institutions for different groups of students with disabilities, as well as an overview of students' need for adapted equipment.

The Social Security Act provides the legal right to rehabilitation for adults in institutions, whereas the Adult Education Act provides the right to education for adults with special education needs. An individual study plan is to be set up and based on expert assessment in each case. An upcoming competence reform will produce a national plan of action, including some strategies for facilitation and better integration of persons with disabilities in work related adult education.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

Upper secondary education in Norway consists of vocational training leading to vocational qualifications, and general education leading to qualifications needed for higher education. General education and vocational education are integrated, and the same procedures for

assessment and guidance apply. The main model for vocational training, i.e. trades covered by the Act on Vocational Training, consists of the two years in school and the final training in business and industry (usually two years).

### **1. Assessment of vocational aptitudes**

Occupationally disabled job seekers receive in principle the same offers from the Labour Market Administration (LMA) as ordinary job seekers. The goal of vocational rehabilitation is to give individuals a better opportunity to actively participate in working life. An assessment of the vocational rehabilitation must show that it will give the individual a realistic opportunity to find and maintain employment. It is the degree of occupational disability that decides what measures should be offered to the individual. Assistance entails determining the job seeker's qualifications and opportunities in relation to working life.

Occupationally disabled job seekers with special and complex needs may be referred by the district employment office to an employment counselling office. This service has been established in every county and is staffed with rehabilitation specialists, including psychologists.

### **2. Vocational guidance**

Vocational guidance is part of LMA's service to those seeking jobs and to those in need of vocational training. If rehabilitation is appropriate, a rehabilitation plan will be established and the job-seeker will be followed up during rehabilitation. Occupationally disabled persons shall play an active and major role in the formulation of their own plan of action and make their own decisions as to how they will find permanent employment. Their plan of action shall be based on information and guidance provided by the district employment office.

### **3. Vocational training (general and special arrangements)**

LMA offers a wide range of training schemes for occupationally disabled persons. Nevertheless, the most common rehabilitation measure is education. Occupationally disabled persons can get different benefits while undergoing vocational rehabilitation. The benefits partly cover the loss of income and some of the additional expenses during the vocational rehabilitation.

#### *Preparatory Job Training*

Evaluation and job training for up to nine months for individuals with uncertain occupational goals or opportunities. The participants receive practical job training, individually arranged qualification measures, social training and personal counselling.

*Job Training Groups*

These groups are established in co-operation with the municipal health and social welfare authorities for people with social disabilities. The municipalities obtain the work assignments.

*Special Rehabilitation Measures*

This programme finances measures for socially disabled persons. This group is not eligible for rehabilitation benefits from the national insurance. The participants either attend school or participate in a job training or observation in working life.

*Links with the labour market*

Labour market measures for ordinary job seekers may also be used by occupationally disabled persons. They may be sorted into recruiting measures and qualifying measures.

The most important recruiting scheme is the wage subsidies programme, through which one may subsidize a work place during the initial work period. Up to 75 % of the wage costs may be covered for a period of maximum 36 months.

Practice and training at ordinary places of work provide realistic acclimatization to work environment. Such measures may be financed by rehabilitation benefits or wage subsidies if it is assumed that the work opportunity becomes permanent.

The most important qualifying measure is the Labour Market Training, which offers courses within a wide range of topics, with a duration between one week and one year. Most of the courses are at secondary school level and are aiming to qualify job seekers for vacant positions in the ordinary labour market. Other courses may motivate for further education in the ordinary school system.

The in-house rehabilitation programme is designed to encourage internal rehabilitation work in firms and prevent individuals from being excluded from working life. The LMA provides counselling and to some extent financial support to encourage individual measures on the part of the business enterprises.

A working life advisory service has been established in every county to assist enterprises in their effort to take care of their employees who risk dropping out of working life. This service provides enterprises with counselling and vocational guidance with a view to establishing routines for following up absence due to sickness and in-house rehabilitation.

## **VII. EMPLOYMENT**

### **1. Principles**

The goal of vocational rehabilitation is to give individuals a better opportunity to actively participate in working life according to their capabilities. Those who have completed vocational rehabilitation shall be integrated whenever possible into the district employment offices' ordinary job placement and market oriented assistance programmes. The district employment offices provide information about regional and local labour market.

#### ***Legislation to promote equal opportunities (including quota systems)***

In accordance to The Working Environment Act, the physical access to the workplace, sanitary installations, technical arrangements and other equipment has to be shaped and arranged in such a way that it is possible for occupationally disabled persons to work there. If an employee due to an accident or disease is unable to carry out his task, the employer shall as far as possible take necessary steps to make it possible for the employee to obtain or keep suitable work.

Norway has no quota systems, but according to law and regulations for recruiting employees to the public sector special care should be taken to avoid the discrimination of occupationally disabled persons who are qualified for the job.

#### ***Aids to placement; removal of obstacles***

In accordance to the National Insurance Act, occupationally disabled persons can get special technical aids and individual adaptation of the work place. Benefits can also be given to occupationally disabled persons who need a supervisor or an assistant at the workplace.

### **2. Sheltered employment (range of systems and/or alternatives)**

The Public Sector Employment for Occupationally Disabled Persons offers qualifying and job training in specially created temporary jobs in municipal, county or state agencies. Sheltered workshops offer rehabilitation through job training and qualification measures. The goal is transition to ordinary work or training.

Employment co-operatives establish permanent work places aimed mainly at mentally retarded persons. Employment is to be based on the production of goods and services on the ordinary market.

### **3. Work at home**

The LMA has no special schemes to provide for technical aids to give people with disabilities opportunities for work at home, but specialized centres run by county authorities may provide such remedies.

However, the LMA is engaged in and contributes financially to a project organised by Disabled Peoples' Organisations (FFO), giving vocational training and education using information and communication technologies. The goal is that people with disabilities can participate in working life, for instance from their private home if they wish or if that is the only possible option.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

As mentioned in the first part, full participation and equality is the paramount objective of Norwegian policy for persons with disabilities and implies organisational and social integration in all spheres of the local communities. No unnecessary dividing lines are drawn between persons with a disability and the rest of the community. Services are primarily provided outside institutions. High priority is given to independent living, and institutions have been abolished.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

### **1. Principles**

As mentioned in the point 3 of the first part, there is very little legislation in Norway dealing specifically with the protection of people with disabilities. As in most other areas the system of protection is general, i.e. based on need, not on the reasons for this need, be it disability or any other reason.

### **2. Social and economic security systems**

#### **2.1. Social protection**

The main principles regarding social protection are to be found in the law on social services from 1991. The aims of the law are to promote economic and social security, to improve living conditions for those in need, to further equality and forestall social problems as well as contributing to independent living and an active and meaningful life in the company of others.

Persons with disabilities and others who are unable to support themselves by work or by any other means, have a legal right to support. The social assistance is meant to be a safety net of last resort. The general aim is to provide transitional support, until the person in

difficulty will again be able to support himself. The cash benefits may be given as cash proper, as loans or even – in extreme cases - in kind, i.e. food, clothes, etc. For people with disabilities these benefits are of relatively little interest, since most of them will either work or have benefits from the National Insurance Scheme, see point 2.2.

## **2.2. Economic security**

Economic security is mainly the domain of the National Insurance Act of 1997. It aims, firstly, at securing income and compensating for extraordinary costs due to i.e. disability. Secondly, it aims at levelling out income and living conditions over a lifetime and between groups. Thirdly, it aims at contributing towards self-help, so that the individual as far as possible will be able to live independently, without the support of others.

Persons legally resident in Norway are compulsory members of the National Insurance Scheme and as such eligible for support in a variety of ways.

For people with disabilities the most important parts of the scheme are disability pension, unemployment benefits, sickness benefits and rehabilitation benefits. In addition there are a number of special benefits, such as cash support for extra costs due to illness or disability. Disability pension presupposes, among a number of more specific conditions, that the capacity for work is permanently reduced by at least 50% due to illness or disability. A person who is born disabled or becomes disabled before the age of 26 gets a pension which by and large corresponds to the pension of a worker with full earning period.

## **3. Legal protection**

It has not been deemed necessary in Norway to have protective rules and regulations aimed specifically at people with disabilities. There are a few legal clauses against discrimination (notably in the penal code and the labour environment code), but they concern discrimination mainly on ethnic and racial grounds, not disability.

## **4. Social services/home help services**

Such services are regulated in the Law of Social Services of 1991. They include practical support in one's own home or, in case of need, a place in a nursing home or home for elderly people, personal support in sport and leisure and relief arrangements for those who take care of their relatives at home. Such services constitute legal rights for those who are unable to take care of themselves and therefore in need of the said services.

The municipalities are responsible for all these services. Counties are responsible for the specialised services. The society's normal service agencies retain full responsibility for all persons with disabilities.

There is no legal right to a permanent home provided by public bodies, but various support schemes are intended to increase the amount of suitable dwellings available. In practice most people in Norway, people with disabilities included, have satisfactory housing conditions.

## **5. Support to organisations of persons with disabilities**

In Norway around 80 organisations of or for persons with disabilities get support from the national budget to cover the running costs of operations. In addition they may get support from many public bodies on specific projects or upon application.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

The White Paper No. 8 of 1998-99 “ Plan of Action for People with Disabilities 1998-2001” has indicated the following measures:

- Composing a training programme and establish guidelines for implementation in public administration of the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities
- Composing a package of information and training material for local authorities and for user representatives about user participation and co-operation
- Testing of a new training programme at university level for all dental health professionals (private and public) in the area of dental/medical conditions special to people with some low frequent types of disabilities

## **XI. INFORMATION**

### ***The Central Government information policy***

The principal aims are to ensure that

- every resident and enterprise has genuine access to information on public sector activities
- every resident is informed of his or her rights, obligations and opportunity to participate in the democratic process.

Information policy is based on five principles, which must be viewed in relation to each other:

### *1. Communication*

The communication principle implies that the administration and its users are regarded as equal partners, who alternate as senders and receivers of information. It is not sufficient for the administration merely to send out information. The reactions of the public must also form the basis for systematic feedback to the various levels of the administration. This principle places great demands on the flow of information and on co-operation between different levels of the administration.

### *2. Active information*

It is not enough for the public to have access to information about the workings of the administration. The active information principle means that the administration must itself inform the public, actively and systematically. The threshold for obtaining information from the authorities on one's own initiative must be lowest for under-privileged users, especially where information on rights and obligations is concerned.

### *3. Comprehensiveness*

The principle of comprehensiveness implies that information from central government must as far as possible be co-ordinated, so that receivers perceive it as a whole. The principle entails close cooperation between sectors.

### *4. Line management*

Whoever is responsible for results in a particular area must not only have the resources and tools at his or her disposal with which to achieve the objectives, but also have the authority to use them. Like financial, legal, physical and organisational means, information must be viewed as an instrument to be used by ministries and services. This means that responsibility for information must lie where the administrative responsibility lies.

### *5. Information as a management responsibility*

The management is responsible for seeing that information is used both professionally and ethically, and that the administrative body in question has sufficient information expertise. Managers are also responsible for the implementation of information policy at their own workplaces.

### ***Information on disability policy***

In accordance with the principle of line management, or mainstreaming principle, each ministry and government agency, as well as service institutions at the municipal and county

level, has the responsibility of informing the public on legislation, services etc. within its own area of responsibility.

The Central Information Service is the Government administration's specialist body where information-related questions are concerned. The Information Service initiates measures in central government bodies, and advises them and provides expertise. They publish several booklets, among them a listing of brochures published by ministries, public agencies and organisations. In 1998, they published guidelines on how to make electronic information accessible for persons with visual impairments.

The organisations of people with disabilities provide information on disability policy and legislation in general and information specifically aimed at persons with a certain disability, their families and carers.

## **XII. STATISTICS AND RESEARCH**

Statistics Norway is engaged in compiling statistics at national level for the various sectors, including health and social sector. Data regarding the population with permanent disabilities can be deduced from sample surveys conducted periodically from Statistics Norway, like the "Survey of living conditions". Statistics Norway also publishes social statistics and nursing statistics containing relevant variables.

The Research Council of Norway has established a separate research program concerning different aspects of quality of life for persons with disabilities. Data on people with disabilities have also been collected from different private research institutes.

**POLAND**



## I. GENERAL POLICY

People with disabilities in Poland amount to approximately 5 million. This means that almost 14% of the population experience to a larger or smaller degree different types of limitations due to their disabilities. It is therefore understandable that people with disabilities constitute one of the more important objects of the public social policy. The fundamental objective of activities, which have been persistently implemented since the beginning of the 1990s, was to ensure equality of opportunities and integration of people with disabilities in the community.

1. The Constitution of the Republic of Poland of 2<sup>nd</sup> April 1997 forms a basis for the implementation of this objective.

Article 2 of the Constitution provides that the Republic of Poland is a democratic state of law, fulfilling the principles of social justice, and Article 32 contains a statement that "all persons shall be equal before the law" and that "no one shall be discriminated against in political, social or economic life for any reason whatsoever". Thus, this rule forbids also discrimination on the grounds of disability.

The Constitution guarantees to all citizens the fundamental rights and freedoms (*inter alia* in the field of education, health protection and health care, choice and performance of a profession, social security). Implementation of these rights and freedoms should take place on the basis of separate Acts of Parliament.

However, in the case of people with disabilities, expression of rights in the category of freedoms requires the application of a principle of compensating opportunities, which have been diminished in connection with the disability. This idea is fully reflected in a legislative process which should take into account a perspective of people with disabilities at a stage of general strategies' formulation and then in regulations governing different fields of social functioning.

In this way, solutions affecting all citizens provide for the separation and implementation of necessary means and instruments enabling people with disabilities to exercise in a practical way the rights granted to all people.

Special needs of people with disabilities have been taken into account *inter alia* by legal provisions governing such fields as construction, transport and communication, physical culture and tourism. Over recent years legislation pertaining to health protection, education and social welfare has been respectively amended. Appropriate provisions will be described below.

2. The social policy of our country puts special emphasis on the activities which favour and stimulate professional activity and employment of people with disabilities, which

reflects the conviction that work is one of the most important factors in reducing their social isolation and passivity and the best guarantee for exercising non-alienable rights and freedoms.

2.1. On 9 May 1991 the Sejm (lower chamber of the Polish Parliament), "taking into account the necessity to implement the principle of equality of opportunities for people with disabilities within society and to create an employment policy for these people", passed the Act concerning the employment and vocational rehabilitation of people with disabilities. It was the first complex Act in the history of Polish legislation which regulated these issues and put into practice new directions in the social policy of the state. The Act defined concerned people as "people with severe degree of physical, psychic or mental impairments which limit their opportunities for an ordinary employment".

The Act defined an organisational and financial framework of training and retraining as well as employment (including self-employment) for people with disabilities who are registered in local labour offices as unemployed or job seekers without work. Mechanisms were created to promote employment of people with disabilities on the open labour market and in sheltered employment, *inter alia* by way of financing the creation of new jobs or the adjustment of existing work places to the needs of people with disabilities.

As relates to people with disabilities who are not able to take up employment, the Act provided for the creation of occupational therapy workshops – being day centres following a process of social rehabilitation with elements of training and vocational preparation. The Act defined also a broad range of activities in the areas of vocational, social and medical rehabilitation, the implementation of which should help people with disabilities integrate in society.

The Act established the State Rehabilitation Fund for Disabled Persons (PFRON), the aim of which is to finance the activities defined by the Act, and a new position of the Secretary of State - Plenipotentiary for Disabled Persons - was created in the Ministry of Labour and Social Policy. The Plenipotentiary is responsible for shaping and creating the state social policy and the employment policy for people with disabilities and for the co-ordination and supervision of the tasks resulting from the Act. By virtue of this Act the Plenipotentiary for Disabled Persons has also been entrusted with the function of the Chairman of the PFRON Supervisory Board.

The Fund's resources designated for the implementation of statutory tasks mainly come from payments of enterprises which employ more than 50 workers (calculated as full time posts - but do not meet a requirement of 6% quota of employees with disabilities (see Chapter v.3).

According to the Act of 1994 on employment and counteracting unemployment, people with disabilities can take advantage of vocational guidance and job placement available to all citizens through mainstream services, i.e. voivodship and local labour offices.

But vocational guidance and job placement for people with disabilities as well as their training and retraining have also been entrusted to specialised services of local labour offices and to voivodship centres for employment and rehabilitation of people with disabilities, functioning within the structure of voivodship labour offices.

2.2. The Act of 9 May 1991 on vocational rehabilitation and employment of people with disabilities was superseded by the Act of 27 August 1997 on vocational and social rehabilitation and employment of people with disabilities, which came into force on 1 January 1998. It developed and upheld the essence of the previous Act while introducing a number of new solutions.

The most important of these are:

- The change of the obligatory definition of a person with a disability. According to the new definition, people with disabilities are people whose physical, psychical or mental state permanently or temporarily hinders, limits or makes it impossible to fulfil social functions, especially to perform work, if they received the judgements:
  1. on being qualified by the authorised assessing bodies for one of the three degrees of disability (severe, moderate or minor),
  2. on full or partial disability to perform work – based on separate regulations, or
  3. on the kind and degree of disability of a person under 16 years of age - based on separate regulations.
- Broadening the scope of assistance addressed to people with disabilities through the introduction of prospects for obtaining loans from the State Rehabilitation Fund for Disabled Persons (PFRON) to start agricultural activity and for supplementing interest payments on credits drawn in order to enable the continuation of commercial or agricultural activities.
- Enabling the creation of specialised training and rehabilitation centres aimed at training the adults with disabilities who, due to their level of dysfunction, are totally or seriously limited in their opportunities of training or re-qualifying within the generally available courses.
- Enabling the creation of Vocational Activity Establishments - units which are an intermediate form between occupational therapy workshops and a sheltered employment establishment. Persons with a severe level of disability will find work in these units.

- Enabling PFRON to assign the tasks referring to areas of vocational, social and medical rehabilitation to non-governmental organisations and to local self-governmental units.
- Establishing the National Consultative Board for People with Disabilities - an advisory body to the Plenipotentiary for Disabled Persons. The provisions of the Act relating to the Consultative Board sanction and develop the current national practice of mutual co-operation between government administration and non-governmental organisations.

3. An essential role of supporting the legal order in Poland is played by programmes formulated in favour of people with disabilities. Both public authorities and non-governmental structures are involved in their implementation. The programmes are drafted and implemented with the idea of developing and enriching the existing statutory mechanisms in order to more fully satisfy citizens' needs which are important from the social perspective.

All structures of central administration have been engaged in implementation of the Governmental "Programme of Activities for the benefit of people with disabilities and their integration within society", initiated in 1994, which defines the long-term, strategic and ultimate goals of the state towards people with disabilities. The main objective of the programme is the undertaking of multi-sectoral activities conducive to creating conditions in which people with disabilities can be freely active in all areas of social life. The programme is implemented in annual cycles. Government departments and central offices notify, on an annual basis, and implement tasks, financed from their budgetary resources, aimed at meeting strategic goals with co-financing with the resources of PFRON.

Within the framework of the government programme functional barriers (architectural, in communication, in transport, information, etc.) are being eliminated, the current law is being rebuilt with the needs of people with disabilities in mind, statistical and sociological research is being conducted. Activities aimed at giving access to and enabling participation of people with disabilities in cultural and recreational events, sports and tourism are being undertaken.

Besides the above-described government programme, several target programmes have been recently initiated, based on the resources of the State Rehabilitation Fund for Disabled Persons (PFRON). They are addressed to different groups of people with disabilities. Their main objective was supporting vocational activity of these people.

4. At present Poland faces the introduction of the structural reform of the state which will come into force from 1 January 1999. It will be an immense challenge within this reform to incorporate new principles of implementation of state social policy – also with respect to people with disabilities.

The reform is connected with far-reaching delegation of powers of the governmental administration to self-government level (to regional and local self-governments). This also means that local communities take over the responsibility for citizens' matters (so far coming within the competence of central authorities), including the decision-making and financial powers.

General trends in the social policy of the state, relating also to people with disabilities, are presently aimed at gradual departure from a principle of welfare state in favour of a principle of subsidiarity. The latter principle consists in a situation where the central structures of the state delimit basic strategies but leave in their competence only such tasks which could not be properly implemented at lower levels.

## **II. PREVENTION AND HEALTH EDUCATION and**

## **III. IDENTIFICATION AND DIAGNOSIS**

The national Health Programme, adopted by the Council of Minister's Committee on Economy and Social Policy, has been implemented and modified accordingly since 1990.

The National Health Programme commits governmental bodies, all sectors of the national economy and the whole society to health promotion. Its guiding principle is to support and promote prevention as a key element of health care, aimed at reversing the trend of still growing morbidity and mortality.

The development of the present, namely the third version of the National Health Programme (NHP) for 1996-2005 had been preceded by a thorough analysis and evaluation of activities undertaken up to the year 1996 by different sectors.

The objectives and guiding principles, which underpinned the decision to modify the Programme, were the need:

- to adjust the plan of action to present living conditions and health needs and problems of the population (e.g. rapid economic and social changes resulting from the process of transformation bring about multifarious health hazards);
- to enlarge the body of participants and performers involved in the National Health Programme implementation, with particular reference to territorial self-governments and local communities;
- to benefit from new national and international experiences, and modern methods of health promotion and prevention of certain diseases.

Health promotion helps people to increase the control over their own health and to improve their health condition by making choices and taking decisions conducive to health, increasing community awareness, developing competencies to solve health problems and increasing health potential.

Among the operational targets and tasks designed for achieving the goal of NHP, the most important are:

- promotion of mental health and prevention of mental disorders,
- reducing the incidence of accidents, and traffic accidents in particular,
- preventing premature births, low birth-weight and reducing related health effects,
- improving early diagnosis and active medical care of persons at risk of ischaemic heart disease,
- improving early diagnosis and treatment of cancer disease,
- improving prevention of communicable diseases,
- providing better opportunities for people with disabilities and developing their capacities to lead an active life.

Health education is widely conducted in the form of lectures, films and leaflets on health risks and methods avoiding them, i.e. to promote education of people in the areas of healthy diet, to organise the dietary counselling for healthy and sick persons under the public health care system, to promote and encourage further breastfeeding of newborns, to reduce tobacco smoking, to enforce the provisions of the Health Care Law especially those included in the section on the effects of tobacco smoking.

Preventive activities are guided by the recommendation of the health sector, for example, in respect to communicable diseases by obligatory vaccinations. Concerning the newborns, infants, children and youth, certain age groups are expected to undergo medical examinations:

- comprehensive medical examination at birth and at the ages of 2, 4, 6, 10 and 16 years,
- periodical medical examinations up to the age of 2 years,
- screening examinations up to 18 years.

#### **IV. TREATMENT AND THERAPEUTIC AIDS**

The harmonious development of health care in the Republic of Poland is connected with health policy programmes and with the implementation of particular legal acts. The Ministry of Health and Social Welfare introduced and subsidised the implementation of many health care programmes, i.e:

- Programme on Perinatal Care,
- National Programme of Heart Protection,
- National Programme of Prevention and Treatment of Stroke,
- Programme on Improvement of Early Diagnosis and Treatment of Glaucoma in Poland in the years 1997- 2000,
- Programme of Treatment and Rehabilitation of People with Hearing Impairments in Poland,
- Also the implementation of the strategic governmental programme "Safety and Human Health Protection in the Working Environment" is still continued.

An Act on the Service of Labour Medicine from the 27 June 1997 deals with all the problems of occupational health of working people. Working people are entitled to: e.g. preventive medical care, active medical care in the case of occupational disease, outpatient medical rehabilitation.

Under the Health Establishments Act from 30 August 1991 (with its later revisions from 1997 and 1998) and the Universal Health Insurance Act of 6 February 1997 (with later revision from 1998) insured persons are entitled to:

- health services provided with a view to maintaining and promoting health, and also emergency assistance and in particular doctor's examinations, consultations and surgeries, diagnostic examinations, medical treatment, medical rehabilitation nursing care, vaccination and also planned prevention activities,
- supply of orthopaedic devices, technical devices for free or for partial payment at the order of a health insurance doctor. Persons becoming disabled through war or military service have a right to the free supply of orthopaedic and accessory appliances and technical devices.

The Decree of the Minister of Health and Social Welfare of 6 November 1998 determines a list of orthopaedic devices and accessory appliances to which the insured persons are entitled free of charge or for partial payment.

The medical rehabilitation is recognised as an integral part of the procedure employed in the therapy of a large number of diseases, injuries and congenital impairments.

All the health care establishments of the primary level are obliged to provide patients with early rehabilitation services within hospitals as well as out-patient care. Early rehabilitation is also undertaken by the regional hospitals.

The establishments securing continuity of medical rehabilitation for persons requiring long-term therapy are the following:

- provincial (*voivodship*) rehabilitation centres, providing comprehensive rehabilitation,
- specialised rehabilitation centres,
- sanatoria of health resorts,
- community-based rehabilitation.

## V. EDUCATION

1. Under the legislation in force, education of children and young people with disabilities forms an integral part of the education system and is being realised at all levels – starting from a kindergarten and ending with higher schools – under various organisational conditions.

1.1. Under the Act of 1991 on the Educational System, the system in question in particular ensures:

- exercising by every citizen of their rights to education and rights of children and youth to up-bringing and care according to age and attained development level,
- adjustment of contents, methods and organisation of schooling to the psycho-physical abilities of pupils as well as a possibility of benefiting from psychological care and special forms of didactic work,
- access of children and young people with disabilities to education in every type of school according to predisposition and in accordance with individual needs as concerns development and education.

1.2. Fundamental educational goals for children and young people with disabilities correspond to general objectives of rehabilitation and resocialisation assuming the achievement of the optimum level of social functioning. Adequate organisation of didactic and educational processes, adjusted to the needs and possibilities of children and young people with disabilities, allows for efforts aimed at the achievement of the maximum possible level of individual development and at ensuring education at the possibly highest level.

1.3. The education system provides children with disabilities with:

- Access to mainstream kindergartens, as well as integrated and special kindergartens.  
Special kindergartens are mainly organised for the moderately and severely mentally disabled children and for blind and deaf children aged from 3 to 6 years (with a possibility of prolonged attendance up to 10 years of age – in justified cases). Other children with disabilities attend mainstream or integrated kindergartens.

- Possibility of education to the eighth form of primary schools, which are mainstream, or integrated schools, in integrated or special classes of mainstream primary schools and in primary special schools for pupils from 7 to 21 years of age. Compulsory schooling covers children with disabilities under 17 years of age. Children with disabilities within an intellectual norm follow curricula designated for mainstream primary schools. Autistic children, mentally disabled children in low degree as well as in moderate and severe degree follow curricula adjusted to their abilities. For severely mentally disabled children in high degree aged from 3 to 25 years, revalidation and educational activities are organised. Participation in such activities is considered as the fulfilment of school obligation. In integrated classes of mainstream or integrated schools, to each group of healthy children – smaller in size than in normal classes – 3-5 children with disabilities are included.
- Opportunity of education in two-year schools adapting for work, which are designated for mentally disabled young people with moderate disabilities or a considerable degree of disability. Such a type of school is designated for graduates of eight-year special primary school.  
 Opportunity of education in post-primary mainstream or special schools: basic vocational, comprehensive or vocational secondary.  
 In schools above the primary level young people with disabilities may be educated up to 24 year of age. Young people with physical disabilities (but within an intellectual norm) are educated following curricula for mainstream post-primary schools. Graduates of secondary schools, both mainstream and special, may – similarly as their able-bodied colleagues – apply for admittance to higher schools.  
 For young people with a mental disability by law only education in special basic vocational schools is available (both general and vocational subjects are taught on a basis of curricula adjusted to abilities of children with mental disabilities). It is a final stage of school education for this group of young people. Practical vocational training is conducted in school workshops and with employers (which is more and more frequent practice). It facilitates graduates finding employment and accelerates their social and vocational adaptation. Graduates of special basic vocational schools, as a result of intensive learning, acquire manual workers' skills in accessible occupations.
- Vocational guidance provided by psychological and pedagogical counselling centres for children with disabilities of higher forms of primary schools. It covers the choice of further education corresponding to abilities of these children.

- 1.4. Supervision of the functioning of the education system, including pedagogical supervision over schools and education centres, as well as over the activity of school superintendents acting at the territories of voivodships, is exercised by the Minister of National Education. Direct supervision over the activity of post-primary schools, education and care centres in voivodships, including special centres, is exercised by the school superintendent with the aid of his office. Organisation and functioning of kindergartens and primary schools (with the exception of special schools) comes within the competence of self-governments at local level (*gminas*).
2. Within the framework of introduction of education system reform, planned for 1999, current legislation on schooling will be also changed.
  - 2.1. The changes will provide children and young people with disabilities, as their able-bodied peers, with access to education at all reformed levels in:
    - kindergartens, including kindergartens with integrated groups and special kindergartens (for children aged 3-6 years), together with one year preparation for school for 6-year-old children,
    - primary (6-year) schools, including special or integrated schools and mainstream schools with integrated or special classes,
    - grammar schools (three-year, compulsory), including special or integrated schools and mainstream school with special or integrated classes,
    - two-year vocational schools, also special vocational schools (with a possibility of prolongation of the schooling period to 3 years) – accessible to all young people with disabilities,
    - two-year profiled Polish secondary schools, also special schools, but only for young people within an intellectual norm,
    - two-year complementary Polish secondary schools, also special schools for graduates with disabilities of vocational schools (excluding those with a mental disability) who will be willing to continue education at higher university level,
    - post-secondary school (two, three or four semesters) including special schools, for graduates who will be willing to acquire skills at the level of a technical secondary school,
    - higher vocational and university-level schools – according to general principles.

## 2.2. Foundation and running of public:

- kindergartens, including kindergartens with integrated groups and special kindergartens as well as primary schools, including integrated and schools with integrated classes, will fall within powers of local authorities (*gmina*);
- special primary and grammar or post-grammar schools, including integrated schools with integrated classes, will fall within powers of self-government of the middle level (*powiat*),
- schools, educational- and care institutions, and also centres of re-socialisation of regional range will fall within powers of voivodship self-government.

## 2.3. Various forms of education for children and young people with disabilities will still be maintained, including education through the mainstream system, integrated system and special system. The education system reform assumes that in education of children and young people with disabilities special emphasis will be laid upon the respect for a principle of integration of this group of children and youth in mainstream school environment.

## 3. Special education is also subject to reform. The most important activities undertaken in this field include:

- Development of the functioning of the vocational orientation and guidance system at the level of special primary school and in psychological and pedagogical counselling centres. When qualifying pupils for vocational education, their interests, psychophysical predisposition, level of knowledge and skills as well as future employment opportunities are increasingly taken into account.
- Considering possibilities and needs of young people with disabilities, mainly mental disabilities, within the framework of activities in the field of preparation of classification of jobs and specialisations. The classification will include a list of occupations broken down by specialisation with differentiated level of difficulty and corresponding to the labour market demand.
- Establishment - in basic vocational special schools - of classes teaching in multiple occupations, which will facilitate a choice of appropriate direction of vocational education for individual pupils (taking into account their different intellectual and physical capabilities).
- Establishing a closer link between vocational education and enterprises thanks to the organisation of practical vocational training in enterprises, mainly for pupils of final forms, to facilitate the social and occupational adaptation of special schools' graduates.

- Adjustment of a didactic and educational process to the possibilities of implementation of wide-profile education, which will allow every pupil with a disability starting education in a primary school to complete the school cursus and acquire vocational qualifications corresponding to knowledge and skills.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

1. In accordance with the provisions of the Act of 27 August 1997 on vocational and social rehabilitation and employment of people with disabilities, vocational rehabilitation is aimed at facilitating to people with disabilities the acquisition and maintenance of appropriate employment and professional advancement thanks to an opportunity of taking advantage of vocational guidance, training and job placement.

2. The Act also specifies activities which are necessary to meet this objective. They cover inter alia:

- Assessment of ability for work, inter alia through:
  - medical and psychological examinations enabling the determination of physical, psychical and mental ability to perform occupation and assessment of possibility to increase this ability,
  - recognition of skills, vocational experience, abilities and interests,
- Conducting vocational guidance with the appraisal of ability for work and enabling for the choice of appropriate occupation and training,
- Vocational preparation taking into account employment perspectives,
- Choice of appropriate place of work and its equipment,
- Determination of technical means allowing for or facilitating work performance, and if such need arises provision of orthopaedic and auxiliary appliances, rehabilitation equipment, etc.

3. In Poland the system of disability assessment was amended in 1997. The change consisted in the separation of assessment for pension purposes (connected with granting the right to benefits in respect of total or partial loss of ability to gainful work) from assessment for non-pension purposes, that is first of all for the purposes connected with vocational and social rehabilitation.

Separate organisational structures have been established within a new system – that is voivodship teams for assessment of the degree of disability, within voivodship labour offices – as the first instance - and the National Team on Assessment of the Degree of Disability – as the second instance.

After the change of the legislation in force since 1 January 1999, decisions in the first instance will be taken at the level of a district (*powiat*) and in the second instance at the level of the voivodship.

It should be mentioned that the assessment of the degree of disability is accompanied by the assessment of the psycho-physical abilities of people with disabilities. Such assessment, after its confronting with the preferences of a person with a disability, concerns further rehabilitation and allows for indication of the optimum direction of the occupational career.

4. Vocational guidance for people with disabilities as well as training and retraining is carried out by local and voivodship labour offices under the principles laid down in separate provisions (Act of 1991 on Employment and Counteracting Unemployment).

Since 1 January 1999 – in connection with the change of legislation in force – these services will be provided by new entities – district (*powiat*) labour offices.

5. For several recent years training has been organised for vocational counsellors employed in voivodship and local labour offices to prepare them for the work with people with disabilities. Training activities are financed both from the resources being at the disposal of the National Labour Office and the resources of the State Rehabilitation Fund for Disabled Persons (PFRON).

Under the legislation in force (the Act of 1997 on Vocational and Social Rehabilitation and Employment of People with Disabilities), resources of the Fund are also designated for establishment and functioning of vocational guidance for people with disabilities.

6. Training for people with disabilities is organised to increase their employment opportunities, up-grade current vocational skills or increase the level of their vocational activity, in particular if the following circumstances arise:

- Lack of vocational skills,
- Necessity of changing skills in connection with absence of proposals of appropriate employment,
- Loss of ability to work in previously performed occupation.

6.1. People with disabilities who are registered in local labour offices as unemployed or job seekers without work have the right to free training or retraining (fully financed from PFRON resources). The same applies to people with disabilities during a period of notice if an employment contract is to be terminated for reasons connected with the employer and if in effect of acquired disability these people have lost their ability to perform work in previous occupation or if the change or up-grading of skills may increase their employment opportunities.

6.2. Training for people with disabilities is carried out in the form of extra-school courses and is aimed at teaching occupation, at retraining or developing skills. The training may be conducted:

- in training institutions
- in special training and rehabilitation centres.

6.3. People with disabilities who require special training programmes as well as medical and social rehabilitation are referred by appropriate services to a specialised training and rehabilitation centre or to other training centre.

The tasks of a special centre include:

- Training of people who, due to disability, have an impeded or difficult access to training in other centres,
- Assessment of psycho-physical ability of a given person in relation to requirements of various occupations,
- Assessment, through appropriate tests of proficiency and practical tests, of abilities of a given person and possibilities of their development,
- Providing the participants of training with accommodation, food, didactic aids as well as medical care and rehabilitation services.

Costs of establishment and functioning of a special centre are financed from the resources of the State Rehabilitation Fund for Disabled Persons (PFRON).

6.4. Training for people with disabilities may be organised also by the employer. The employer may apply for refunding of expenditures incurred in connection with training of employees with disabilities. The refunding may take place from PFRON resources, at the amount specified in the Act. Refunded costs have to be reimbursed if the employment contract with the trained worker with a disability is terminated before 24 months from a date of training completion and such termination is caused by reasons connected with the employer.

7. In the framework of the social insurance system reform, since 1 September 1997, an opportunity has been introduced to grant the training pension. The pension may be granted for a period of six months to persons who on account of their health condition have lost their ability to work in their previous occupation if a decision was taken on their vocational retraining. The period of acquiring a pension may be prolonged for additional time necessary for retraining, however not exceeding 30 months. Training of such people is also financed from the PFRON).

8. In the years 1995-1997 training for people with disabilities was also conducted within the framework of a target programme entitled “Promotion of Vocational Activity of People with Disabilities”.

- 8.1. The programme has been launched by the State Fund of Rehabilitation of Disabled Persons mainly with the idea to help disability pensioners, because an amendment of the statutory definition of the unemployed person, introduced in December 1994, deprived these pensioners of the opportunity to benefit from free training and retraining.
- 8.2. The programme was fully financed from the resources of the State Rehabilitation Fund for Disabled Persons (PFRON) and was implemented by the National Labour Office structures.
- 8.3. Training covered by the programme could be attended by people with disabilities:
  - Registered in local labour offices as job seekers and being without work,
  - Carrying out economic activity if its continuation or development required raising or acquiring new skills.

9. Between the years 1992-1997 a total number of almost 24,000 people with disabilities were trained or retrained with the use of the PFRON resources. This number included more than 11,500 people trained in the framework of the above-mentioned programme.

## **VII. EMPLOYMENT**

1. The strategy of the state concerning employment of people with disabilities is aimed at providing them with work corresponding to their skills and psychophysical capabilities. It is also aimed at maintaining in employment as large as possible a number of workers with disabilities. Effective implementation of this strategy requires that a principle of equal opportunities for people with disabilities on the labour market is complied with.

The regulation on the prohibition of discrimination due to disability was included in the Labour Code (Act of 1974) by virtue of amendment of this act carried out in 1996.

The mentioned strategy provides for activities addressed to:

- People with disabilities (with different level of physical, psychical and mental abilities) who are able to gainful work but are unemployed or job seekers without work and have registered in a labour office,
- Employers who employ people with disabilities.

2. The Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of People with Disabilities introduces instruments, which stimulate vocational activity of people with disabilities and promote their employment both on the open and the sheltered labour market as well as in self-employment.

These instruments are financed from the resources of the PFRON.

3. Financial resources remaining at the disposal of the PFRON mainly come from employers (who employ at least 50 workers and since 1 January 1999 – at least 25 workers) obligated by the above-mentioned Act to make monthly payments to the Fund, if the employment rate of people with disabilities in these enterprises had not reached the level of 6% in relation to the total number of employees.

Payments to the PFRON are calculated on a basis of the difference between actual rate of employment of people with disabilities and the rate required by law, multiplied by half of the average remuneration.

4. Under the above-mentioned Act, at least 65% of the resources of the PFRON in a given year are designated for the employment and vocational rehabilitation of people with disabilities.

In this regard, PFRON resources are designated, beside expenditures on vocational guidance and training as well as job placement (described in chapter VI), inter alia for the following purposes:

- Creation of new and adjustment of existing jobs for people with disabilities: employers fulfilling specified conditions may be refunded part of the costs incurred in connection with the organisation of new or the adaptation of existing jobs for people with disabilities, remuneration for these people and social insurance contribution on the remuneration;
- Loans for people with disabilities to start commercial or agricultural activities. In specified cases a loan may be remitted in whole or in part and a date of its repayment may be delayed;
- Supplementing in 50% of interest payments on credits drawn by people with disabilities carrying out economic activity or running their own or leased farms in order to enable the continuation of commercial or agricultural activities.

5. Employers who employ at least 50 workers (and since 1 January 1999 – at least 25 workers) have the right to relief in income tax if the employment rate of people with disabilities in a given enterprise equals at least 7%. If the rate exceeds 50%, an enterprise is exempted from tax, but 50% of resources gained thanks to this relief or exemption have to be paid to the PFRON.

6. People with disabilities who have no practical access to the open labour market due to disability type and level, may find employment in sheltered conditions, that is in sheltered work establishments or vocational activity establishments.

6.1. These establishments play an important role in vocational rehabilitation of people with disabilities and for this reason they have been guaranteed by the Act of 27 August 1997 *inter alia* the right to:

- Several tax exemptions and exemption from some non-tax budgetary payments, from payments in respect of value added tax (under principles determined in separate provisions) and payment of considerably lower rate of social insurance contribution on remuneration of employed people with disabilities - to the end of 1998 (from 1 January 1999 the part of these social insurance contributions will be paid from the resources of state budget or of PFRON); the major part of resources gained by the sheltered work establishment thanks to above-mentioned exemptions has to be allocated at the establishment rehabilitation fund, and in the case of vocational activity establishment – such resources are paid in full amount to the establishment activity fund. Both funds remain at the disposal of the employer.
- Financial support from the PFRON.

In the case of sheltered work establishment this covers:

- Supplementing up to 50% of interest payments on bank credits;
- Loan for investment purposes, for the modernisation or restructuring of the establishment – which may be remitted up to 50%;
- Co-financing to or refunding of remuneration of people with disabilities in case of ascertaining their psychical disease, mental disability or epilepsy – to the amount of 75% of minimum wage;
- Reimbursement of costs of training for people with disabilities employed in a given establishment in connection with the necessity of changing production profile;
- Subventions connected with the employment of people with disabilities.

In the case of a vocational activity establishment – costs of its creation and activity may be financed from the PFRON.

6.2. To receive a status of sheltered work establishment an enterprise should employ a specified quota of people with disabilities, and namely:

- At least 40%, including at least 10% of total employment being people assessed towards severe or moderate grade of disability; or
- At least 30% of blind people, psychically sick or mentally disabled people classified among severe or moderate grade of disability.

The employment rate of people with disabilities with a severe grade of disability in vocational activity establishments differs, depending on the kind of activity which is carried out by a given establishment.

- 6.3. People with disabilities employed in the described establishments are provided by the employer with primary and specialised medical care, counselling and rehabilitation services as well as the possibility of benefiting from the establishment rehabilitation fund for people with disabilities – in the case of sheltered work establishment or establishment activity fund – in the case of vocational activity establishment.

7. The Act of 27 August 1997 guarantees several additional rights to employed people with disabilities, and in particular:

- It limits a possibility of employing certain categories of people with disabilities at night and in overtime;
- It entitles certain categories of people with disabilities to:
  - Reduced hours of work (without lowering their remuneration), including a break (up to half an hour a day) for gymnastics or rest;
  - Additional recreation leave;
  - Time off from work (while retaining the right to remuneration) *inter alia* for the purpose of participation in a two-week rehabilitation holiday, of undergoing specialised examinations, medical and improvement treatment.

8. As an important supplement to activities carried out on the basis of the above-mentioned Act, one should mention the implementation – since 1993 – of target programmes financed from the resources of the PFRON. Several such programmes directly addressed to people with disabilities have been recently initiated. They were aimed at providing assistance to increase vocational activity of these people. Programmes concerned training, jobs creation in rural areas and financial assistance enabling to take advantage of a service or purchase which would increase the opportunity of starting or continuing work or education.

Assistance was most often granted in the form of advantageous loans or in the form of financing of training. Some of the mentioned programmes provided for a possibility of remitting a part of a loan.

## VIII. SOCIAL INTEGRATION AND ENVIRONMENT

Real integration of people with disabilities in a society depends on whether appropriate conditions have been created in which they may live independently, according to their wishes and preferences, in their closest environment – as all other citizens. Success of activities undertaken in favour of integration of people with disabilities mainly requires legislation favouring elimination of all kinds of barriers and restrictions impeding their independent and active life.

Creation of such legislation in Poland coincided with the beginning of economic and structural transformations taking place at the turn of the 1990s.

### 1. *Elimination of barriers – buildings, housing, communication*

- 1.1. Legal provisions which impose an obligation of taking into account the needs of people with disabilities (providing access and internal communication) in designing and construction of public use buildings, housing and institutions were introduced for the first time in July 1980 with binding force since 1 January 1981.
- 1.2. Current legal state: regulations introduced by the Acts of July 1994 (with binding force since 1 January 1995) concerning:
  - Town and country development (where an obligation of taking into account *inter alia* the requirements of people with disabilities has been expressed) and
  - Building Law.

Both Acts impose upon investors an obligation of considering the needs of people with disabilities not only in the implementation of new investments but also in the modernisation of existing buildings – using methods determined *inter alia* by a regulation issued on the basis of the Building Law.

- 1.3. Building Law provides for design, construction and maintenance of a building in such a way as to ensure *inter alia* necessary conditions for the public use of buildings and multi-family housing by people with disabilities, in particular people using wheelchairs.

The described provisions relate to public and private buildings, which fulfil certain public functions (such as public administration buildings, judicature, culture, education, science, health service, social welfare, commerce, services,

sports, tourism, services for passengers in railway, road, air and water transport, post and telecommunication, religious buildings).

Regulations adopted on the basis of the Building Law also refer to issues connected with counteracting and removing urban barriers, i.e. connected with levelling of differences in communication tracks for pedestrians and parking places, installation of sound signalling as well as differentiating the structure of pavements for pedestrians and elimination of kerb-stones, etc.

- 1.4. To eliminate architectural barriers in buildings constructed before 1995 when no appropriate provisions existed (before July 1980) - or the existing law has not been complied with – the State Rehabilitation Fund for Disabled Persons initiated in 1992 a programme of subventions for activities aimed at the elimination of architectural barriers in order to provide people with disabilities with access to such buildings, mainly housing buildings. Subventions were granted by voivodship centres for employment and rehabilitation of people with disabilities on a basis of annual plans of architectural barriers' elimination and later (since 1 January 1998) by regional branches of the Fund. From 1 January 1999 subventions will be granted by newly established structures – district (*powiat*) centres for family assistance.
- 1.5. Independent living of people with disabilities is also favoured by provisions of the following Acts:
  - of 19 August 1994 on Protection of Psychical Health;
  - of 14 June 1996 on Social Protection.

These provisions introduced a possibility of creating so-called sheltered housing, that is housing for people (mainly with psychological disorders) leaving permanently or for some time social welfare institutions to start independent living, requiring however support from social welfare (care services). These provisions also regulate collaboration of governmental administration bodies with non-governmental organisations in the field of social welfare organisation, including assistance for people with disabilities and create an opportunity for gaining independence by people with disabilities residing in social welfare institutions, *inter alia* in support centres – with sheltered housing being their special form.

## 2. Communication

Activities serving the aim of eliminating barriers and obstacles encountered by people with disabilities in their everyday functioning are also carried out in the sphere of communication.

The Polish Post has been obligated by the legislation in force to deliver mail, including parcels, to accommodation of people with disabilities and to take from their accommodation mail to be posted. The Polish Post is also obliged to install within a network of generally accessible public telephones, telephones accessible to people using wheelchairs, textphones and videophones.

Appropriate provisions ensure that people with disabilities have the priority to conclude a contract on the use of telephone subscription and have the right to reduced charges for subscription as well as to payment in instalments for connection with a telephone network.

Technical solutions, helping in communication of blind and deaf people, are disseminated *inter alia* in a form of “Catalogue of telecommunication equipment for people with disabilities and elderly people” which has been delivered to all people concerned.

Elimination of barriers in communication is also carried out through the purchase and installation of fax machines, inductophonic loops, telephone amplifiers as well as visual signalling (thanks to resources of PFRON).

### *3. Technical aids*

Appropriate legislation governs the provision of orthopaedic and auxiliary appliances and technical medical equipment to disabled people with various body dysfunctions. These appliances may be provided free of charge, they may be fully payable or offered at a reduced price.

A list of orthopaedic and auxiliary appliances and technical medical equipment granted free of charge or at a reduced price is drawn up by the Minister of Health and Social Welfare.

People with disabilities bearing considerable costs of orthopaedic and auxiliary appliances may be granted financial assistance under the principles determined in social assistance legislation.

Provision of orthopaedic and auxiliary appliances to people with disabilities is also partly financed from PFRON resources.

### *4. Leisure, sport, cultural activities*

People with disabilities (sometimes in the company of persons taking care of them) may participate in rehabilitation stays, which take the form of active recreation of at least two weeks' duration, combined with the elements of medical and social rehabilitation. Such rehabilitation stays for people with disabilities (and – in justified cases – the stay of persons taking care of them) may be subsidised once a year from PFRON resources.

Equal right to various forms of physical culture of all citizens, irrespective of their age, sex, religion, race or level and kind of disability has been guaranteed by the Act of 18 January 1996 on Physical Culture.

In February 1996 the Office for Physical Culture and Tourism drafted a programme of development of sports for people with disabilities. The Programme was entitled “Sports – a chance for life”. The Programme will be implemented up to 2004. Its main objective is to ensure participation of all groups of people with disabilities in active sportive life, in all its forms, according to their interests and capabilities.

Particular attention is given to, amongst others:

- Sports for children and young people with disabilities,
- Development of physical culture organisations for people with disabilities,
- Providing sportsmen and sportswomen with disabilities with access to training, participation in national and international events as well as participation in integrated sports competitions.

The Ministry of Environmental Protection, Natural Resources and Forestry is implementing a programme of ecological education for people with disabilities and their families, e.g. by ensuring access to national parks to people with disabilities.

The Ministry of Culture and Arts drafted in 1996 the “Interministerial Programme of Cultural Education”, within which there are implemented the tasks in favour of people with disabilities, such as:

- Organising events and artistic programmes for people with disabilities;
- Promoting artistic production of people with disabilities;
- Increasing accessibility of institutions of culture (theatres, philharmonic theatres, museums, galleries, libraries) for people with disabilities as well as accessibility of artistic schools for children and young people with disabilities.

## *5. Transport*

At present in Poland certain investments are implemented which increase the accessibility of means of transport and infrastructure for people with disabilities.

Under the Act of 1984 – Transport Law, a carrier is obliged to initiate activities facilitating the use of means of transport, check points, stops and platforms by people with disabilities, including people using wheelchairs. These activities are financed from the state budget,

from budgets of local government units, budgets of transport enterprises and PFRON resources.

The Ministry of Transport and Maritime Economy has been implementing since 1996 a “Project of the long-term programme of gradual adjustment of public passenger transport to services for people with disabilities”.

In some cities, when bus and tram fleets were replaced, low-floor buses and trams have been bought and street communication tracks have been modernised (kerbs have been lowered, adequate light and sound signalling has been installed for blind people).

Since 1995 the State Rehabilitation Fund for Disabled Persons has been implementing a programme “Transport in favour of people with disabilities”. Within this programme the following activities are *inter alia* subsidised from PFRON resources:

- Purchase by urban transport enterprises of buses adjusted to transport of people with disabilities,
- Purchase of minibuses or buses by organisational units dealing with vocational, medical and social rehabilitation of people with disabilities.

Certain categories of people with disabilities and persons taking care of them have the right to free transport (or transport at reduced price) by means of public collective transport.

Drivers with disabilities and drivers transporting people with disabilities may disregard certain traffic signs: traffic prohibited, no entry and parking prohibited.

Many people with disabilities fulfilling determined criteria may be granted an advantageous loan from PFRON resources for the purchase of a car. These loans were granted within target programmes implemented in the years 1993-1997: “Education is your chance”, “Bonus for active people” and “Car Programme”.

Sales of special passenger cars adjusted to the needs of people with disabilities is covered by lower value added tax (7%).

## 6. Other activities

Many non-governmental organisations are engaged in the promotion of social integration of people with disabilities. Their activity aimed at the elimination of various kinds of barriers, including psychological barriers and barriers in awareness both of the society of able-bodied people and the population of people with disabilities is considerably supported by

public means. PFRON resources are used for supporting activities in the field of vocational, social and medical rehabilitation, initiated by non-governmental organisations as well as local government bodies.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

The Social Welfare Law provides that: "the objective of social assistance is to meet the necessary needs of persons and their families and to open for them the opportunity to live in decency and dignity. Social welfare should, to the best of its means, lead to the independent livelihood of persons and their families and their integration within the environment".

People with disabilities and their families come under provision of the Law on Social Welfare.

Social welfare is organised by the state and local self-government organs, which co-operate in this area with social organisations, the Catholic Church, other churches, religious societies, foundations, employers, as well as natural and legal persons. Persons and families taking advantage of social assistance are obligated to take part in solution of their difficult situation.

The duty to fulfil the tasks of social welfare is vested in the community and state administration, within the scope set out by virtue of the law.

The inherent tasks in the area of social needs of mandatory character, implemented by communities include:

- providing shelter, meals, essential clothing to deprived persons; provisions of care, including specialist services within the area of residence; covering the costs of medical services; granting target benefits for covering expenditures caused by acts of fate; social work. Moreover, one of the tasks commissioned to communities is to provide specialist nursing services, granted by virtue of provisions on protection on mental health, and also organising and managing environmental self-assistance homes.

Single persons who due to their age, illness or other causes require assistance from other persons and are deprived of such assistance are entitled to nursing services. This kind of service may also be granted to persons who require the assistance of other persons but whose family cannot provide such services. Nursing services include the assistance in meeting vital daily needs, hygienic care, nursing recommended by physicians and, depending upon possibilities, also the ensuring of contacts with surroundings. When granting assistance in the form of nursing services, the communities shall determine the scope of such service. The community determines, by way of a resolution, the detailed principles governing the granting and payments for nursing and specialist nursing services,

with reservation to the services paid in the scope of the rules on psychical health care, as well as the detailed principles governing the partial or full exemption from charges and the terms of payment of such fees.

Specialist nursing services are the services adapted to special needs, ensuing from the type of illness or disability and provided by persons with specialist training.

If the provision of nursing services at the place of residence is impossible, the person in need of nursing or his/her statutory representative may apply for the allocation of a place at a social welfare home.

Nursing services may also be provided by support centres and social welfare homes, including protected living quarters. Support centres provide day-care facilities, basic nursing, recreational, cultural and educational services, as well as meals during the stay. Centres may also provide rehabilitation treatment.

It is crucial to add that the tasks of the Voivodship in the social welfare area include in particular:

- organising specialist social advisory services and providing supervision over such services;
- organising and financing social welfare homes and environmental self-assistance homes of supra-local range and directing there the persons in need of care; Voivodships may keep specialist social welfare homes;
- implementing the binding standards of services provided by social welfare homes, including specialist units, kept by the Voivodships;
- providing professional supervision over the required standard of social services and relevant professional level of personnel employed in social welfare organisational units, regardless of the entity managing such units.

The types of specialist nursing services and the qualifications of persons providing such services and the procedures and terms for determining and charging the fees, as well as the conditions for partial or full exemption from such fees are determined by way of an Ordinance issued by the Minister of Labour and Social Policy in agreement with the Minister of Health and Social Welfare.

The expenditures for nursing or medical services, assistance in kind, benefits for reaching economic self-sufficiency and target benefits are subject to repayment in full or in part by the beneficiary when the income per person in family exceeds the amount mentioned in the Act on Social Welfare. Communities shall, within the scope of their own tasks, determine

by way of the resolution the principles of refunding and determine, basing on environmental inquire, the condition of person and family and determine what part of expenditures are subject to refund.

It is very important to underline that all kinds of social welfare services are targeted not only for reaching the basic economic self sufficiency, but also to provide people with disabilities with a possibility to play an active role and to integrate in society.

Besides different possibilities of social welfare in kind, people with disabilities can apply for benefits in money, for example:

Social pension - a benefit which is paid to people with total incapacity for work whose disability originated in childhood or youth (see Article 27a of the Law on Social Welfare). The assistance is given in the form of a pension, not an allowance, as it is granted irrespective of the recipient's income and in lump sums (and not as a supplement to a given income level). Hence, the recipients of this pension are guaranteed payments on at least the level to which the income of people benefiting from allowances granted on the basis of the income criterion is being supplemented (specified in Article 4, para.1 of the Law on Social Welfare).

A permanent allowance is a benefit for the guardian of a child with a disability, based on the level of income, granted as a guarantee on the basis of Article 27, paras. 1-3 and 5 of the Law on Social Welfare. Although this is an allowance based on the income criterion, it is paid in lump sums - just as the social pension - not at a compensatory level. Thus, in a similar way to the social pension, it constitutes a guarantee of means at least on the level of the income criterion adopted in the Law on Social Welfare.

Compensatory permanent allowance is targeted at people unable to work due to old age or disability, it is dependent on income, guaranteed and paid as a supplement to the sum of the income criterion (it is administered pursuant to Article 27, paras. 4,6, and 7 of the Act on Social Welfare).

A temporary allowance is intended for every person or every family. It is dependent on income and the situation of need, imposing the obligation of availability for work, vocational retraining or proving his or her eligibility for the benefit otherwise. It is a benefit which can be paid as a supplement to the level of the income criterion and paid over a discretionary fixed period of time (legal grounds: Article 31, paras. 1-4, Law on Social Welfare and the Regulation of the Minister of Labour and Social Policy of 10.03.1997 on the Detailed Principles of Granting Temporary Allowances).

Targeted allowance is a peculiar cash benefit granted on the basis of the criterion of need, and not eligibility of the subject - and discretion in terms of the other conditions of granting allowances. In contrast to all the other social assistance cash benefits the targeted

allowance does not belong to the duties commissioned to the communes by the government administrations for which the state budget is responsible - it is, on the other hand, the so-called commune's own duty. (This is regulated by Article 10, para. 2 and Article 32 paras.1-5 of the Law on Social Welfare).

The remaining social assistance cash benefits are extra amounts of money paid in addition to the above-mentioned benefits, supplementing them, with the intention of meeting specific needs.

Income criteria laid down in Poland vary according to the type and size of the household, the main types being: a single-person household and the household with several members. The latter is then divided into certain types depending on the number and age of household members. Pursuant to Article 4.para. 1, of the Law on Social Welfare, each member of the various types of households is assigned a separate sum of the income criterion.

In accordance with the Law of Social Welfare, a systematic valorisation of income criteria sums and benefits is taking place. Valorisation takes place on 1 March and on 1 September, each year, if the medium year consumer price index is at least 110% , or once a year on 1 June if the index is lower than 110%.

Apart from social welfare there are other legal regulations which provide for antipoverty schemes and promote the integration of the socially "excluded". There is the Act on Employment and Counteracting Unemployment and package of implementation provisions to this Act, the Law on the Lease of Living Quarters and Housing Allowances, the Law on Common Health Insurance.

Considering all categories of recipients of social assistance cash-benefits it has to be asserted that the scope of its subject and protection covers all citizens and also foreigners of legal status (residence permit, refugee status).

The standard of Polish legislation relating to the employment and rehabilitation of people with disabilities is high. It is demonstrated by the current progress made in the ratification process of ILO Convention No.159 of 1982 on the Employment and Rehabilitation of the Disabled.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTERACTION OF PEOPLE WITH DISABILITIES**

There are no special legal regulations in Poland which would govern in a complex way issues connected with the training of staff for the work with people with disabilities.

1. The Act – Labour Code imposed upon employers an obligation to facilitate vocational skills development to their workers, which means that in practice costs of training staff are covered to a large extend by the employers.
2. Since the tasks connected with health protection, education, social welfare, sports, culture and recreation fall within competence of public authorities, training of staff implementing these tasks and employed in public units is financed from the budgetary means at the disposal of central and regional structures of state administration and transferred to units employing appropriate staff.
3. Training of staff dealing with vocational guidance may be financed from the State Rehabilitation Fund for Disabled Persons (PFRON).
4. Under the legislation in force, the organisation and carrying out of vocational development for teachers, training for medical specialists, training in the area of dealing with people with disabilities, staff training and development for the needs of tourism, as well as training and development of trainers and organisers of physical culture may be entrusted to non-public units – in a form of tasks' assigned by a public unit.

## **XI. INFORMATION**

Information on people with disabilities and their needs has long been provided by the Polish mass media. However it was only in the 1990s that information addressed to the public has been fully developed and its character has substantially changed. Transmitted contents – mainly having a character of interventions, have been replaced by publications including reliable information on a scale of a phenomenon of disability in Poland. These publications used to highlight psychological, social and economic aspects of disability, as well as contents aimed at more detailed presentation to an average man-in-the-street of needs and problems faced by people with disabilities in everyday life.

Practically all mass media (national and regional newspapers, radio and television) joined the action aimed at the change of existing stereotypes. Most newspapers, as well as radio and television broadcasting stations employ journalists specialising in issues of disability.

Many radio and television broadcasting stations, including public radio and television, initiated periodic programmes devoted to the issue of disability. Some of them are mainly addressed to people with disabilities, others mainly to average recipients. For example, programme I of the Polish Public Television emits two weekly programmes:

- “In the world of silence” – a programme addressed to deaf people, fully interpreted into sign language;
- “We are the same” – a programme addressed to all people with disabilities.

Once a month at a popular time of day, a programme called “Friends” is transmitted with the participation of persons who, despite considerable disability, have succeeded in realising their dreams and interests. Well-known people from the world of politics, culture and entertainment are also invited. The programme is prepared by well-known radio and television journalists.

Periodic radio programmes concerning people with disabilities are also emitted by programme II and III of the Polish Radio.

There are many press titles prepared with people with disabilities in mind. Their addressees are mainly people with certain types of disability. The newspapers are often edited by people with disabilities with the use of modest financial means. Therefore their range is small and technical level low. Taking into account the non-commercial character of these publications and their role in meeting important social needs, their presence on the editorial market requires support. Such support is granted from the resources of the State Rehabilitation Fund for Disabled Persons (PFRON).

People with disabilities who have access to the Internet may take advantage of web sites including various kinds of information addressed to such recipients.

In 1996 the Plenipotentiary for Disabled Persons issued a “Directory of basic legal solutions concerning people with disabilities”. In 1997 an up-dated and complemented version of this publication was edited. The directory – which is accessible also in electronic form – is disseminated free of charge by services acting in favour of people with disabilities and by non-governmental organisations.

Legislation in force allows for financing from the means of the establishment rehabilitation fund fees for sign language interpreters. However this opportunity is offered only to deaf people who are employees of sheltered work establishments, therefore it does not cover all the population with hearing impairment.

Although the legislation in force does not include any complex regulations ensuring to people with special needs (for example blind, deaf persons) an access to existing information, in practice many activities are initiated in favour of such persons. For example in certain administration offices people knowing sign language are employed to help deaf people in settling their affairs in a given office. In the framework of the “Interministerial programme of cultural education” the edition of speaking books is promoted (on cassettes) as well as books and magazines on electronic carriers.

## **XII. STATISTICS AND RESEARCH**

In Poland, generally there are two ways to obtain statistical information on disability - statistical interview surveys and registered data.

Unfortunately, neither central nor local registers of persons with disabilities exist in Poland, mainly because of methodological, technical and financial problems. Data on the size of the disability come from statistical interview surveys. There is special methodology of identifying of persons with disabilities. The double criterion is used: on the one hand the surveyed persons are asked whether they have legal confirmation of the disability, on the other hand, whether they, independently, feel that their possibility to perform everyday activities is limited compared to other persons of the same sex and age. Generally the disabled population consists of persons with legally confirmed disability and persons not possessing such confirmation but disabled in their self-assessment. This methodology was used mainly in the population censuses. Now there is a tendency to use this instrument in all population surveys, at least the question concerning the legal confirmation of disability.

On the base of available data on disability coming from Health Interview Survey carried out by Central Statistical Office in 1996 (only in households), the ratio of disability amounted to about 14.3%. It resulted first of all from very high ratio of persons with legal disability. There were 14.9% persons with legal confirmation of disability among population aged 15 years and more. The ratio of disability of persons aged 40 years and more was particularly high – 25.5%. Unfortunately, it is not known when the next Health Interview Survey will be carried out.

The ratio of legal disability of persons aged 15 years and more is available quarterly from the Labour Force Survey carried out by Central Statistical Office (interview survey in households). In the first place the Labour Force Survey is the source of data on employment and unemployment. Moreover there are data on the size of the legal disability and some socio-demographic characteristics of the disabled population. The results concerning the legal disability are similar to those obtained from mentioned Health Interview Survey. In May 1996, as well in May 1998, the ratio of legal disability, on the basis of the Labour Force Survey, amounted to 15.2% The legal regulations in the matter of disability were considerably revised in 1997, and it is too early to state how the changes influence the statistical size of disability – so far it seems to be similar.

The nearest reliable data concerning the whole population of persons with disabilities will probably not be available before the National Census 2001.

There are some other statistical interview surveys from which the data on disability can be taken. These surveys are carried first of all by Central Statistical Office and, sporadically, by another research institutes. Although, these surveys are less reliable in estimating the

size of disability, because of too small samples, they are nevertheless a good source of information on problems concerning the population of people with disabilities e.g. on living conditions.

In addition, there are some registered and published data concerning persons with disabilities, coming from the governmental institutions dealing with the vocational rehabilitation and protection of persons with disabilities. The data on registered unemployed persons with disabilities come from the National Labour Office (gathered from the local offices' registers). The data on the number of legal confirmation of disability, by cause, are available from the Establishment of Social Insurance and from Agricultural Social Insurance Fund.



*PORTUGAL*



## I. GENERAL POLICY

“The State is committed to pursue a national policy for the prevention, treatment, rehabilitation and integration of disabled people, to develop pedagogic methods whereby society may be made aware of the duty to respect and assist the disabled and assume responsibilities for the effective exercise of their rights, without prejudice to the rights and duties of parents or guardians. The State gives assistance to Associations of Disabled People” – Article 71 of the Constitution of the Portuguese Republic”

The National Secretariat for the Rehabilitation and Integration of People with Disabilities is the department responsible for the planning, co-ordination, development and fulfilment of the rehabilitation system with a view to pursuing the objectives and goals of the government within the scope of a national policy towards the rehabilitation and integration of people with disabilities within the prevention, medical and vocational rehabilitation, education and social integration fields.

In order to meet its objectives, this Secretariat has been assigned the following tasks and is committed:

- to secure the complementary actions developed by public and private entities with a view to optimising the national resources;
- to propose legislative measures;
- to exercise consciousness raising in the community, sponsoring and launching information and awareness campaigns;
- to collaborate with and to encourage the development of scientific and technological research;
- to encourage training actions within rehabilitation scope;
- to co-operate at community, European and international levels;
- to carry out studies;
- to encourage social dialogue and the co-operation with NGO's;
- to ensure the development of decentralised information systems.

It was according to the fulfilment of what has been enacted in number 1 of the above-mentioned article of the Constitution that the Decree-Law No. 346/77 set up the National Secretariat for Rehabilitation, later superseded by the Decree-Law No. 35/96, dated 2 May,

which has replaced it by the National Secretariat for the Rehabilitation and Integration of People with Disabilities (Decree-Law prevailing as Law No. 56/97, dated 31 December) and the National Council for the Rehabilitation and Integration of People with Disabilities – Decree-Law No. 225/97, dated 27 August).

Following the programmatic guideline drawn up in the constitution, the Act No. 9/89, of 2 May – Rehabilitation Comprehensive Law – that within its Article 1 “(...), aims at promoting and ensuring the exercise of rights that the Constitution of the Portuguese Republic sanction within the scope of disability prevention, treatment, rehabilitation, and equalization of opportunities of disabled persons”. This act defines the principles which the rehabilitation policy must obey and sanctions the state as the first entity which must undertake the prevention of disability and ensure that its principles are fulfilled, jointly and in collaboration with families and non-governmental organisations.

## **II. PREVENTION AND HEALTH EDUCATION**

Act No. 4/84, dated 5 April, (with the alterations introduced by the Acts Nos.s. 17/95, dated 9 June, 102/97, dated 13 September and 18/98, dated 28 April) regulated by Decree-Law No. 194/96, dated 16 October, Decree-law No. 136/85, dated 3 May (with alterations introduced by the Decree-Law Nos.s. 333/95, dated 23 December and 347/98, dated 9 November), on. “The Protection of Maternity and Paternity” and the implementing regulations contained in Legislative Decree No. 135/85 and No. 136/85 of 3 May 1985 and 154/88 of 29 April 1988, all women are entitled to free consultations and examinations on their doctor’s advice during pregnancy and up to 60 days after childbirth.

This law also lays down the general rule that health certificates must be systematically supplied for the pregnant woman and her child.

It is also stated that home visits to women during pregnancy or in childbirth, and to infants within 90 days of birth, are to be promoted and developed.

During their first year of life, children must undergo nine free medical examinations at intervals determined by medical prescription.

There is a National Vaccination Programme, established under Legislative Decree No. 46628/65 of 5 November 1965, supplemented by Decree No. 238/84 of 14 April 1984, the aim of which is to prevent the outbreak of infectious or contagious diseases such as tuberculosis, tetanus, smallpox, diphtheria, whooping cough, poliomyelitis and German measles. Under Decree No. 148/87 of 4 March 1987, the National Vaccination Programme was extended to include mumps.

Legislative Decree No. 107/86 of 21 May, issued by the Ministry for Education and Cultural Affairs, revised the regulations governing action relating to the school health and

training services (which exist only in Lisbon, Porto and Coimbra) which are answerable to the Social-educational Support Institute.

The Penal Code in its article 142, voluntary termination of pregnancy, may be declared lawful in certain cases, and specially

“If there are strong and steady motives to foresee that the unborn child may be suffering from incurable severe disease or congenital malformation, it will take place within the first 24 weeks of pregnancy, once it is proved by means of a test or by any other adequate means according to the *legis artis*. Exceptions: if unviable foetus should occur, the interruption may be fulfilled at any time”.

The Directorate-General of Labour Conditions and the Institute of Development and Inspection of Labour Conditions within the field of action of the Ministry of Labour and Solidarity functions. The second is the governmental body principally responsible for preventing occupational risks, protecting the health of workers and improving working conditions.

Standards of prevention exist for the various branches of industry and the prevention of road accidents.

### ***Treatment – medical rehabilitation***

The National Health Service created by Act No. 56/79 of 15 September 1979 provides for certain benefits such as those relating to further diagnosis and therapy, including rehabilitation in the context of primary and other forms of health care. These include hospitalisation, specialised out-patient treatment and rehabilitation.

The network of primary care, for which a General Directorate was created by Legislative Decree No. 74-C/84, is composed of community health centres, whose function is to promote health, prevent sickness and provide essential medical care. Other forms of care are provided by central or regional hospital units.

The only central hospital specialising in physiotherapy is the Alcoitão Physical Medicine and Rehabilitation Centre, founded by Ministerial Decree of August 1964.

The Duties assigned to this Centre include : “The provision of physical medicine and rehabilitation services for physically disabled persons ”.

Apart from these Centres, there are physical medicine and rehabilitation services in the main central or regional hospitals.

The cost of compensation for injury due to industrial accidents suffered by workers other than central government officials is borne by the insurance companies, which are guided and co-ordinated by the National Insurance Institute attached to the Ministry of Finance, whereas the cost of occupational diseases is borne by the National Insurance Fund for Occupational Diseases, under the authority of the Secretary of State for Social Security in the Ministry of Labour and Solidarity.

The right to compensation covers benefits in cash and in kind. Benefits in kind may take the form of medical, surgical, pharmaceutical or hospital treatment or any other accessories, provided they are necessary and appropriate means of restoring the health and working or earning capacity of the patient and returning him/her to active life.

Most of the norms applicable to industrial accidents to civil servants who subscribe to the "Caixa Geral de Aposentações " (National Retirement Fund) are laid down in Legislative Decree Nos. 38523 of 23 November 1951, No. 74/70 of 2 February 1970, No. 498/72 of 9 December 1972 and in No. 191-A/79 of 25 June 1979.

The main features of such compensation are : the provision of suitable treatment together with the medicines and any other therapeutic means or facilities it necessitates, and transport, according to the seriousness of the injury.

### ***Assessment of aptitudes***

Legislative Decree No. 247/85 of 12 June 1985 endorsing the statutes of the Employment and Vocational Training Institute Created by the Legislative Decree No. 519/A2/79 of 29 December 1979 (Ministry of Labour) provides *inter alia* for the creation of vocational rehabilitation centres. These Centres are authorised, each in its respective field, to provide people with disabilities with appropriate assessment, adaptation and rehabilitation services.

They are more especially responsible for : "Making global technical assessments of the capacities of people with disabilities in actual working conditions, as well as providing information and vocational guidance for them."

### **III. IDENTIFICATION AND DIAGNOSIS**

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### **IV. TREATMENT AND THERAPEUTIC AIDS**

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## **V. EDUCATION**

The right to free compulsory education for all is guaranteed under the Constitution of the Portuguese Republic, as is the right to special education, and to the protection and valuing of the Portuguese sign language, as cultural expression and instrument of access to education and to the equalisation of opportunities (Article No.74, paragraphs g) and h).

### **1. Integration into ordinary schools**

The practice of integrating children with disabilities into the ordinary education system has quickly spread throughout the country, especially where pupils with physical and sensory disabilities are concerned. The educational scheme of pupils, who are attending primary and secondary school, is at present defined by the Decree-Law No. 319/91 of 23 August.

Order No. 59/79 of 8 August 1979 guarantees personal assistance and the creation of such structures as are needed to give individualised pedagogical support to children with disabilities attending ordinary preparatory and secondary schools, particularly by providing additional classes in the school subjects which children with disabilities find most difficult. The Resource Centre for Integrated Education (Ministry of Education) is responsible for the production of teaching materials and for the design of various teaching aids needed to meet these pupils' specific needs.

The Outline Act on the Education System (Act No. 46/86 of 14 October 1986) provides for nine years of compulsory schooling for all children between the ages of 6 and 15. This Act has integrated special education into the general education system. The Ministry of Education is therefore responsible for laying down general guidelines for special education, particularly as regards its implementation and pedagogical and technical aspects.

The Act stipulates that special education should preferably be organised according to a range of integration models, having regard to pupils' special educational needs and with the support of specialist teachers. Its aims should be to:

- a. develop the physical and intellectual potential of children with disabilities,
- b. help them to acquire emotional stability,
- c. develop their powers of communication,
- d. alleviate the limitations and impact of their disability,
- e. further their integration into family, school, and social life,
- f. develop independence at all possible levels,
- g. prepare them for suitable training and their entry into working life.

## 2. Education in special schools

Although there have been a number of experiments in recent years aimed at integrating mentally disabled children and young people into the ordinary education system, in most cases they attend special schools set up at the initiative of parents' associations and co-operatives.

For the most part, these private, non-profit-making special education establishments are attached either to the Social Security or the Ministry of Education. This makes the system somewhat complex.

Under the Decree-Law No. 133-B/97, dated 30 May 1997, a special education allowance is granted to the parents of children with disabilities attending private institutions in order to compensate them for the costs incurred each month in this connection.

The Vocational Guidance Institute (I.O.P.) attached to the General Directorate of Higher Education in the Ministry of Education is mainly responsible for implementing pupil and vocational guidance policy.

The General Directorate of Basic and Secondary Education also has responsibilities in this field since it is required, at its own levels, to "promote such measures as are essential for the effective school and vocational guidance of pupils". The Special Education Services co-ordinate the pupil and vocational guidance of young people with disabilities through their special education teams.

This Institute is also responsible for training guidance counsellors. The relevant course is open to accredited preparatory and secondary school teachers (holding a higher grade diploma). The course extends over two years and is followed by a one-year practical course. At present, with the enactment of Legislative Decree No. 3/87 of 3 January 1987 (reorganisation of the Ministry of Education), pupil and vocational guidance activities are due to undergo further restructuring.

The juridical scheme concerning the initial and continuous training of nursery school instructors and primary and secondary school teachers was defined by the Decree-Law No. 334/89, of 11 October.

The Decree-Law No.95/97, dated 23 April, defines the scope of specialised training courses relevant to childhood educators, elementary or secondary school teachers and the principles at large to which the structure and the curricular organisation should conform.

One of the specialised training areas is that of special education, so that the qualification should enable the fulfilment of support and follow-up actions as well as social-educational integration of individuals with special educational needs.

Under Ministerial Order No. 118/ME/84 of 12 July 1984, Pupil and Vocational Guidance Units were set up in psychology and Education Science Faculties (Lisbon, Oporto and Coimbra) in order to direct school leavers (the 9th school year being the end of compulsory schooling) towards the various technical and vocational courses.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

The following legislative texts include general provisions for the vocational and occupational training of people with disabilities:

- Decree-Law No. 247/85 of 12 July 1985

Setting up the Employment and Vocational Training Institute which, according to the terms of Article 4, paragraph c), is liable to promote information, training guidance, vocational rehabilitation and workers' placement, specially stressing people and other most ill-favoured social groups.

- Order no. 388 of 17 December 1979

This Order determines the technical and financial assistance to be given to private welfare institutions and provides for possible co-operative agreements with official bodies in pre-employment schemes for young people with disabilities.

- Decree-Law No. 274/89 of 5 August

It defines and regulates the Employment and Vocational Training Institute's technical and financial aid to vocational training in collaboration with other entities. It foresees the establishment of agreements and protocols with public, private and co-operative entities towards the fulfilment of training actions with a view to exempting people with disabilities within the labour market.

- Act No. 2127 of 3 August 1965 and Decree No. 360/71 of 21 August 1971

The Legislation referred to above specifies that workers suffering from occupational injuries or diseases whose working or earning capacity is impaired as a result shall be allowed, where circumstances warrant, to make use of the occupational training and rehabilitation services as the Employment service.

It is still convenient to refer within this area special training for people with impairment, besides other people, laid down in the Executive Ordinance No. 140/93, dated 6 July, with a view to enabling the access to professional qualification, to contributing to social-economical integration, to encouraging training practices, to stimulating the development of initiative and solidarity and to contributing to the participation in the economic and social life.

Act No. 2127, dated 3 August 1965 has been abrogated by Act No. 100/97, dated 13 September which will come into force at the same date as the Decree-Law which will be regulating it.

The assessment of the disability degree of those people with impairment is carried out according to the terms of the Decree-Law No. 202/96, dated 23 October, with the alterations introduced by the Decree-Law No. 174/97, dated 19 July. It is based on the National Disability List adopted by the Decree-Law No. 341/93, dated 30 September, with regard to the situations after 31 December, 1993 and the Decree-Law No. 43189, dated 23, September 1960, with regard to the former situations.

The rules applying to accidents suffered at work by State civil servants subscribing to the National Pension Fund are laid down in Legislative Decrees Nos. 38523 of November 1951, 74/70 (2 February), 498/72 (9 December) and 191-A/79 (25 June).

The compensation afforded consists mainly of: aiding the victim's return to work and providing him/her with any prosthetic and orthopaedic appliances required for his/her own use.

### **Placement services and additional resources**

The Employment and Vocational Training Institute, as a governmental agency responsible for drawing up and implementing general and special policies and measures related to employment, is also in charge of technical and financial assistance to schemes, favouring the occupational integration of people with disabilities. Namely, the Institute designs, prepares and ensures the follow-up of methods and techniques concerning placement as well as studying and proposing measures and activities adequated to certain special categories of candidates to employment.

The direct placement activity lies within the Job Centres of the Institute, which cover the country satisfactorily (58 centres in all).

The service provided by the Job Centres is based on a perspective of integration, which means they attend and serve all the population calling on them for a job placement, assisted by the necessary and specialised staff (vocational guidance counsellor, industrial doctor and placement officer). In certain cases specialised staff in the attendance of disabled candidates is available.

Non-profit-making institutions running rehabilitation and vocational training programmes, owing a general lack of jobs openings their candidates and to a good knowledge and relationship of the local community where they operate, have begun to establish direct contacts with local firms identifying adequate jobs available for their young disabled candidates, whose efforts in co-operation with Job Centres show to be fruitful in most cases.

## **VII. EMPLOYMENT**

Although very recent, the national policy on the employment of people with disabilities reflects, in all the measures adopted, the state's concern to provide the necessary resources and structures for the occupational and social integration of people with disabilities, whatever the seriousness and extent of their disabilities.

The strategy adopted has put the emphasis on a clear division of responsibilities among the government departments concerned, the introduction of arrangements for promoting and stimulating employment and the clarity of the various schemes for integration and assistance.

The measures relating to employment in an ordinary working environment and sheltered employment will be described first. The departments responsible will then be identified and an assessment will be made of their operational capacity.

### **1. Employment in an ordinary working environment**

#### **i. Aid towards setting up a business** (Decree-Law No. 247/89 of 5 August 1989)

This aid is intended to cover the costs strictly necessary for setting-up people with disabilities who so wish in a profitable and useful business. It may be used in particular for acquiring equipment, adapting premises or buying the goodwill of a business.

ii. Lump-sum compensation for firms (idem)

These are grants to firms or other bodies taking on employees with disabilities under retraining or rehabilitation schemes.

The grants are made for a maximum period of one year and are calculated according to the actual reduction in the disabled person's efficiency and the basic wage paid to an able-bodied worker in the same occupational category.

iii. Grant for job adaptation and the elimination of architectural obstacles (Idem)

These are non-repayable grants made to firms or other bodies to adapt their equipment or installations to the functional difficulties of the people with disabilities they propose to employ. Each one of these grants may not exceed 12 times the amount of the minimum monthly wage regarding the highest ceiling it can reach.

iv. Grant for personalised assistance

This grant is made to firms and to other entities who engage people with disabilities within their staff, in order to cover the costs concerning their personalised assistance.

It is granted for a three-month period extendible to the maximum six months and its assessment is based on the employer's expenditure with the actions regarding personalised assistance. It cannot exceed, each month, twice the monthly minimum wage ensured within its highest amount.

v. Reduction of employers' social charges

(Legislative Decree No. 299/86, of 19 September 1986)

Employers who take on for an indefinite period workers with disabilities whose capacity for work is less than 80% of the normal capacity required of an able-bodied worker doing the job are entitled to a reduction of their social security charges in respect of those workers.

## **2. Sheltered employment**

The sheltered employment system was formally defined in 1983 in Legislative Decree No. 40/83 of 25 January 1983. Implementing regulations were subsequently issued in Decree No. 37/85 of 24 June 1985.

Sheltered employment denotes any useful and gainful activity which is integrated in the national economic system, on behalf of which special measures are taken by the state and

whose aim it is to provide people with disabilities with rewarding work and enable them to transfer as soon as possible to non-sheltered employment.

Sheltered employment is available to people with disabilities who, by reason of their disability, cannot be integrated into a normal working environment and whose capacity for work is not less than a third of the normal capacity required of an able-bodied worker doing the same job.

Work under the sheltered employment system may be done:

- in sheltered workshops
- in an ordinary working environment (“enclaves”),
- at home.

It is for the state, through the Employment and Vocational Training Institute (IEFP), to promote the creation of the structures necessary for the development of sheltered employment and, for that purpose, to guarantee the provision of the financial and technical assistance necessary for the construction and operation of new workshops and the operation of existing ones.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

### ***1. Technical Assistance***

Legislative Decree No. 383/84 of 4 December 1984 provides for the duty-free importation, under specific conditions, of articles designed to promote the health, education, employment and social promotion of people with disabilities.

The Decree-Law No. 31/89 of 25 January exempts from Value Added Tax the importation of objects specifically designed for the education, employment or social promotion of people with disabilities whenever imported by their associations or granted to them free of charge, including spare parts.

Act. No. 4/81 of 24 April 1981 exempts prostheses from duties and taxes, and makes it compulsory to deduct a proportional amount from the selling price. Subsequently, Legislative Decree No. 140-A/81 of 1 June exempts from tax appliances and other prosthetic or remedial equipment together with certain orthopaedic and medical appliances.

Subsequently, Legislative Decree No. 235-D/83 of 1 June 1983 exempts civilians suffering motor handicap from duty, taxes, vehicle sales tax, surtax and general costs for importing tricycles, motorised or non-motorised wheelchairs or light passenger or multipurpose vehicles for personal use.

Such exemption is only granted regarding one car and every five years.

The vehicle may be driven by the owner or by one of the members of the married couple if he/she has a physical impairment. It may also be driven, in the case of a person with multi-impairment or mobility restrictions with a disability equal to or greater than 90%, by those who provide constant attendance, provided the individual with impairment is travelling along with him/her in the car or within a distance not beyond 30km from the beneficiary's home.

Imported vehicles under the Decree-Law No. 103-A/90, dated 22 March, are exempted from VAT (Value Added Tax).

People with impairment benefit from the payment of reduced rate (5%) upon the above mentioned assets in Nos. 2.5. and 2.6. of list 1 annexed to the VAT Code.

As for civil servants, Legislative Decree No. 118/83 of 25 February 1983 lays down the terms on which such technical aids are made available, and amounts are updated periodically. It should be stressed that wheelchairs and tricycles may in some cases be acquired free of charge.

## **2. Transport**

Within this area and with a view to facilitating parking, the Directorate-General of Traffic issues an identification card in behalf of people with mobility impairment who may require it according to the Executive Order No. 878/81, dated 1 October.

Executive Order No. 849/94 dated 22 September sets the obligation to use the safety belt in cars, both on the front and back seats. However, such legal provision foresees that people, due to health conditions and reasons, may be exempted from using the belt. Towards this end, they must present a medical certificate issued by the health authority pertaining to his/her residence area. the certificate aforementioned has been adopted by the Decision No. 43/94, of the Minister of Health.

On this subject one must not forget the latest Tariff Agreement on "One in Two" held between the Board of Directors of the Railway Company and the National Secretary for the Rehabilitation and Integration of People with Disabilities. It enables that a person with an impairment, with a degree of disability equal to or greater than 80% and who is in need of support, and the respective accompanying person, may both be entitled to only one ticket.

## **3. Housing**

The access conditions to bank credit on the same terms of that pertaining to workers of the nationalised credit institutions were set in behalf of people with a disability degree equal to

or greater than 60%, with a view to enabling them the purchase or building of their own house (Decree-Law No. 230/80, dated 16, July).

With regard to the situations related to renting, Article 87, No. 4, of the Urban Renting Scheme, adopted by the Decree-Law No. 321-B/90, dated 15 October, states that in those cases where there is a renting transfer to descendants provided these have an impairment degree greater than 66%, the conditional rent scheme is not applied, i.e., the latter continue to pay the same type of rent for the use of the premises at the same amount stipulated formerly.

Decree-Law No. 68/86, dated 27 March, enables the entitlement of people with a disability degree of 60% to a rent allowance.

#### **4. Accessibility**

With the Decree-Law No. 123/97, dated 22 May, a big step has been taken within this area when the Technical Provisions came into force with a view to improving access of people with reduced mobility to buildings of public use, to collective equipments and to streets.

Besides the legislation mentioned above, it should be referred within this area the granting of benefits to companies by the Employment and Vocational Training Institute, with a view to removing structural barriers, foreseen in paragraph c), Article 25 of the Decree-Law No. 257/89, dated 5 August (Article 4, paragraph c).

The state is entitled to safeguard, by means of its public operating television network and progressively, that its broadcasting should be followed by deaf people or by those with a hearing impairment, disability or handicap (Article 45, Act No. 31-A/98, dated 14 July).

### **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

#### **1. Social Security**

By means of Decree-Law No. 160/80 (changed by the Decree-Law No. 133-C/97, dated 30 May) and the Decree-Law No. 133-B/97, dated 27 and 30 May, respectively, a minimum social protection system has been set up. With regard to people with disabilities, covered either by the contributory scheme or by the non-contributory scheme, one may stress the granting of the family allowance to children and young people until the age of 24, the life monthly allowance granted to people with disabilities over 24 years old, the education allowance to attend a special education school (already mentioned in the education item) and the supplementary benefit due to the state of dependence.

In addition within the social security area, one may refer the Decree-Law No. 8/98, dated 15 January, which excludes from the social security scheme trainees who are not workers and enables, with regard to the overall phases of sheltered employment, the suspension of

the wages gained by the person with impairment. The payments will be retaken automatically and again as soon as the sheltered employment comes to an end.

In order to compensate the additional expenses with children and young people with disabilities, under 24 years of age integrated in special private schools, an education allowance has been established to attend a special education school, within the terms of the Decree-Law No. 133-B/97, dated 23 August, and of the Decree-Law prevailing as Law No. 14/81, dated 27 April, provided the legal requirements stated in the latter are met.

The amount of the allowance is equal to that of the allowance set for special education schools, after deduction of the amount due to the family partaking appraised accordingly to the family's economic savings.

At the level of people with impairment, one may refer to the following benefits:

People with impairment, with a disability degree equal to or greater than 60%, are exempted from the payment of the municipal tax on vehicles, according to Article 5, paragraph g) of the Tax Rule on Vehicles, adopted by the Decree-Law No. 143/78, dated 12 June. The vehicles covered by these provisions are cars and motorcycles.

At the level of the Fiscal Benefits Statute, one may not forget the 50% exemptions on the work incomes of the workers with impairment and 30% on the income from the H category (pensions) up to the limit set in Article 44 of the Fiscal Benefits Statute which will be 2,460,000 PTE and 1,388,000 PTE in behalf of people with disabilities at large and 1,847,000 PTE for people with disabilities of the Military Forces, in 1998.

At the level of the Fiscal Benefits Statute, one should still mention the exemption from the tax on the Single Person's Income on that part within which the bank account balance does not exceed the amount of 1,818,000 PTE (Article 44, No.3 and Article 39, no.1 of the Fiscal Benefits Statute).

On the other hand, the Decree-Law No.103-A/90, dated 22 March (with the alterations made by the Decree-Law No. 259/93, dated 22 July and by the Act No.10-B/96, dated 23 March), exempts from car tax the purchase of light passenger cars by civil or military individuals with disabilities and the severe multi-impaired people with a disability degree equal to or greater than a 60% or 90%, aged 18 years old, provided the vehicles are for their own use.

At the level of the Value Added Tax (VAT), it should be stressed that people with disabilities benefit from the payment of a reduced rate (5%) on the assets referred to in nos. 2.5 and 2.6 of the List I attached to the VAT Code.

Starting from the brief analysis carried out on the enacted legislation, we may become aware of the fact that we are facing a complex matter that covers different branches of our juridical universe, and on the other hand, it is a discipline of law that is continuously developing and there is still a lot to be done, although very much has been accomplished.

Each one of the mentioned principles represents a step towards a complete rehabilitation, integration and insertion of persons with impairments, disabilities and handicaps in the community.

## **2. Social rehabilitation and integration**

Since this is a very broad subject, reference will only be made to legislation not yet mentioned.

In the matter of transport policy, the current legislation is as follows:

Legislative Decree No. 43/76 of 20 January entitles people with disabilities from the armed forces whose degree of disability is at least 60% to a utility vehicle and reduced fares on the railways and domestic flights in Portugal.

Legislative Decree No. 143/78 enables people with disabilities to claim exemption on vehicle tax if their degree of disability is at least 60%.

Order No. 24/82 of 12 January 1982 authorises parking space to be reserved on public highways for motor cars used by people with motor disabilities.

Regulation No. 18/82 authorises people with visual impairments accompanied by guide dogs in all forms of public transport.

The Decree-Law No. 110/88 of 12 April 1988 exempts people with disabilities with a degree of disability of at least 60% from compensation tax on the use of diesel-engined cars.

Legislative Decree No. 143/78 of 12 June 1978 exempts people with disabilities whose degree of disability is at least 60% from vehicle tax (road tax).

The Decree-Law No. 103-A/90 of 22 March 1990 authorises complete exemption from customs duty, vehicle sales tax, surtax, and general levies for the import of tricycles, motorised or non-motorised carriages, passenger vehicles and utility vehicles for private use not exceeding 1,600 cc engine capacity. These exemptions are designed for persons

with motor disabilities who are permanently incapacitated to at least 60%, if their disability makes it difficult for them to negotiate streets unassisted by another person or use of such aids as prosthetic or orthotic appliances and in appliance and in boarding or using ordinary public transport vehicles.

Legislative Decree No. 118/83 of 25 February 1983 enables “ADSE” beneficiaries to claim a share of their transport expenses for visit to hospitals.

Under Legislative Decrees Nos. 43/76 of 20 January 1976 and 230/80 of 10 July 1980, special house loans are granted to people with disabilities from the armed forces or civilians with a degree of disability of at least 60%.

Regulation No. 50/77 of 11 August 1977 endorsing the rules for the allocation of subsidised housing, gives priority in equivalent circumstances to families including people with disabilities.

The Decree-Law No. 442-A/88 of 30 November 1988 (Tax Code on Single Persons Taxations) foresees special from the tax owed by people with disabilities, whose degree of disability is equal or greater than 60%. It equally foresees the education from the total income of all expenditures, paid and non-reimbursed, concerning the rehabilitation of the passive person in the case of a person with a disability or disabled dependent.

The Decree-Law No. 215/89 of 1 June (Statue of Tax Benefits) foresees the exemption of 50% on the taxable income within the Single Person’s Income Tax concerning the married and non-legally separated consort or the disabled passive person. Such exemption is granted to people with disabilities whose permanent degree of disability is equal or greater than 60%.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

### **Teacher training**

With the setting-up of the Higher Schools of Education under Legislative Decree No. 59/86 of 21 March 1986 material relating to the education of children with disabilities was introduced into the basic pre-service training of primary and preparatory schoolteachers.

Two Higher Schools of Education (Lisbon and Oporto) started courses in special education in academic year 1986-87.

These courses are designed to provide teachers with the training necessary for direct assistance to children with special educational needs or support to teachers of ordinary classes and/or families.

A course in special education enhances teacher training by marking teachers able to:

- identify and assess children with special educational needs,
- draw up and implementing individual programmes and, if necessary, make adjustments to the curriculum,
- devise and develop teaching methods, techniques and materials for helping each individual child to learn and develop fully,
- support, stimulate and encourage the scholastic and social integration of children with special educational needs by acting as a link between the family, school and society in general.
- initiate improvements in the education system.

Both courses include opportunities for applying theoretical knowledge in practical situations. They are two-year courses with common core in the first year followed by specialisation in the second year.

Besides what has been stated in the chapters regarding vocational and school guidance and of school education on childhood educators and elementary and secondary school teachers, reference should be made in this chapter to the training that is provided to those educators and teachers, who having a bachelor degree or equivalent, intend to graduate, attending courses organised by High Schools of Education and by Colleges (Universities), in terms of the Basic Law of the Education System and of the Decree-Law No. 255/98, dated 11 August and of the Executive Order No. 760-A/98, dated 14 September.

Training accomplished within one of the specializing areas is one of the components of such courses foreseen in No. 4 of the Executive Order No. 760-A/98. Special Education and Educational Supports is one of the first foreseen.



**SLOVENIA**



## **I. GENERAL POLICY**

### **1. Principles**

The Constitution of the Republic of Slovenia from 1991 determines Slovenia as a legal and social state. This principle is implemented through the system of social care, social insurance, and by providing special rights to particular groups of the population. The state regulates the compulsory health, retirement, disability and other social insurance and takes care of its implementation. The citizens have the right to social security under the conditions determined by law.

The Constitution settles particularly the rights of people with disabilities, providing them with care and vocational training. Children with physical and mental development disorders and other severely disabled people have the right to education and training for an active life in society. Military persons disabled in war and victims of war are provided with special care in conformity with the law.

In 1991 the Assembly of the Republic of Slovenia adopted the strategy of the development of disability care in the state. Disability care was determined as an institutional order to settle the position of people with disabilities in society and as an inseparable part of the global social system. Rehabilitation is an active component of disability care and indicates the integrity of those medical, educational, social, psychological, technological, legislative and personal activities which are aimed at the mental and body restitution, to the development of the remaining capacities of the person with a disability to the productive employment and social (re)integration.

### **2. Aims**

The development strategy of disability care in Slovenia determines the global aims and guidelines of the development in this field. The state has defined the system of disability care in a document which is based on the full integration of people with disabilities in the family, housing and working environment. Included among the most important aims are the following:

- independent life of people with disabilities which particularly stresses the overcoming of physical dependence and impact on the public views;
- self-organisation of people with disabilities which involves the organisations for people with disabilities, their families and other basic communities, participation in the political decisions and leisure time.

- socially organised aid for people with disabilities within the framework of the programmes which are provided by public services in the field of prevention of disability, disability care, technical aids, rehabilitation, institutional care, financial replacements and allowances and economic facilities, employment, informal and voluntary labour.

The established aims are being implemented by legal arrangements in the field of disability care, by providing and allocating financial sources, by active work of the public administration, by training of the professional structure and by researching in the field of disability care.

### **3. Fields of intervention**

The issues in the field of disability care are governed by more than sixty laws and secondary legislation acts in the spheres of social care, health care, education, employment and training for work, disability insurance, accessibility to the built environment, information, communications, special facilities and exemptions of payment in the field of tax and customs legislation.

The competence is distributed among several Ministries but the same tasks are implemented also by numerous professional institutions. In order to promote better mutual co-operation and coherence of all the bodies concerned with disability care, the Government of the Republic of Slovenia founded in 1994 the Government Office for the Disabled and in 1996 the Government Council for the Disabled. The Government Office for the Disabled is a professional service of the government and acts on the basis of the conclusion on its foundation. The Government Council for the Disabled is a professional and counselling body of the government. In addition to the Government Office for the Disabled in the Council Ministries for Labour, Family and Social Affairs, Education and Sports, Environment are represented as well as the professional institutions such as the Institute for Retirement and Disability Insurance, the Institute of the Republic of Slovenia for Rehabilitation, the Institute for Health Insurance, Community of the Institutes for Training, Pedagogical Faculty and the Social Chamber. In the Council there are also representatives of organisations of and for people with disabilities.

In order to monitor and examine the disability issues and to propose measures for improvement of the position in society of people with disabilities the State Assembly has appointed a special Commission for Disability Issues.

The disabled people's organisations play an important part in the creation of the disability policy and implementation of the special social programmes for people with disabilities. These special social programmes are the supplement to the social care activity carried out by the public service. Therefore the Government has worked out the Law on Disabled

People's Organisations which will give them a special status. In 1998 the Foundation for Financing of the Disabled and Humanity Organisations was founded. It is designed to finance the social programmes carried out by the listed organisations.

#### **4. General directives**

Slovenia is still in the transition period following independence and is confronted with problems in the economic, political and social field. Consequently the aim of the government is to reduce costs in all fields including the financial resources designed for social care. Regarding the sensitivity of this field the government endeavours to maintain the level of social care for people with disabilities of all types and categories that was achieved already before the proclaimed independence of the state and aims to the balanced policy of granting the rights to particular groups of people with disabilities.

The process of the accession of the Republic of Slovenia to the European Union demands the cohesion of the Slovene legislation with the legislative order of the European Union. Therefore Slovenia is in the period of changing its legislation.

The objective is to include issues concerning disability care in all important general and individual programmes, regulations and measures, which are established on the national and local level and in order to insure the integration and participation of people with disabilities on an equal level in all fields of life and work. Special attention is paid to the following:

- prevention of disability and measures for healthy living;
- the field of the employment of people with disabilities;
- increasing access to services regardless of the place of living of the person with a disability;
- encouraging the system of assistance to the families with a disabled adult member or a disabled child or youngster with special needs for housing in their native town;
- better linkage between users and providers in the field of disability care and enhancement of the activities of the non governmental organisations – especially the organisations of people with disabilities and;
- evaluation of the programmes at both state and civil society level.

#### **5. Definitions**

In Slovenia different terms are used which determine the population covered by disability care. Within the development concept of disability care the use of the term person with a disability and the definition of the WHO international classification of impairments, disabilities and handicaps (ICIDH) as the most appropriate definition of the disability was agreed.

Legislation defines disability in different ways, according to the purpose of the use and the field in which people with disabilities exercise particular legal rights.

- The rights of children and youth with special needs is settled by the Law on Education and Training of Children and Young People with Physical and Intellectual Development Difficulties, the Law on Social Care of Mentally and Physically Disabled Persons and the Law on Social Care. Particular issues are specified by secondary legislation.
- The status of the military war, peace and civil people with disabilities with disabilities is settled by the Law on Wartime Disability.
- Working people with disabilities are those people who become disabled during the time of their employment. The rights of working people with disabilities are governed by the Law on Retirement and Disability Insurance, particular issues are settled also in the collective contracts, in general acts of the employers and in particular acts of the administrative bodies or their superiors. The rights of people with disabilities who lost their work and became unemployed are settled by the Law on Employment and Insurance in Case of Unemployment and by the legal act on Active Policy of Employment.
- People who, due to their disability, are not able to find job acquire the status of a person with a disability according to the Law on the Training and Employment of Persons with Disabilities.

The unfavourable position of people with disabilities on the labour market, demographic changes and the inappropriate effects of sheltered employment on disabled people called for new measures in the field of employment of people with disabilities. In 1998 the Ministry for Labour, Family and Social Affairs worked out the programme of training and employment of people with disabilities and the changes of the adequate legislation in the field of working relations, of retirement and disability insurance in case of unemployment and of security at work. The Programme was accepted by the Government in February 1999. A special chapter of the programme is devoted to the issues of recognition and assessment of the disability.

Efforts to update the current legislation have also been made in the field of education and schooling. A draft law on guidance of children with special needs is already in the parliamentary proceedings and other adequate legal acts will shortly follow. These documents will determine the concrete assistance to the individual child and young person in the form of regular education and schooling. The assessment system which will be established by providers of those legal acts is based on the guidelines of the WHO international classification of impairments, disabilities and handicaps (ICIDH). This assessment concept of disability will enable the provision of equal measures and guidance which are used by the experts in the assessing process of the disability according to different regulations and it will represent a solid base to provide social transfers to those who need them most.

## **II. PREVENTION AND HEALTH EDUCATION**

### **1. Aims**

Within the development strategy of disability care of Slovenia, the prevention of disability is determined as a whole of the measures and procedures with the aim to prevent the onset or to eliminate and reduce the consequences of disability.

Prevention, early discovery and early diagnosis of the illness, impairments and disability are oriented towards the provision of health education designed for the whole population and special health programmes for particular target groups and it tends to implement the measures of the health protection of workers, including programmes of prenatal and postnatal care, and other programmes. The health service provides early diagnostics of the impairments and disorders which is followed by immediate initial rehabilitation. (The guidelines in the plan of health care in Slovenia until 2000 are at present in the parliamentary procedure.)

### **2. Prevention of impairment**

According to the Law on the Health Care and Health Insurance of 1992 with later amendments, the state provides financial means for health education, for monitoring of the health care of the population, implementing the republic programmes for health promotion, for social medical, hygienic-epidemiological and health ecological activity, prevention from contagious diseases, including the infection with HIV virus, drug abuse, and additional financial resources for the work of the public health service on the primary level in the demographically threatened regions. In order to implement social medical, hygienic, epidemiological and health-ecological activities, the Institute for Health Protection in the Republic of Slovenia was founded. At the same time also the regional institutes for health care which cover the region of more communities have been founded. The Institute for Health Protection conducts the data base in the field of health and social care. The Draft Law on the data base in the field of health which will arrange data bases on the state level is being prepared.

Immunity prophylaxis is being implemented according to the adopted programmes for particular groups of the population (for instance children, refugees, passengers in international traffic) and the programme of chemio-prophylaxis against certain contagious diseases. The vaccination is carried out by doctors in clinics or in private; the work of all, however, is co-ordinated by the regional co-ordinator from the Institute for Health Care and the national co-ordinator from the Institute for Health Protection of the Republic of Slovenia. The record keeping as well as the reports, conducted with the help of a special computer programme are obligatory.

The health services for systematic and other prevention examinations for children, school pupils, regular students, pregnant women and examinations for the early discovery and prevention of diseases according to the programme of the health care for women which is connected to the consulting and planning of the family, contraception and birth, prevention, discovery and treatment of the infection HIV, contagious diseases (in conformity with the law), vaccination, immunity and chemio prophylaxis (in conformity with the programmes) for the insured people are in a whole provided by the compulsory health care insurance.

The Minister for Health has, through regulations (from 1998), determined the implementation of the preventative health care on the primary level for: reproductive health care, including examinations and consulting on family planning, prevention of unplanned conception and contagious venereal diseases and their consequent infertility with a special stress to the special needs of the young population, contraceptive means and systematic control examination during pregnancy. The right to integral reproductive health care on the primary level is to be implemented by women or/and their partners in gynecologist dispensaries in public health institutions or private clinics. The prevention programme is carried out in dispensaries for women by the personal gynaecologist, chosen by the woman herself.

The aim of the prevention examinations of babies, small children (up to 6 years) and school children and youngsters (up to 19 years of age) is to monitor their health condition and to monitor actively their health, to reveal health problems and to consult the parents, the guardians and children respectively. The control examinations comprise assessment of physical growth and development, recognising the physical and mental health, measures to keep and reinforce health and facilitating of the optimal physical and mental development and revealing of the negative social factors and unhealthy life habits in the family. In the population of the school children and youngsters, special attention has been given to reveal the unhealthy life habits, risky sexual behaviour, unintentional injuries and drug abuse as well as the phenomenon of the harmful factors in connection with the school process and settings. The goal of the compulsory control examination is enhancing of breastfeeding, prevention of development of the consequent dystrophies, discovery of deviations from the normal health condition which still cannot be determined as the state of disease – they however require more frequent control examinations as there is, according to the law, the case of normal frequency of the prescribed systematic control examinations, deliberate control examination of the contagious diseases and the planned vaccination. The right to the integral health care on the primary level is exercised by the pre-school children until their admission to school and is carried out in the children dispensaries and bivalent dispensaries for pre-school children and youngsters. A specialist paediatrician deals with pre-school children and a school medicine specialist with schoolchildren and youngsters. The school medical practitioner is appointed to perform the national prevention programme for school children. Together with his/her team he/she undertakes also medical education and consulting work designed for the pedagogical workers, parents and pupils. The parents must, on behalf of their child, choose the child's personal medical practitioner for the

entitled services of treatment. The appointed specialist paediatrician and the chosen medical practitioner are obliged to have mutual contacts, to report to each other and to co-operate.

The right to the integral health care on the primary level is exercised for students in the clinics for students, school dispensaries and in the general practitioner studies in the place of living. The obligatory prevention programme is being conducted only in the clinics for students. Besides the prescribed systematic control examinations more often deliberate control examinations are being carried out for those students for whom the deviation from the normal health condition has been found which however cannot be already determined as the condition of illness. Vaccination and other services to prevent epidemics of contagious diseases and the programmed health education are held, too. In order to get the entitled services of treatment the students have the right to choose their own medical practitioner.

Dental care for children and young people (up to 19 years) is carried out by a specialist paedontologist together with his/her team. He/she is responsible for the organisation and monitoring of the implemented prevention, dentistry pedagogical programmes in the field, covered by specific dispensaries for dental care of children and youth.

The right to integral health care on the primary level is implemented in the adult population by general medical practitioners and in polyvalent dispensaries. The chosen personal medical practitioner for persons under nineteen years of age is a doctor, specialist in general medical practice or occupational medicine, transport and sport or a general medical practitioner with completed postgraduate study of public health. The systematic prevention control examinations are aimed at the early discovery of those diseases which can be prevented in the adult population within the framework of self-protection and co-protection of the insured persons in a way which is acceptable in the basic health activity. The aim of the compulsory examinations is the early discovery of the risk factors for the onset of the chronic, non-contagious diseases, the programming of health education work designed to motivate individuals to take active care for their health. Preventative health care can be organised in groups in the homes for elder citizens or in special social institutions and is not related to the chosen personal practitioner.

The home care service is implemented by the authorised home care services of the health institutions in the particular health region. The work of the home care service is oriented to the treatment of the region as a whole and by this also to the treatment of the individual, family and community within the life environment. It also provides the connection between institutional care and individuals and their families or communities on-the-spot. The engaged individual and family treatment is oriented to the priority groups of the population that is to the small babies, school children, pregnant women, people with disabilities, elderly population, chronic patients, isolated population and to socially threatened people. The obligatory programme of the prevention home care services and of the programmed health education is carried out by a team (consisting of a doctor, home care nurse, social

worker, working therapist, occupational therapist, physiotherapist, logopedician, psychologist and if needed also the other professional co-workers at the spot). The home health carer is the medical nurse – specialist of the home care service who can be assisted by the medical technician.

Health care for sportsmen is, according to the special regulations and programme, carried out by a team consisting of a specialist of medicine of work, transport and sports, a specially qualified nurse, the medical technician and a psychologist.

Due to the special needs of these population groups, the implementation of the obligatory prevention health care and programmed health care is carried out in health institutions and private practitioner studies, authorised by the minister for health. The monitoring of the health of these population groups is provided by a permanent linkage between medical practitioners in the mentioned institutions and private studies and the doctors who are responsible for execution of the particular programme. The medical practitioner responsible for particular regions and for the particular programme is appointed by the Minister for Health on the basis of the permanent agreement between the Institute for Health Protection and the Regional Institution for Health Care.

In the field of health protection of workers the Law on Health Care and Health Insurance has determined the responsibility of the employers to maintain a healthy working environment and to implement the adequate health care for their workers. Besides the obligations which are conferred by the Law on Protection by Work, employers must provide measures to prevent and discover occupational diseases, diseases which are related to work and injuries at work, first-aid in case of injuries, prevention control examinations related to the working capacity (in conformity with the adequate regulations), measures to reinforce the health of workers who are at their work exposed to special dangers for health, information on dangers for health at work and salary reimbursements during the absence from work due to illness or injury up to 30 days. The insured persons are provided by financial replacement entitled from the compulsory health insurance during the temporary incapability for work due to illness or accident which does last more than 30 days and due to the necessary care of a close family member.

The Law on Retirement and Disability Insurance among other measures determines also the assessment of the direct risk of disability. The measure is aimed at the early prevention of the occurrence of disability when the working conditions in the working place to which the insured person has been admitted, despite all the hygienic and technical measures for security, have such an impact on the health and working capacity of the employee that he/she has to change the working place immediately otherwise the disability could occur. These insured people do not have the status of a worker with a disability; they do have, however, the right to be transferred to another job or occupational rehabilitation and the right to salary reimbursement. The rights are provided by the employer.

The Office of the Republic of Slovenia for Security and Health monitors and assesses the state of security and health at work and proposes solutions for uniform settlement in this field. The monitoring of the implementation of the regulations in this field is carried out by the Work Inspectorate of the Republic of Slovenia.

In 1998 a new Law on Road Safety which settles regulations of public road traffic and conditions for participation in road traffic has been adopted. After the adoption of the law the public media have promoted broad activities to help to reduce the number of accidents and to promote safer driving. The tasks of examining and dealing with the issues in the field of road safety, to foster the safety education and education of road users, issuing and distributing road safety education leaflets and other materials, as well as other tasks which are important to improve road safety, were given to the Council for Prevention and Education in Road Safety of Republic of Slovenia and to community or municipal councils at community level. The Law pays special attention to children, the elderly, the blind, and people with other disabilities – all participants in road traffic.

### **3. Prevention of disability and handicap**

In the field of education the policy is oriented to equal opportunities to educate children with special needs as set out in Chapter V (education).

The principle followed in the policy in the training and employment of people with disabilities is occupational rehabilitation which enables their integration or reintegration in society. This principle is included in the programme of the Active Policy of Employment and enshrined in the Law on Retirement and Disability Insurance as described in Chapter VIII (employment).

The basic law in the field of social security is the Law on Social Care. It settles the social care activities such as the prevention and solution of social issues of individuals, families and particular groups of the population. The rights to social care are entitled in the form of services, measures and financial allowances. Integration in social life is described in Chapter VIII.

### **4. Health education**

In addition to the aforementioned, education for health and promotion of healthy living are included in the school curriculum of all grades and especially the professional ones.

In civil society particular clubs and organisations of people with disabilities implement special social programmes and services for their membership. Some concrete programmes whose contents can be determined as very important for the promotion of health are carried out in clubs of patients with different chronic diseases, in organisations of people with disabilities, in associations for the assistance of mentally ill patients, in telephone

counselling, in associations for the assistance to drug-abuse patients and others. Among the aims of their activities we can set up the development of the health in the broadest sense of the word and the healthy way of life, improvement of working and social activities of the individuals, reinforcement of the capabilities to cope with difficulties and to protect themselves against harmful influences which threaten physical, mental and social health, development of the supporting social network, improvement of living conditions for particular groups of patients or health threatened groups, prevention against reappearance of the symptoms, facilitation of life with illness and many others. When the activity of an association surpasses the interests of its membership, the adequate ministers appoint it the status of the association of public interest.

### **III. IDENTIFICATION AND DIAGNOSIS**

#### **1. Identification of impairment**

In the framework of reproductive health care the systematic control examinations of pregnant women are provided. The prevention programme also includes medical examinations to reduce the number of the children born with a chromosome defect and genetic consulting after the of age of 35.

The obligatory prevention programme for babies and pre-school children (up to 6 years) includes six systematic examinations up to eighteen months of age, ultrasound medical examination of hips by birth and in the third month of age and systematic examinations of small children at three years of age, together with psychological testing and logopedian examination at five years, the Denver development test on the occasion of all examinations in the first, third and fifth year of age, the examinations (for instance before admission to the kindergarten), six home care visits to babies in their first year of age, two additional visits to babies who are blind and to mothers with a disability (the twelfth month of the child's age) and one visit in the second and third year of age.

Children with development and behavioural disorders receive additional treatment, providing adapted health education as well as close co-operation with the family of the child with special needs. The preventive health care is executed by a chosen specialist paediatrician according to the programme prescribed for all children, it is carried out in the pre-school dispensary and is supplemented by the development programme. The additional treatment of children with behavioural disorders, disorders of socialisation, educationally disadvantaged children and children from disturbed families is carried out by a team of specialist paediatricians, clinical psychologists, social workers and, if needed, also other experts.

Within the compulsory prevention programme for school children, youth and regular students the systematic examinations in the period of six months before their admission to school are provided, then are repeated in the first, third, fifth and seventh class of primary

school, in the first and third year of high school, in the first and in last grade of college and university and in their eighteenth year for youngsters who do not attend school regularly. The compulsory examinations before departure on an organised health vacation and the last systematic examination in schooling including the issue of a health certificate and opinion which is needed for further education, involves consulting the pupil and his/her parents, two home care visits per year to the blind and visually impaired children with additional disadvantages in the age from 7-25 years who need home care and do not attend school. Compulsory preventive health care for children and youngsters with development and behaviour disorders who are included in regular settings, in the settings with adapted programmes and curricula and in institutions is carried out according to the programme prescribed for all school children and is complemented by the development programme in dispensaries.

Prevention programmes also include vaccination and other services with which the spreading of contagious diseases are to be prevented (in conformity with the republic immunisation programme).

Within the health protection programme for workers, the employers must provide measures to prevent and to diagnose occupational diseases related to work and injuries at work, first aid in case of injuries, prevention examinations related to the working capacity (in conformity with adequate regulations), measures to reinforce the health of those workers who are exposed to special dangers at the workplace to health and information on dangers for health by work. These services are provided by medical practitioners in the firms and in the dispensaries or by private medical practitioners.

## **2. Diagnosis**

The Law on Health Activity (of 1992 with many further amendments) determines that the network of the public health service must be organised in such a way that first aid is at all times available to the whole population, including emergency transport and urgent medical supply as soon as possible.

The network of the public health service includes the allocation of pharmacies, special dispensaries, hospitals, institutes and other institutions in Slovenia where health activities are to be carried out and which are authorised by concession to implement health services according to the law. The network also includes private medical practitioners with authorisation. The network of the public health service on the primary level is determined and provided by community and municipal authorities respectively. The Republic of Slovenia determines and provides specialist health care in hospitals, dispensaries, clinics and health institutes.

The fundamental health activity in the community is executed in dispensaries which must have organised minimum preventive health care, first aid, general medical practice, health care for women, children and youth, medicine of work, home care service, laboratory and other diagnostics. It also provides the family medical service in its territory. The services from the field of the fundamental health activity are implemented by a personal medical practitioner with his/her co-workers, who send the patients to the specialists on the secondary and the third level and co-ordinate their suggestions. The preventive and curative health care of children and youth is carried out on the primary level in dispensaries for pre-school and school children and youth. Within the framework of dispensaries, habilitation and rehabilitation of children and youth with mental and physical disorders is available through the network of dispensary development programmes which monitor children until their inclusion in other forms of rehabilitation. The professional doctrine on the reinforcement of health, prevention, diagnosis, treatment, health care and rehabilitation of people who became ill and injured, and rehabilitation of children and youth with physical and mental development disorders is created in co-operation with broader professional collegiate bodies from the clinics and institutes, medicine faculty and Health Council. The Health Council was founded by the government of the Republic of Slovenia and creates motions, initiatives and opinions related to social health care.

#### **IV. TREATMENT AND THERAPEUTIC AIDS**

##### **1. Medical treatment**

Health insurance in Slovenia is obligatory for all employed people and for all people with permanent residence. The system of the health care and health insurance is settled by the Law on Health Care and Health Insurance of 1992 (with further amendments, the last amendment is from 1998). The Law determines which part of the medical services and rights in the field of health care is provided by the obligatory health insurance and for which part the individuals are obliged to take care by themselves. People with disabilities exercise the right to health care in the framework of the obligatory and voluntary health insurance as entitled insured persons or as family members.

Within the framework of the obligatory health insurance are provided medical services to discover diseases and injuries, treatment and rehabilitation due to illness and injuries and to all this related medicines and technical aids, health services related to motherhood and prevention programmes (in conformity with prescribed programmes). Some services are paid in totality from the title of the obligatory health insurance. Here belongs the health care of children and youth, children and youth with physical and mental development disorders and women in relation to their pregnancy and birth. The treatment and rehabilitation of certain serious illnesses and conditions (which are separately entitled by the law), occupational illnesses and injuries at work are paid totally from the financial sources of the obligatory health insurance. Socially threatened insured persons among whom also belong people with serious disabilities have the right to emergency treatment

without any supplementary payment. The obligatory health insurance covers a part of expenses related to the implementation of the health services, replacement allowances for the time of illness for employed insured people, expenses for funeral and death benefits. The obligatory health insurance is implemented by the Institute for Health Insurance of Slovenia which has by special regulations specified different kinds and ranges of rights, standards and proceedings to be implemented in all fields of health activity.

Each individual has, in conformity with the law under equal conditions, the right to free choice of the doctor and of the health institution where he/she can request consultation with adequate specialists, to learn the diagnosis of his disease, the range, method, quality and expected duration of the treatment and to see his/her medical documentation. In addition he/she must consent to any medical intervention and must be informed in advance on all possible methods of diagnostics and treatment and their consequences and effects. The patient can refuse the suggested medical interventions. He/she also has the right to object against the relevant monitoring body if he/she believes that not enough efficient means for his/her treatment have been used or that ethical principles have been violated. It is possible to prescribe treatment without consent only if the patient who is mentally ill threatens his/her life or the life of other people or causes a lot of damage but the implementation of this measure is monitored by the court of justice.

## **2. Medical assistance, medical and functional rehabilitation**

The basic health activity is carried out by dispensaries, health stations and by private medical practitioners. Social care institutes and institutes for training and education of children and youngsters with special needs carry out the health care and rehabilitation for their residents (Law on Health Activity).

The insured persons assert services by their personal medical practitioner and they have the right to choose him/her in the territory of their permanent or temporary residence. The personal doctor for adults is a general practitioner, for children the specialist paediatrician, for pupils the school medical practitioner. Women choose their personal gynaecologist and all insured persons choose their personal dentist. The personal medical practitioner monitors the health condition, treatments, runs the medical documentation and if needed sends the patients to the specialists, to the hospital or to the other forms of treatment and rehabilitation, states the incapacity for work due to illness or injury at work which lasts up to 30 days.

For prescription of medicines the lists of medicines are used. Medicines from the positive list are on the whole covered by the compulsory health insurance, for the medicines from the intermediate list supplement payments are necessary. The medicines from the negative

list must be paid by the users. The compulsory health insurance covers expenses for medicines for treatment of people or conditions which are free of payment according to the law. The medical supply is provided through the network of the pharmacy activities in conformity with a special law.

Treatment, rehabilitation and health care is carried out at home, in institutes for elderly people, in special social care institutes and institutes for training when the insured person is not able to visit the doctor because of his/her health condition. These services as well as the services of the emergency transports are included in the rights from the compulsory health insurance. When, because of a bad health condition or for some other reason the insured person cannot travel alone for treatment in another place, his/her personal doctor approves the escort of another person and if necessary also of a medical worker. There is no need for special consent to escort children up to 15 years of age and for children with severe disabilities under 18 years of age.

Follow-up activities and supplementing of the basic health activities are performed in the specialist clinics and involve the engaged diagnostics, treatment of illness or health conditions and rehabilitation in dispensaries. Specialist activity is carried out by hospitals, health resorts, private doctors – specialists of a particular professional branch. Specialist activity in the hospitals encompasses the engaged diagnostics, the treatment and medical rehabilitation, health care, lodging in the hospitals. For this, the hospitals can be general or specialised. There is also a possibility of accommodating one of the child's relatives during hospitalisation. The most demanding health services at the level of the dispensary or a hospital is carried out by clinics and institutes which also perform scientific research and education work.

Care in health resort encompasses preventive care and specialist dispensary or hospital rehabilitation with additional use of natural health means. In order to be sent for health resort treatment, the insured person must meet the prescribed criteria. Health resort treatment includes services of rehabilitation, use of technical aids and medicines for its implementation and in the case of the stationary rehabilitation also monitoring. According to the special programme which is determined by the institute, every year some groups of people with disabilities have the right to participate in group and adapted rehabilitation which is professionally run by an appropriate health institute. Children with special needs and severe chronic diseases may participate in organised group training which is professionally run by special clinics or other health institutes. In agreement with the Institute for Health Insurance restitution rehabilitation is organised by particular organisations of people with disabilities under more adequate and more favourable conditions, according to the special programmes adapted to the specific disability. The Institute for Health Insurance can cover expenses for professionally organised vacations of children who are hospitalised several times or are more often sick.

Centres for occupational rehabilitation: the Institute of the Republic of Slovenia for Rehabilitation is a central national health institute for complex rehabilitation of patients with the most severe physical impairments and working capacities and on the secondary and tertiary level carries out the most demanding tasks in the field of physical medicine and rehabilitation as well as the application of technical aids. The institute has its decentralised unit in Maribor. The professional team consists of a doctor specialist in occupational medicine, a psychologist, a social worker, an occupational therapist, an expert for assessment of the working capacity, a pedagogue and if needed also consultants from various professions. In their work these experts closely co-operate with the family, representatives of schools, of employers and institutions which send patients to the rehabilitation institutions: to the Health Institute, the Institute for Retirement and Disability Insurance, the Employment Office and others. On the basis of the well-developed functional diagnostics this team decides on adequate individual and/or group therapy which is carried out for instance in hospitals, dispensaries or day hospitals. During the course of medical rehabilitation, the patients are also directed to the programmes of the occupational rehabilitation.

At the moment in Slovenia there are still two active rehabilitation centres. Their activity is similar to the activity of the sheltered workshops and they offer services through concrete employment and by allocation of people with disabilities (arranging for working places, consulting by self-employment, carrying out the programmes of the social and working integration for people who hardly have any vocational aptitudes and for people with severe disabilities).

The Law on Training and Employment of Disabled People of 1976 determines that the training of people with disabilities is to be carried out by a practical work and adaptations of the workplace, by gaining the required skills for the occupation, by training in institutes, schools and by acquiring of the adequate professional education and qualification according to the principles and measures for adult education. The units of the institutes for employment provide for the training of people with disabilities according to this law. The law determines special organisations and institutes for training and employment of people with disabilities sheltered workshops and institutes for training of people with disabilities under special conditions.

### **3. Prostheses, orthoses and technical aids**

Within the framework of the compulsory health insurance, the technical aids needed for treatment and medical rehabilitation are distributed. The compulsory health insurance covers expenses up to the full cost of treatment of conditions and persons who are, according to the law free of supplementary payments. During their treatment in a hospital, clinics, institute or health resort and their lodging in special institutes, homes for elderly people and institutes for training certain aids are insured by the providers themselves. The

assignment of technical aids is held according to the Regulations of the Compulsory Health Insurance and in prescribed standards which are defined with functionality, material, duration period and price respectively. Supplementary payment is necessary for the purchased standard aids. Among the technical aids are orthopedic, orthotic, hearing, visual and other aids. In duration period the maintenance, services and renting of some technical aids is provided. Technical aids are to be prescribed by a relevant personal medical practitioner or a doctor specialist in his/her branch; for more demanding technical aids the consent of the medical commission is necessary. Aids requiring team treatment and individual application can be prescribed only by specialists in the frame of the tertiary activity. The technical aids supply is carried out by enterprises, institutes and private persons. The Institute of the Republic of Slovenia for Rehabilitation prepares doctrine in this field and monitors its implementation. The supply of technical aids for the memberships is also carried out by organisations of people with disabilities.

#### **4. Assessment of abilities**

Medical commissions and expert bodies of the Institute of Health Insurance participate in the proceedings of implementing the rights entitled from the health insurance. The commissions decide on the basis of the medical documentation which is given to the personal doctor of the insured person. They ascertain the temporary aptitude and incapability for work for more than 30 days, assess the working capabilities and, if required by the insured person, also judge the assessment of the chosen personal doctor, his/her decision to send the patient for the health resort treatment, justification of the demands for more expensive orthopedic aids, treatment in a foreign country etc. The work of the commission is settled by special regulations. The opinion of the medical commission of the first degree is controlled by the medical commission of the second degree.

If the personal doctor or the medical commission estimate that there are no possibilities to expect the restitution of working capacity, the insured person is certainly - and also in case of one period of uninterrupted restraint from work or work with reduced working hours - referred to the disability commission.

The disability commissions are expert bodies of the Institute for Retirement and Disability Insurance and participate in the proceeding to implement the rights by defining the disability and the working capacity respectively. The commissions consist of the appropriate multidisciplinary team formed by two medical specialists and one member from the field of safety at work, industrial psychology or from another appropriate field. The insured person and the representative of the employer are invited to the session of the disability commission. On the basis of the expert opinion of the commission the relevant body of the Institute decides on the fulfilled conditions to acquire the status of the working disabled person and the rights of retirement and disability insurance. Disability commissions of the second degree participate in the proceedings of the protection or the rights of insured persons.

When a person before his/her entry to the labour market does not have the status of a person with a disability this status can be acquired according to the Law on Training and Employment of Disabled People. The status is given by the Expert Commission for Assessment of the Characteristics of the Person with a Disability which operates in the Employment Office. The commission make assessments and gives opinions on and possibilities of the needs for training and employment. The assessment and the opinion of the commission are the basis on which the employment plan is prepared by an employment consultant of the Institute and by the person with a disability. On the basis of this plan the person with a disability is included in different programmes of the Institute. The commission consists of a multidisciplinary team of two doctors of the appropriate branch, an expert from the Institute, the technologist and a social worker. It is possible to lodge a complaint against the decisions of the commission of the first degree, and the case then goes to the second degree commission of the Employment Office.

In the pre-school and school period children that had recognised development deviations are classified by a special classification commission operating in the centres for social work. In the diagnosis and opinion the form and degree of disability are quoted and the opinion of the most appropriate further rehabilitation is given. The multidisciplinary commission consists of a doctor paediatrician or a specialist of school medicine, a psychologist, a social worker and a medical specialist regarding the child's special need. In the assessment process children and guardians or foster parents co-operate. The Centre for social work issues the written order on admission of the child in the organisation for training and chooses the kind of assistance. The second degree commission of the Ministry for Labour, Family and Social Affairs participates in the proceedings of the protection of rights.

The parents of the child who is seriously sick or of the child with a disability are entitled to allowances for child care and their right is exercised by the relevant centre for social work. The opinion on the health condition of the child is given by the commission of experts which works on the basis of the regulations on criteria for acquiring the allowance for the care of the child. The broader professional collegial body of paediatricians of the Republic annually controls the adequacy of the list of diseases and suggests its completion.

The Law on Wartime Disability governs in its entirety the protection of military persons disabled in war or peacetime and civilians disabled as a result of war. The disability and conditions to exercise the rights are defined by the administrative unit and Ministry for Labour, Family and Social Affairs respectively on the basis of the diagnosis and opinion of the relevant medical commission consisting of medical specialists. The commissions works on the basis of the special regulations. It is possible to lodge a complaint which should be sent to the medical commission of the second degree.

## **V. EDUCATION**

### **1. Aims**

The main aims in the field of education legislated by the state to set up equal possibilities for the education of children with special needs and people with disabilities providing the concept of the individual education at all age levels, development of integrated settings of education and adequate jobs to support the integration as close as possible to the child's home, fostering the active role of children, youth, people with disabilities and their families in the educational process and consistently upholding the principle of individualisation.

The Constitution of the State of Slovenia states that children and youth with special needs require special social care. Financing of this activity falls within the responsibility of the state which also provides the network of institutions at all age levels of the education.

### **2. Mainstream education**

The school legislation of 1996 with its Law on pre-school institutions, elementary schools, high schools, occupational and professional education and university education defines the group of children and youth with special needs. According to the law in this group are included: children with physical impairments, blind and visually impaired, deaf and hard of hearing, mentally retarded children and youth, children with speech disorders, children and youngsters with behavioural problems and chronically ill children.

The renewed fundamental law which will govern the education of children with special needs is in the process of adoption by the State Assembly of the Republic of Slovenia. In conformity with this law and other regional laws children with special needs will be directed to programmes with adapted implementation and with supplementary professional assistance, with adapted educational programmes and with special programmes. In the meantime until the above-mentioned law is adopted the education and schooling of children with special needs is governed by the law of 1977 and its appertaining regulations on the classification of children with special needs. It defines criteria for the classification of children and their direction to the adequate school or institute of education. The classification is based on the interdisciplinary approach of the team assessing the psychosocial capacities of the child and suggesting the further path of education. The commission is appointed by the centres for social work and works according to the valid regulations. In the state there are 50 commissions of first degree and one commission of second degree. The centre for social work issues the decree on classification and on its basis parents exercise their rights also from the other laws. It has been assessed that in each generation of children there are 2% of classified children but it has to be mentioned that the stream has been stable lately, 800 - 900 children per year.

The Law on Working Relations provides the parents of children with disabilities of different severity with the following rights:

- half/time working schedule until the child's third year of age. In addition the mother receives 50% of the personal income and for that period the complete retirement age is taken in consideration. This right can be exercised also by the father;
- the working contract of the worker who takes care of such a child cannot be suspended, overtime and night work are prohibited without his/her written consent;
- the parent who does not have compulsory retirement and disabled insurance can acquire retirement insurance and can pay the contributions;
- the employed mother of a child with special needs has the right to prolong her leave for the care of and assistance to the child until his/her fifteenth month of age;
- if the mother performed part-time job because of her care for the baby she has the right to work part-time until the twenty-third month of child age;
- if the mother takes care of the prematurely born child her prolonged leave for the care and protection of her child lasts as many weeks as the pregnancy was shorter than thirty seven weeks;
- the parent who takes care of and provides for a child with a severe mental or physical disability has the right to prolong his/her yearly holiday. The duration thereof is defined in the regional collective contracts.

In conformity with the Law on Pre-school Institutions, children with special needs are included in the programmes with adapted implementation and with additional professional help or with the adapted programmes. In cases when the child cannot be included in pre-school education, the education can, by way of exception, be carried out at home.

At admission to kindergarten the parents must enclose the health certificate of the paediatrician. Priority to admission is given to the child with special needs. Pre-school children with special needs can, except in cases when they enter in the regular pre-school settings, be included also in the development departments of the kindergarten. In these groups all children with development disorders can be included and among them also those who have a severe disability. For this programme a small supplementary payment from the parents is required. The means to carry out the adapted programmes of the development departments of the kindergarten are provided by the local community; the adapted programme of the pre-school education in institutes, however, is paid by the state.

All parents who have a child in home care until 18 years of age can, on the basis of the Law on Family Income, demand the supplementary allowance for child care. The allowance is meant to cover the increased expenses of the family due to the illness of the child or his/her physical and mental disability. In exercising the rights according to the legislation it is necessary to enclose the opinion of the expert commission.

According to the type and degree of their impairment or disability children with special needs can be included in the elementary school programmes with adapted implementation and with supplementary professional assistance, in adapted education programmes and in special programmes of education. The elementary school must enable professional workers to prepare, carry out and evaluate the individualised programmes for children. Supplementary possibilities of the stay in school are organised until the ninth year of their schooling. In mainstream settings which include classes for children with special needs the teacher can be assisted also by the teacher with special pedagogical education. The child with special needs can postpone for a year his/her entry to school if the commission states that the child is not prepared for schooling. The admission to regular elementary school is not possible in the case when the school does not meet the conditions which are necessary to educate the child (adequate programme, supplementary staff). The pupil in the elementary school has the right to free transport to school if the school is more than four kilometres from his/her home. The pupil has the right to free transport to school regardless of the distance of his/her residence from school in the first grade of schooling and in the case where the journey to school is dangerous for the pupil.

Pupils who cannot attend school due to illness or other reasons during the school year can take exams in particular subjects. For children who are included in the adapted educational programmes and in the special programmes of education other ways of assessment of their knowledge are determined.

After they finish elementary school pupils with special needs have the possibility of being educated in high schools and vocational schools on the lower, medium and upper professional level. More successful pupils go to high schools. The pupils in these schools are provided with the adapted implementation of programmes, additional professional assistance, including integration with smaller number of pupils and the use of the additional equipment and learning material.

Pupils who have finished at least the sixth grade of the elementary school or have finished elementary school with the adapted programme can be included in the programmes of the lower professional education. For admission to high school, to professional school and to vocational schools the same conditions as for the other pupils apply. Pupils with special needs can prolong their pupil status for another two years due to health reasons as for instance the stay in hospital or rehabilitation. For the same reason the headmaster can send the pupil to the next grade even in the case when he/she does not meet all the requirements.

Pupils with special needs can apply for the study programmes if they meet the general conditions for admission i.e. the graduation or the final exam. The entry conditions are determined in the annual university requirements. High school graduates with special needs can be included in the applied programme regardless of their success at the graduation and

final exam respectively if it is in conformity with other requirements. The conditions to acquire different scholarships are described in the chapter on employment and training of people with disabilities.

### **3. Special education**

For children with special needs who cannot attend regular pre-school institutions, the state insures the inclusion in development departments which operate in the frame of the mainstream pre-school institutions. The state has a well-organised network of development departments. At present there are 64 with more than 400 children, among them are also those with the most serious development disorders.

For children who cannot attend regular education settings the Institutes for Education were founded by the state and the schools with adapted programmes were founded by local communities. The following institutions exist for education with special needs: institutions for children and youth with disorders in mental development, for deaf and severely hard of hearing, for people with physical impairments, for blind and visually impaired, and for children and youth with behavioural problems. The mentioned institutes implement the valid public programmes adopted by the Professional Council for Education of the Republic of Slovenia. The programmes are held on pre-school, elementary school and high school level, in vocational education and training for work. Departments for children with speech disorders function in the framework of the Institute for Deaf and Hard of Hearing Children and Young People.

For children with less serious disorders in mental development the state network of schools with adapted programme is available. The network involves 33 schools and 17 department settings for children with special needs which are active as a part of regular elementary schools. The programme is carried out according to the prescribed curriculum and the adapted programme. For deaf and hard of hearing children there are three regional centres which carry out pre-school and elementary school activities and one of them, the central one, carries out the vocational training and high school education. There are three institutes for people restricted in movement which carry out the elementary education and one of them also high school education. In the network there are two institutes for blind and visually impaired children, one is the elementary school and the other the high school centre. For children and youngsters with behaviour and identification problems there are 10 institutions available in the state. For children and youth with moderate and severe disorders there is a state network of five institutes which, besides education and training, provide work and care for children and youth with severe disorders in their development. In the organisations for training of children and young people with special needs, the work is done by teachers and educators with adequate special pedagogical education at the highest level.

The state has in recent years encouraged the co-operation between special and regular schools. In the framework of special institutes the verified programmes of education are organised for teachers by including the children in regular pre-school institutions and schools. Special institutes organise the school programmes for the parents of children with special needs in co-operation with the organisations of people with disabilities. The mentioned activities represent an important link for the integration development in the state.

#### **4. Education and rehabilitation**

Professional guidance and consultation is described in chapter VI. Individual treatment of particular experts is provided for pupils with special needs who are integrated in the regular education settings or are educated in special schools or institutes. Deaf and hard of hearing children have individual auditory training, people with impairments that restrict their movement have the adequate physiotherapeutic treatment and the children with a learning disability have special pedagogical and logopedian treatment. The standards and norms for the mentioned health services have been worked out, particular institutions sign annual contracts for health services. In all special institutes besides the pedagogical workers, specialised in adequate fields, the permanent teams also consist of psychologists, social workers, physiotherapists and specialist doctors.

Complete team treatments are provided for pre-school children in mental hygiene departments of the children dispensaries. The network of the mental hygiene departments was set up throughout the state. The team consists of: a paediatrician, a neurologist, a physiotherapist, a social worker, a psychologist, a logopedician and a nurse.

#### **5. Education of adults with disabilities**

The education of adults which includes also people with disabilities has been governed by special legislation since 1996. A national adult education programme has been worked out and adopted by the parliament on the proposal of the government which previously acquired the opinion of the Professional Council for Education of Adults.

Education includes the following programmes: elementary schools, lower professional education which lasts two and a half years, high school vocational education, technical and other professional education, professional technical education, high schools and training programmes. Particular education possibilities are included in the regional laws. Adult education also involves adults with special needs in all degrees and all types of programmes. The state provides the network of the regional centres for adult education in the state. According to the Law on Social Care of 1992 particular programmes of education for members and their families are also carried out by respective organisations of people with disabilities.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

### **1. Assessment of vocational aptitudes**

The responsible organs for assessment of vocational aptitude are the Employment Office and the Institute for Retirement and Disability Insurance which cover this field on the basis of the appropriate contracts and programme. The providers can be different: these are institutes for training and especially the institutes for rehabilitation. In Slovenia there are four institutes for rehabilitation. In 1994 a total of 653 people were referred to the programmes of training in the rehabilitation centres.

Slovenia has four systems of disability assessment. Two of them are essential for vocational aptitudes:<sup>1</sup>

1. Self-management contract on measures and procedure to assess the characteristics of the person with a disability which has been valid since 1978 (the legal basis of this act is the Law on Training and Employment of Disabled People of 1976) gives people with disabilities the right to vocational training and employment.

The assessment is carried out by professional commissions which work in the units of the institutes for employment. The members of the professional commission are experts from different fields: an appropriately specialised doctor, a professional co-worker of the Employment Office, a technologist working in the field of ergonomics, technology and organisation of work and a social worker with experience in training and employment of people with disabilities. The assessment of the working capacity in general is crucial.

2. According to the Law on Retirement and Disability Insurance of 1992 with more further amendments, insured persons with a disability are, according to their remaining working capacity classified in three categories of disability:

- the 1st category includes insured persons who have lost their working capacity;
- the 2nd category includes insured persons who are able to perform their work or other suitable work at least half-time and cannot be trained in vocational rehabilitation to perform any other suitable work full time;
- the 3rd category includes insured persons who can, after previous vocational rehabilitation or without it, perform another suitable work full time.

The expert opinions on disability, on the remaining working capacity, on the loss of the working capacity and on the gainful capacity, on the physical impairment and on the need

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<sup>1</sup>A special system of classification in the disability groups applies to Military persons disabled in war, according to the degree of health damage as entitled by the Law on Wartime Disability (of 1995 with changes and amendments). The law also defines the rights of people disabled in war to vocational rehabilitation.

of assistance and care are given by the expert bodies of the Institute for Disability and Retirement Insurance. The expert bodies are disability commissions and individual doctors. Here the assessment of the working capacity regarding the work place is of crucial importance.

In the procedure before the issue of the expert opinion, the expert bodies of the institution co-operate with the personal doctor of the insured person, with the service of occupational medicine, with a specialist service or institute for the training of people with disabilities and with the employers.

Assessment in vocational rehabilitation is meant to improve the personal capacity of the person with a disability in order to be capable to work in the expected profession and to define the possibility for the employment respectively.

The tasks of the assessment are implemented by individual and general rehabilitation plans. The general plan, which refers to the person in rehabilitation defines the preparatory and the executive process. The individual plan or the personal rehabilitation file defines the type of programme, the vocational goal, time in which this goal could be achieved, the needs of the rehabilitation programme, the expected beginning, duration and expenses of rehabilitation and the declaration of the person with a disability who co-operated in the preparation of the plan. The provider is also included in the process of employment and in the work of the person with a disability. To this end he/she participates also in the programmes of transferring, in the adaptation of work or of working devices, in the probation work, etc. An appropriate contract is concluded for the above-mentioned co-operation between the employer and performer.

In the procedure of the assessment of vocational aptitudes the principle of the assessment on the conformity between the capacity of the particular person and the requirements of the work is defined. The stress is laid upon medical documentation.

The assessment of the vocational aptitudes which is given by the professional commission for assessment of the characteristics of the person with a disability is, according to the Law on Training and Employment of Disabled People, the base for programming the professional and vocational career of the person with a disability. In 1997 the professional commission dealt with 604 persons. The medical consulting service has been performed since 1995 as a regular activity of the institute. It is aimed at unemployed people who look for work or who intend to pursue education and also the pupils and students who decide on schooling. All have in common certain health problems due to which they have difficulty in finding the adequate profession or employment. The main tasks of this service are: assessment of the capacity for work, disabilities, needs for assistance, the suitability of the profession, adaptation of the work-place, means of transport the necessary rehabilitation or referring to the professional commission. In 1997 consultant doctors conducted 2382 consultations from a medical-ergonomic point of view.

## 2. Vocational Guidance

Vocational guidance determines the tasks to find the most suitable professions for people with disabilities. The vocational guidance enables them to choose the profession which matches their knowledge and capacities by considering their personal wishes and the integral assessment of their vocational aptitudes.

Vocational guidance is aimed at persons who have already been employed as well as at those who do not have any working experience and to people who were temporarily incapable of working.

Vocational guidance should be given as early as possible. It should certainly be performed at least when the state of the person already enables the planning of the possibilities of his/her employment or his/her return to work.

The responsibility for consulting is entrusted to the centres for vocational guidance, to the special units in the employment and medical consulting services and to the centres within the framework of medical rehabilitation. For some impairments requiring personal treatment and medical assistance the responsibility is defined on more levels.

In Slovenia there are several centres for vocational training which are located in different regions<sup>1</sup>.

The tasks of vocational guidance are also performed by the Employment Office in the form of consultation by the team on vocational decisions in schools, lectures for parents and the testing of the pupils of the eighth grade in order to assess the educational and vocational intentions for the next school year (for admission to the secondary school). The institutes for employment also give lectures to pupils, especially in those schools where the consultants are not qualified for such work.

Consultation of young people and adults is increasing, mostly in the form of individual consultations.

In the professional consultation of adults the consultants of the Employment Office perform individual counselling to unemployed job-seekers.

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<sup>1</sup> The vocational training centres in the Republic of Slovenia are: Institute for Rehabilitation in Ljubljana and Maribor, Centre for Blind and Partially Sighted in Škofja Loka, Institutes for Training of Disabled Youth in Kamnik, Institute for Training of the Deaf and Hard of Hearing in Ljubljana, Centre for Rehabilitation of Disabled People in Celje and Centre for Rehabilitation INDE in Koper.

A procedure to offer vocational consulting to the unemployed has been initiated by the Employment Office. The employment consultant refers the persons seeking employment to the vocational consultation when he/she assesses that the unemployed need more engaged assistance in order to perform his/her employment strategy and to make his/her seeking successful. Difficulties in employment arise more often for young people who did not successfully finish the secondary school education and also to the group of people who have experienced long-term unemployment.

In 1998 the Ministry for Labour, Family and Social Affairs and the Ministry for Education and Sports therefore prepared the programme of education for unemployed people aiming to get a better education structure and encompassing about 5000 unemployed people (programme of the elementary school for adults, high school programme, programmes to acquire the vocational and professional education).

In 1998, under the aegis of the Employment Office and through the Phare programme, the Information and Vocational Consulting Centre (CIPS) was opened in Ljubljana. The purpose of CIPS is to collect all information in the field of labour and to present different professions to all interested adult and young people who decide on new professions (unemployed, school youth, employed people, etc.) so that they can acquire information on possibilities of education and training, on professions and work and different other forms of assistance (i.e. individual and group consultation, workshops to acquire skills for job-seeking, workshops for career planning). The project is based on the presumption that every activity of the individual has the most important role in programming and seeking employment. If we want an individual to decide as much as possible by him/herself we have to provide him/her with all necessary information on possibilities which are available and on the consequences of the particular decisions.

The Ministry for Education and Sports, the Employment Office, the Education Institute of the Republic of Slovenia and curriculum commissions co-operate in the renewing process of vocational consultation for school youth. In December 1997 the co-ordination group of the Ministry for Education and Sports adopted the conclusion that a model of the vocational council was to be created in 1998, defining in a new way the distribution of the roles between the Employment Office and the schools. The Ministry has also proposed that the Institute should in the meantime (until the implementation of the new model) preserve the current way of work with school youth.

Under the Law of Employment and Insurance for Unemployment and by the Regulations on Scholarships, scholarships represent the constitutive part of the activities of the Employment Office.

Scholarships are available for education in the network of the secondary schools, higher professional schools, faculties and for post-graduate university study. People with disabilities and students with disabilities can apply for the scholarship the same way as

other able-bodied persons. In case people or students with special needs are educated in Institutes for Training they do not have the right to a scholarship since in those Institutes education and care are provided free of charge.

The types of scholarship available for people and students in Slovenia are:

- Scholarships granted by the employers;
- Republic scholarships granted by the state in order to obtain in each generation as many professionally educated people as possible for the labour market. The census to acquire the scholarship depends on the social conditions of the family;
- The scholarships for great talents - the Zois foundation scholarships designed for extra talented students at secondary school level, for study at university and for post-graduate study. They can also be given for studying abroad. Measures for the choice are determined in the regulations for scholarships. Details on the procedures to apply for the Zois foundation scholarships are given in the internal professional regulations;
- A proposal to change the regulations of the scholarships is underway, according to which people and students with special needs will have the right to higher amounts of scholarships.

## **2. Vocational training**

Training for work means acquiring, developing or changing knowledge and aptitudes which are necessary to obtain employment in a particular profession or to perform particular work. The training also includes the process of adaptation to the work process as defined by the Law on Training and Employment of Disabled People of 1976. The definition includes programmes which refer to the acquiring of the vocational aptitudes as well as the knowledge which is formalised through qualifications.

The unemployed person acquires the right to be prepared for employment if the Employment Office which refers him/her to education and training respectively because of the increasing possibilities of employment (according to the Law on Employment and Insurance for the Case of Unemployment of 1991 with further amendments). According to this law the basic right of the unemployed person is his/her participation in the active employment policy programme in order to increase employment possibilities.

According to the Regulations and Implementation of the Active Employment Policy of 1996 (with amendments from 1998) people with disabilities can be included in all the programmes of the active employment policy which are aimed at unemployed persons and redundant workers. These are the programmes for professional career planning and job search, programmes for employers, programmes for preventing unemployment and

programmes for education, training and employment of unemployed persons. In these programmes the duration and methods of work are adapted to people with disabilities; the aims and the context of the programmes remain, however, the same as for the other participants.

Besides these programmes there are others which are designed only for the target groups of people with disabilities and people with special needs, respectively:

- Programmes of psychosocial rehabilitation;
- Programmes of training and rehabilitation in special organisations, performed by rehabilitation institutions and by some sheltered workshops;
- Subsidising of transport expenses and assistance during training of people with severe disabilities.

In the year 1997, 1088 people with disabilities were included in the training through the Employment Office.

Besides the Employment Office the programmes of vocational rehabilitation have been financed also by the Institute for Retirement and Disability Insurance (for working people with disabilities under the Law on Retirement and Disability Insurance). However, working people with disabilities can also be included in the measures of the active employment policy. In 1997 the Institute for Retirement and Disability Insurance carried out the training of 215 people with disabilities.

The purpose of rehabilitation according to the law is that through rehabilitation working people with disabilities professionally, psychically and psychosocially acquire vocational aptitudes for another job and can therefore be adequately transferred or employed and integrated in the normal working environment. The forms of vocational rehabilitation can be different. The law states as the basic rule the practical work of the person with a disability on the suitable working place in his organisation, by the employer and or in other forms of the vocational training at the designated place. People with disabilities can however, also be trained by regular education in adequate schools and courses and if they agree also in internships. People with disabilities can also follow the training in organisations for training and employment of the people with disabilities. The method or the type of the vocational rehabilitation must be determined in accordance with the opinion of the adequate professional body which upholds also the opinion of the disability commission.

The Ministry for Labour, Family and Social Affairs has begun to work out the Strategy of the Development of the Labour Market and Measures of the Active Employment Policy between the years 1999 – 2005. These standpoints quote their aim of “... increasing the investments in the development of the aptitudes of the employed and unemployed people ...”. This strategy will also include people with disabilities.

## **VII. EMPLOYMENT**

### **1. Principles**

The conception of the development strategy of disability care, which was adopted in 1991, stresses employment as an activity which, for people with disabilities in particular, has a great impact on their economic and social conditions and other aspects of daily life.

According to the conception the measures of the economic, social, fiscal, tax and other policy must be based on the following principles:

- to provide full employment for some people with disabilities, adapted employment for the majority, and working activity for all people with disabilities;
- to implement pluralism of the different forms of employment;
- priority of the right to employment (which does not mean discrimination by employment) and with selective programmes for people with disabilities should enable equal opportunities on the labour market and by this also the professional and occupational mobility where the priority should be given to the vocational rehabilitation through which the competition of the person with a disability on the labour market is to be strengthened;
- the maximum development of the capacities of the person with a disability with contemporary professional approach by medical rehabilitation and vocational training;
- encouragement with exemption from taxes, contributions and duties and financial subsidies from the state and from mutual financial funds to the employers, to enterprises, groups and individuals in order to enhance the employment and work of people with disabilities;
- obligations to foster employment on the basis of a quota system and with appropriate stimulation measures.

According to the conception, development of one's own capacities and economic potential is one of the central interests especially of people with severe disabilities to whom regular employment is rarely available.

There are more fundamental legislative and second legislation regulations which define rights in the field of employment of people with disabilities. The most important among them are: the Law on Employment and Insurance for the Case of Unemployment, the Law

on Training and Employment of Disabled People, the Law on Working Relations, the Law on Fundamental Rights from the Working Relations, the Law on Disability and Retirement Insurance and more secondary legislation acts.

The Law on Employment and Insurance for the Case of Unemployment governs employment, insurance unemployment, the management of the system and the implementation of professional tasks in this field. The employment includes the mediating services for adequate working places, the mediating services for jobs, measures to foster employment and to open new and preserve productive working places, the activities which provide conditions for productive and free chosen employment, the vocational and professional development and the use of the working capacities of the individuals. Through insurance in case of unemployment workers exercise rights for the time if they become unemployed through no fault of their own, against their will, or if their work becomes unnecessary.

The Parliament of the Republic of Slovenia has adopted, on the proposal of the government, the policy of employment and the programme for its implementation and determines the necessary range of financial resources. The fundamental right of the unemployed person is his/her participation in the programme of the active employment policy.

The institutes and centres for social work mutually co-operate with the unemployed person who participates in the activities and measures of the active employment policy. The basis for participation of unemployed persons is the prepared employment programme.

The Law on Training and Employment of Disabled People governs the training and employment of people with disabilities who, due to their physical or mental disability, need special professional assistance for their training and employment and have the right to special social care. According to this law the status of a person with a disability is acquired on the basis of the decision made by the professional Commission of the Institute for the Employment for Assessment of the Characteristics of the Disabled Person. A new law based on a more flexible perspective of the training and employment of people with disabilities is planned.

The Law on Disability and Retirement Insurance provides a range of rights on the basis of work. Besides the right to a pension people with disabilities according to that law also share the rights to transfer to another job, to vocational rehabilitation, to salary replacement for the time of their waiting for vocational rehabilitation, to salary replacement due to reduced pay in another appropriate job, to the financial benefit for disability, to the benefit for assistance and care, to the disability benefit and/or care allowance.

The new law was submitted for adoption to the parliament in 1998, but no substantial changes for people with disabilities are expected. The legislation will be adapted to the economic conditions, to the practice and requests of the European Union.

In February 1999 the Programme for training and employment of people with disabilities in the Republic of Slovenia for the period from 1998 to 2002 was adopted by the government of the Republic of Slovenia. It is based on the contemporary principles of rehabilitation and integration of people with disabilities.

“Work is estimated as the most important way to include people with disabilities in social life. Whenever it is possible, considering the source, type or degree of disability, people with disabilities will work and be employed under general conditions respectively on the open labour market. To people with disabilities who cannot be employed under such conditions the supplementary forms of employment will be accessible as for instance sheltered employment in the frame of the general conditions, employment in sheltered workshops or within some new forms.”

The active employment policy includes the measures implemented by the Ministry for Labour, Family and Social Affairs and the Employment Office through their units. One of the target groups to which the measures of Active Policy are designed are also people with disabilities. The target definition which should be followed by employment of people with disabilities is, however, to make equal opportunities for employment.

The rehabilitation consultants (for people with disabilities) work in the regional units in the framework of the regular activity of the Employment Office. They enable persons with a disability the right to education, training, rehabilitation and employment.

The employment consultant offers to the person with a disability:

- help in the choice of the profession and the working place in co-operation with rehabilitation institutions and in the choice of the enterprise where the person with a disability will be trained;
- assessment of the training;
- mediation of the financial aid for training and preparation for the profession.

Moreover, the Employment Office offers assistance through measures of human resources renewal and helps enterprises prevent the transfer of employed people with disabilities to open unemployment (programmes for changing the qualification and obtaining additional qualification of the employed, internal management, the founding of new sheltered workshops, etc.).

Most organisations of people with disabilities elaborate the employment programmes on the basis on the Law on Social Care which includes different activities: from searching for employment, improving the environment, distributing information and legislative measures to the organising of their own economic activity and work at home. Self- initiatives and self-organisation of people with disabilities through activation of their working potential and searching for new employment possibilities are to be developed within the new programmes in the framework of the enterprises founded for this purpose by the organisations for people with disabilities and within the original system. All of this is covered in the new Programme of Training and Employment of Disabled People in the Republic of Slovenia for the period 1998 – 2002.

## **2. Employment in an ordinary working environment**

The crucial characteristic of the Slovene system of employment of people with disabilities in the integrated working environment is the status of the person with a disability which is the base for further implementation of rights.

Before the procedure commences, the rehabilitation consultant in the units of the Employment Office examines whether the person meets the requirements for such a treatment or whether it is necessary to refer him/her to some other institution (if that person has the rights according to other regulations, for instance if he/she meets the condition for retirement, he/she is referred to the Institute for Retirement and Disability Insurance and if it is the case of a person with a disability who is incapable for work he/she is directed to the Centre for Social Work). The person him/herself can take the initiative for a special treatment as can the doctor, the centre for social work or the employment consultant<sup>1</sup>.

The unemployed person with a disability can be admitted to the job without publicly announced requirements. In this case the Employment Office, on the basis of the application to the vacant working place, refers the person with a disability to the organisation or to the employer as defined in the Law on Working Relations.

By concluding the working contract, the unemployed person with a disability has priority if he/she meets general and special conditions to perform the work. It means that his/her professional and other aptitudes correspond to the requirements of the vacant working place as defined in the Law on working relations. In the case of the person with a disability not being accepted to the post the organisation or the employer must inform and explain to the person the reasons for which he/she was not chosen.

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<sup>1</sup> The health consulting service also works in the framework of the Republic Employment Office. It is described in details in the chapter VI. Vocational Assessment.

A special law applies to the profession of telephone operator, the Law on Employment of Blind Disabled People of 1970, which determines that working and other organisations are obliged to employ in the vacant posts for telephone operators primarily blind people who are trained for such work.

The unemployed person with a disability can participate in the programmes of employment fostering which are defined in the Active Employment Policy of 1996. The fundamental laws establishing these programmes are Law on Employment and Insurance in Case of Unemployment and Law on Training and Employment of Disabled People.

The programmes of employment of people with disabilities are the following:

- preparation for employment ;
- training for the work place;
- co-financing of the new work places for people with disabilities;
- co-financing of the adaptation of the work place and technical equipment to employ people with severe disabilities;
- subsidies for the salaries of people with disabilities and other persons with hardly any vocational aptitudes in normal enterprises;
- programme of financial assistance in self-employment;
- participation in the programmes of public works.

The network of public works is also gradually being established in order to ensure assistance to people with disabilities and children with special needs who are included in the integrated educational settings. According to the Law on Working Relations the worker with a disability who does not meet the conditions for a disability pension can discontinue working only with his/her consent or may be transferred to another suitable job by another organisation or employer for an indefinite period.

The criteria to determine a redundant worker whose job becomes permanently redundant must not include the temporary absence from work due to illness, pregnancy, maternity leave or the leave for care of a child and assistance to a child or to the person with a severe disability. The criteria to determine redundant workers are given in detail in collective contracts and general acts respectively.

### **3. Sheltered employment**

Sheltered workshops are defined by the Law on Economic Societies of 1993 and Law on Training and Employment of Disabled People. These are enterprises where people with disabilities, (who due to their disability, health and capacity for work cannot be trained and employed on an equal basis with other people with disabilities), are trained and employed.

The programmes of training and employment of people with disabilities which are held in sheltered workshops have already been described in the chapter on training and employment and are performed according to the Regulations on Implementation of Programs of the Active Employment Policy. The procedure for employment in sheltered workshops is one of the possibilities within the framework of the employment plan and is initiated by the employment consultant.

The sheltered workshop is entitled to work as a limited company or as a joint venture company on the condition that it trains and employs during the whole business year at least 40% of people with disabilities of all employed people in the firm. In addition, it has to conclude an agreement with the government of the Republic of Slovenia to acquire the status of sheltered workshop.

As the sheltered workshops are of special social significance, special tax and other benefits regarding the expenses of training and employment of people with disabilities apply to them, which enables them to be economically successful.

The contributions for retirement and disability insurance and contributions for health care of workers in sheltered workshops are accredited to the special account to be devoted to material development of these workshops. The same applies to the contribution for maternity care. Besides, the sheltered workshops do not pay salary taxes for their workers.

The monitoring of the professional work, business activity and application of the special contributions and allocated allowances in the sheltered workshops are according to the law carried out by the Ministry for Labour, Family and Social Affairs, Agency for Payment Transactions and Tax Administration Office of the Republic of Slovenia.

The Employment Office each month allocates to the sheltered workshops allowances as a part of work expenses for employed people with disabilities to whom the disability was recognised either by the Law on Training and Employment of Disabled People, the Law on Wartime Disability, the Law on Education and Training of Children and Young People with Physical and Intellectual Developmental Difficulties or the Law on Retirement and Disability Insurance. The amount of the allowance for a person with a disability is between 25% and 55% of the guaranteed salary and it depends on the degree of disability and on the purpose of the use of the credit. The allowance is not allocated to those people with disabilities who are on vocational rehabilitation or in a probationary period and to whom the salary replacement or the financial assistance are provided by the Republic Institutes for Employment or by the Institute for Retirement and Disability Insurance of Slovenia.

In case of bankruptcy the procedure cannot begin without previous agreement of the government of the Republic of Slovenia.

In 1998 there were 119 sheltered workshops, in Slovenia, 4777 employed people with disabilities and approximately the same number of employed people without disabilities.

#### **4. Work at home**

The fundamental legislative regulations which define work at home are: Law on Working Relations of 1990, Law on Training and Employment Disabled People of 1976 and Law on Retirement and Disability Insurance of 1992. Work at home is also defined by branch collective contracts.

According to the Law on Working Relations the employer can organise work at home if the nature of work so allows and if a performed task falls within the activity of the organisation. Under a collective contract and a general act, conditions and ways of implementing work at home and rights and obligations of the workers at home are defined. The working time by performing work at home can be determined on the basis of the previously defined quantity of work per time unit. Penal provisions also apply for the worker who does not respect the regulations of law.

According to the Law on Training and Employment of Disabled People it is allowed to organise work at home for the person with a disability in a way that enables him/her the most suitable execution of the profession or work for which that person is trained. It must be settled in the respective acts of the sheltered workshops what kind of professional and other assistance the sheltered workshops will provide for the person with a disability who works at home.

The general collective contract for economic activities of 1997 defines rights and obligations of the employer and worker for work at home which are determined by the contract on employment. With a contract the employer and the worker define the amount of the allowance to be used as the replacement of the workers' financial means at least up to the value of amortisation. The employer is obliged to provide safe and healthy working conditions and a healthy working environment and is obliged to control periodically the safety and health at work. During working relations the worker cannot be transferred to work at home without his/her own consent.

### **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

#### **1. Principles**

Slovenia makes every effort to set right the different measures in the process of rehabilitation of people with disabilities towards increasing their independence and towards the provision of their full participation in society.

Basic principles of social integration and environment are defined in the Conception of the Development Strategy of Disability Care in Slovenia and encompass independent living of people with disabilities, self-organisation of people with disabilities, socially organised assistance for them and education and training of children and youth with development problems.

In the framework of independent living of people with disabilities we strive for the overcoming of physical dependence which includes encouraging adequate accommodation, elimination of architectural barriers, assistance in everyday life functions and activities, providing adapted means of transport, communication and information. We are also determined also to exercise impact on public awareness which includes informing the public on needs, rights and social contribution of people with disabilities as well as the elimination of barriers, attitudes and regulations.

In the field of self-organisation of people with disabilities we aim at active work of the organisations of people with disabilities, for employment programmes, for people with disabilities in their families and in other basic social communities as well as for their participation in political decisions and active exploitation of their free time.

The socially organised assistance to people with disabilities comprises: prevention of disability, health care and rehabilitation of people with disabilities, technical aids, institutional care, financial donations and allowances as well as economic facilities, informal and voluntary work.

The enumerated basic principles are to be implemented by preparing special laws. Here the Government Office of the Republic of Slovenia for Disabled People plays an important role.

## **2. Accessibility**

We do not have any special working body to implement accessibility in our state. Neither do we have a special law which treats this field as is the case of the broad professional field which is inter-correlated in different laws and executive regulations worked out by the relevant Ministries. The Office and Council of the Government of the Republic of Slovenia for Disabled People here play a very important role as they co-operate with various Ministries by creating the laws and executive regulations.

As accessibility also implies accessibility to communications, it is worth mentioning that the Union of the Associations of Blind and Visually-impaired publishes a talking newspaper, weekly magazines, fiction and professional books for the needs of its members. The Association of Deaf and Hard of Hearing of Slovenia, in co-operation with the national television, has concluded an agreement according to which some broadcasts are subtitled or translated into sign language.

According to the regulations on minimum technical conditions referring to business premises, equipment and devices and to conditions regarding the minimum services in restaurants the access to the entrance and parking place for guests must be arranged. The access must be made in such a way that the barrier-free entrance and use of the building is ensured also to people with functional disabilities. In the parking place there must be at least one large enough parking space which is reserved for the vehicles of people with disabilities.

The Ministry for Environment is now preparing new regulations on building construction as the existing regulations date back to the former state legislation (and are already ten years old). The preparative working group also includes representatives of the Government Office for the Disabled.

On the basis of the Law on Telecommunication, accessibility to telecommunication services is provided for people with disabilities.

Regulations on registration of television and radio sets, on evidence of the subscribers and the method of payment of the licence fee determine that people with 100% disability and those people with less than 100% disability if they also acquired the recognised right to the allowance for assistance and care, are exempt from the licence fee. The same applies to deaf persons.

According to the Law on Postal Services of 1997 the Post Office of Slovenia offers to blind people free of charge the transfer of mail, both internal and international.

At a professional conference on independent living of people with disabilities organised in 1998 the concept of the work of the municipal commission for the elimination of architectonic and communication barriers in Ljubljana was presented. This professional commission should also serve as a model to other cities and regions of the state.

### **3. Transport**

People with disabilities have, according to the Customs Law and decree on the implementation of the rights to the exemption of customs duties of 1995, the possibility to buy a vehicle for personal use. According to these regulations the exemption from customs duties for car purchase can be implemented by those people with a degree of disability of 80% due to the loss, injury or paralysis of the lower extremities or pelvis, by those who have completely lost vision in both eyes, by those who are moderately or severely physically or mentally disabled, and by children and youth with severe physical and mental disorders.

The Law on the Security of Road Traffic of 1998 governs the participation of people with disabilities in traffic and their security. According to the terms of this law physically and mentally disabled participants in road traffic can be included in the traffic after they have done everything possible in order not to endanger themselves or other participants. For the sake of total security everybody must take care of him/her self and of the person he/she is responsible for. According to this law security for people with disabilities is provided in such a way that the vehicles are specially marked. New regulations on stickers to be used by people with disabilities on the vehicles which participate in road traffic is being prepared.

Certain groups of people with disabilities can only drive adapted cars or else they need an attendant. The adapted personal vehicles are mostly driven by paraplegics. One of the criteria for a person with a disability to be able to drive a car by him/her self is a special medical examination.

A special organisation of people with disabilities also organises transport for its members who need an attendant. It is organised in adapted vehicles by first-aid posts and by some social and health institutions and organisations for people with disabilities.

People with disabilities have special terms and reduced tickets for public transport. The right to the reduced or free ticket on public transport is given to military persons disabled in war, to blind people and their attendants, and to people with muscular and nervous diseases.

Regarding the setting-up of the infrastructure the Decree of homologisation of the vehicles for public transport of passengers regulates the height of the stairs which must be adapted to people with disabilities and other people with reduced mobility. The decree also prescribes that the most accessible part of the public bus must have at least two seats which are especially designed for people with disabilities, and this part of the bus must be specially indicated. The cling bars must be produced in such a way that they conform to the demands of passengers with disabilities.

#### **4. Housing**

According to the Law on Social Care of Mentally and Physically Disabled Persons people with disabilities who cannot be trained to live an independent life and to perform an independent job have the right to permanent care and housing in the appropriate institute. Amongst others, measures are defined to create networks of public services in the new national programme of social care up to 2005 which is in parliamentary procedure. The institutional care of adults with physical disabilities is expected to encompass 0,08 % of the population aged between 18 and 65 years who, due to their physical disability, need accommodation and care in the special institute, in the housing community or social care in other institutes for social care. The programme will be implemented in both the framework of the public service and outside it on the level of one or more communities.

Care is provided for adults with mental disabilities and for people with additional disorders in mental development. The housing law of 1991 endows people with a disability the following benefits: renting of a social apartment, renting of an apartment on the non-profit basis or to have a favourable housing loan. The rent of a social apartment is accepted on the basis of annual public requirements at local level. A favourable housing loan however is possible on the basis of public requirements at state level.

In applying to rent a social apartment, priority goes to people with disabilities and families with a member with a disability. The measures according to which either category acquire the mentioned priority are determined by secondary legislation acts. These measures are: current housing status, quality of housing, acreage, suitability and functionality of the apartment. The important criteria is also the disability of the applicant or of the adult member of the family due to which the applicant is incapable to live and work independently. The right to a social apartment is controlled every two years.

To be short-listed for the rent of a subsidised apartment the applicant must meet the following conditions: the housing status, bad quality of housing, small size of the apartment and here also counts the criteria of architectural barriers (when it is a case of the applicant or family member whose independence in moving is seriously restricted or who is a permanent wheelchair user) and disability (due to which the applicant or the adult member of the family is incapable of independent life and work). By acquiring the right to the housing loan, priority is given to people with disabilities and families with disabled members. The measures to obtain a housing loan are precisely defined each year in a public competition at state level.

## **5. Technical aids**

People with disabilities have the right to technical aids according to the regulations of the health insurance. In addition people can also obtain technical aids in the framework of the organisation of people with disabilities by donations and sponsorship. In Slovenia Rotary and Lions clubs are also active with their charity activities in collecting financial means to purchase technical aids (for instance audiotactyls).

## **6. Communication**

In order to include people with disabilities as far as possible in the social environment the access to communication media, such as television, radio, press and telephone is ensured to all people with disabilities in the state.

Thus, some categories of people with disabilities (see accessibility) do not pay the monthly licence fee for radio and television.

Instead of telephone sets deaf and hard of hearing people use faxes and in some places also the induction loops and telephone sets with amplifiers. For several years national television has been broadcasting a weekly programme destined for the deaf and hard of hearing. Some programmes, however, are subtitled or translated into sign language.

In the meantime the Law on Sign Language is being prepared which will enable individuals to extend accessibility to the important information in daily living (for instance: health care, courts of justice).

For blind and visually-impaired people talking papers, talking fiction and professional books are being published. They also have at their disposal texts in Braille, larger print in the press and some updated technical solutions as for instance audiotactyl.

Through the development of new technologies people with disabilities in our state are being gradually provided with increasing possibilities of access to all sources of information.

## **7. Sport**

In our state sports for people with disabilities is a very important activity. Besides the recreative sports of people with disabilities which is provided either in the framework of the special associations of people with disabilities or the state sports clubs we also have the Sports Federation for Disabled People of Slovenia which is the special organisation for professional sports of people with disabilities for eleven national organisations for people with disabilities.

## **8. Leisure time and cultural activities**

People with disabilities in our state may be included in the leisure, cultural and holiday activities which are organised in the framework of the particular disabled people's organisations and also by individuals who directly co-operate with institutions which otherwise carry out these programmes.

In the cultural institutions on the national level the communication barriers are mostly eliminated. Thus, the cultural activities are accessible to all people with disabilities.

Disabled people's organisations have developed their holiday activities to a great extent in the sea and mountain resorts. Many holiday homes designed for these activities were built.

# **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

## **1. Scope and principles**

Social protection in its broadest sense in our state is understood as a system of social insurance and social care. Social care represents a whole network of programmes and measures of the state which are designed to solve the social distress and difficulties of certain individuals and particular groups of the population.

The social insurance system in our state provides the material security of employed workers and their family members. Social rights involve rights from the working relations and the rights from the system of the social protection (rights to the health services, to pensions, to unemployment allowances, to social benefits and services).

## **2. Economic and social security**

In our state the Ministry for Labour, Family and Social Affairs is competent in the field of social security. The Ministry without portfolio is responsible for the social domain within the framework of the government. Besides, the Ministry for Labour, Family and Social Affairs and the Ministry without portfolio are also active through working bodies such as the Council of the Government of the Republic of Slovenia for Social Affairs and the Council of the Republic of Slovenia for Disabled People. Since 1994 the Government Office of the Republic of Slovenia for Disabled has also been active as the professional service of the government for the issues of disability care in the state.

The field of social security is governed by the Law on Social Care, Law on Family Income and the Law on Social Care of Mentally and Physically Disabled Persons.

The fundamental law in the field of the social care and security is the Law on Social Care of 1992. The law settles social security activities (prevention and solution of the social problems of individuals, of families, of particular groups of the population). The rights in the field of social care are arranged as services, measures and allowances. The activity and development of social care institutions and conditions for private work are provided. The state is fostering the development of self-aid and charity as well as the development of new forms of independent living of people with disabilities and other forms of voluntary work. The rights to the services and allowances are implemented according to the principles of equal access and free choice for all participants.

Among the services which are intended to eliminate social distress and difficulties are included: initial social aid, personal assistance, assistance to the family in their home, assistance at home and social service, institutions for care and conducting, care and employment under special conditions.

By the initial social aid the professional expert offers help through recognition of the social distress or difficulties, estimates all possible solutions, presents all possible services of the social security and allowances as well as the network of providers who can offer assistance.

The personal assistance involves consulting (i.e. the professional assistance to the individual in distress and in difficult conditions that an individual cannot or does not know how to solve alone), arranging (i.e. the professional assistance to the individual who is in distress due to his/her personal or behaviour particularities and therefore urgently needs the co-operation of his/her wider environment) and conducting (i.e. is a support to the individual who is due to his/her mental handicap, mental illness or other personal difficulties, permanently incapable of independent life).

By assistance to the family in their home is meant the assistance by arranging the relationship between the family members, assistance with child care and training of the family to be able to implement its everyday role.

The assistance to the family at home, however, means social care in the case of disability when it can replace the institutional care. This assistance involves social care and mobile assistance. The social care can comprise assistance in household, assistance by maintaining personal hygiene or assistance by maintaining social contacts. Social care is provided for people over 65 years who are in distress because of their disability or their bad health condition, for people with disabilities who have the recognised status (according to the Law on Social Care of Mentally and Physically Disabled Persons), of working people with disabilities from the 1st category and for families with chronically ill children and children with disorders in physical and mental development. The mobile assistance is a professional assistance which provides professional treatment at home to people with disorders in their mental and physical development.

The institutional care is the form of treatment in an institution or in another family or for instance in the housing group. In addition, the care, conducting and training within the institutional care and special forms of security are provided to the children and youngsters with moderate and severe mental or physical development disorders. In the institution the care is justified for those who are more than 65 years old, for adult mentally ill persons, for people with physical and mental disorders, for children and youth with mental development disorders, for children and youth with severe behaviour and identity problems, for adults with disabilities who are capable of actively participating in the programme of employment under special conditions and for people with special needs, due to their physical impairments, blindness or other physical disability.

Institutional care for younger people with disabilities can also be provided in a special unit in the homes for elderly people.

Institutions for social care and centres for care and work offer special forms of care to adults with mental and physical disabilities.

Housing groups and centres for independent living which work as institutions for social work are also active.

Conducting, care and employment under special conditions is the service intended to protect the acquisition of social and vocational aptitudes and habits, development of individuality and participation of the individual in the environment. This service is aimed at adults with slight or moderate mental disorders with additional impairments restricting their movement.

The Law on Social Care also provides cash allowances which are given to people who are permanently incapable of working and financial benefits for those who are temporarily without any means for survival.

In Slovenia the care of people with severe mental and physical disabilities is governed by the Law on Social Care of Mentally and Physically Disabled Persons of 1983. It applies to people who are not capable of independent living due to disability arisen in the childhood and adolescence (at the latest up to 18 years of age or until the end of schooling, at the latest up to 26 years of age). According to that law the following rights are provided: care in general and special institutions, care in another family, allowance for disability and financial supplement for outside care and assistance. Referring to its purpose the care in general and special institutions involves: day care (meant for people with disabilities who live on their own or with another family), temporary care with board and lodging in the institution (meant for people with disabilities who live in their own family or in another family but for a particular reason need temporary care), permanent care by housing in the institution (meant for people with disabilities who, due to the nature and degree of the disability, need permanent care in the institution and for people with disabilities who do not have their own family or who cannot live in their own family).

Care in another family is provided for people with disabilities who do not have their own family, those who cannot live in their own family and those who, due to the nature of the disability, do not need permanent care in an institution. People with disabilities and their relatives are obliged to contribute to the expenses of the care in the mentioned forms.

Cash replacement allowance for disability is the right which is acquired by people with disabilities when they reach 18 years of age or by the day of the arisen disability in the case when the onset of the disability occurred later. The cash replacement allowance is up to 36% of the previous year average net month income per employed person in the state and is valorised once per year.

Allowance for outside care and assistance is given to the person with a disability who needs permanent assistance and care of another person to carry out the basic living activities. In the case where the person with a disability needs assistance to carry out all basic living activities the allowance amounts to at least 25% and at most to 30% of the net personal income. In the case where the person with a disability needs assistance to carry out the majority of his/her living activities the allowance amounts to at least 10% or at most 20% of the net personal income. Cash replacement for disability and allowance for outside care

and assistance is required by the person with a disability on the basis of the diagnosis and opinion of the commission for classification of the children and youngsters with disorders in physical and mental development.

As the above-mentioned law dates from 1983, the respective Ministry (Ministry for Labour, Family and Social Affairs) has initiated the procedure for preparing a new law in which all categories of people with disabilities will be involved.

As to all citizens, family life and personal integrity is equally provided for people with disabilities by the Law on Marriage and Family Relations of 1976.

### **3. Legal protection**

According to all listed and other laws and the secondary legislation regulations (altogether about 60) people with disabilities are provided with legal protection. As the state is in the process of changing its legal system as a whole laws governing the issues of disability care are also changing. The new legal establishment of disability care will consider the following standpoints: consistency of the establishment which demands the updated adaptation of all segments of the legal fields and respect for the obligations accepted according to international instruments.

### **4. Social services**

The state and the local community organise and provide public services. Within the framework of the public institutions for social care the following organisations are active: centres for social work, homes for elderly citizens, institutions, work and care centres for adults with mental or physical disabilities, homes for children who are deprived of normal family life and the institutions for social care which provide training and care of the children and young people with moderate and severe disorders in mental development.

All recipients of financial allowances which constitute their unique source for living and the recipients of the disability allowance according to the Law on Social Care of Mentally and Physically Disabled Persons are exempted from the payment of all services (except for the institutional care).

A new national programme of social care until the year 2005 is under parliamentary discussion including the following global goals: improving the quality of life, providing active forms of care, development of the professional, social networks of assistance, setting-up and development of the plurality and creating of new models to handle social distress.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

### **1. Aims**

The staff in the field of disability care, regardless of their previously reached grade of professional education, must be provided with additional knowledge in the field of health activity, pedagogy, psychology and other special fields. The teamwork and training for this kind of work with additional presentation of new achievements and technologies to the staff and active participation of the parents and other members of the family of the child with special needs and of the person with a disability in the educational programmes should be considered.

### **2. Training of health care personnel**

Personnel education in this field is held in conformity with school legislation on the level of the higher school and university education. The fundamental act in the field of education of the health care personnel is the Law on Health Activity of 1992 including further amendments and legally adopted programmes of the probationary period for professions in health services.

The secondary school programme for medical technician lasts four years with a probationary period of six months and is concluded with a professional examination which is the condition to perform an independent job.

Within the framework of the Tempus Programme is the programme of carer for people with disorders in physical and mental development. This programme includes 800 hours of special knowledge in order to acquire special skills needed for working with people with disorders in physical and mental development.

The professions of the higher degree which are important in the field of disability care are: senior nurse, physiotherapist, occupational therapist and orthopaedic technician. All the programmes last three years after secondary school. The probationary period lasts for nine months and is concluded with a professional examination.

The fundamental profession at university degree level is the medical physician. The study lasts six years, specialisation another three or four years and the directed specialisation two years more. For the general physician, besides his/her specialisation, the programmes of

post-graduate professional studies, the care of women, children and youth and post-graduate study of social medicine which is carried out by the Institute for Health Care are also important. For disability care the specialisation in physical medicine and rehabilitation is of crucial importance.

### **3. Training of the teaching and education staff**

The university programmes are held at the Pedagogic Faculty in Ljubljana. There are special programmes of defectology for teachers of mentally disabled pupils, for people with disorders in physical development, for deaf and hard of hearing, and for logopedicians. In the framework of the pedagogical professions is held also the university programme of social pedagogy and the programme which is aimed at professors of health education and is the subsequent study after the three years of the higher medical school. The programme which is aimed at students of the second level education of the elementary school has at the fourth grade 60 lectures in the framework of the pedagogic discipline meant for work with children with developmental difficulties. Post-graduate study for teachers who teach children and young people on all age levels includes annual education programmes in the framework of the Institutes for Rehabilitation of particular different groups of children with special needs and who are the recipients of mobile treatment.

The teachers who have special pedagogical education can attend the permanent pedagogical training in the framework of the competent Education Ministry.

In the organisations for training of children and young people with physical and mental impairments the pedagogical workers and consultants must reach the higher degree of education or the university degree of education of the appropriate speciality as it is determined by Regulations on Conditions Regarding the Type and Degree of Education of 1994.

### **4. Training of vocational and guidance staff**

Rehabilitation consultants having professional high degree or university degree education of different directions work in the regional units for employment. Employment Office work Instructors who hold seminars and courses with programmes which are dictated by the concrete conditions of the employed staff work in the framework at the Employment Office.

### **5. Training of social services staff**

Social workers are educated at the Higher School for Social Work through a four-year programme. The probationary period lasts one year and is concluded with a successfully

passed professional examination which includes the field of disability care. In the study of social work there are possible specialised studies for different fields. In conformity with public authorisation the Social Chamber issues every year the requirements on the basis of which the most appropriate programmes to educate social workers and other interested professionals are chosen.

Other profiles which are important for the field of disability care such as construction, electrical engineers, and architects are educated in the framework of the regular university programmes.

## **XI. INFORMATION**

The informing of people with disabilities is included in the system of information of the Slovene public. The fundamental documents which govern the field of information are the Law on Public Media and the Law on Radio-Television of Slovenia of 1994.

The Government Office of the Republic of Slovenia for Information is responsible for integral and updated public information on the work of the government, especially in that part which refers to the informing of the public with key reforms and measures of the government in the economic and social field.

Particular providers in the field of disability care provide information from the field of labour in different ways: information centres, permanent columns in the newspapers, open telephones, publications, etc. An important role is played by book editions which are intended for people with disabilities, their family members as well as for the professional public. Thus, in 1996 the Office for the Disabled issued the publication entitled "Standard Rules on the Equalisation of Opportunities for Persons with Disabilities" and in 1997 "The Guide Through the Rights of the Disabled" in the Republic of Slovenia which was reprinted in 1998 due to the great interest amongst individuals and institutions. It is worth mentioning the translation of the Council of Europe's "A Coherent Policy for People with Disabilities" and the collection of the international documents entitled "Human Rights" which were published by the Institute of the Republic of Slovenia for Rehabilitation.

In distributing information an important place is given to the tolerant way of reporting about people with disabilities to the general public. The reports are intensified by the adoption of the new legislative regulation or special events such as for instance the international day of people with disabilities.

Due to the special needs of particular groups of people with disabilities, information is diffused in appropriate forms with suitable communication technology. National radio and television centres broadcast adapted programmes for deaf and blind people. Free access to

the Internet is provided to people with disabilities. The Law on the Sign Language is being prepared (the right of deaf people to have an interpreter) and will ensure the use of the Slovene sign language.

The national organisations for people with disabilities take care of the informing of members through internal newspapers, booklets, seminars and consultations. The organisations for people with disabilities carry out specific publishing activity: Braille press, sound recordings, providing a network of sign language interpreters. The publishing of the internal newspaper for deaf and blind is partly financed from the state budget.

## **XII. STATISTICS AND RESEARCH**

### **1. Statistics**

The main aims in this field are: systematic collection of evidence and creating the important collections in the field of disability care by upholding the protection of personal data and by creating guidelines of the new policy and evaluation of the acquired data.

The fundamental acts which govern the field of the statistics research are the Law on the State Statistics of 1995 and the National Programme of Statistic Research adopted by the Parliament in 1997. The National programme defines data collection and research in the fields of education, social care, family income and maternity care, employment, retirement and disability insurance and is implemented in the frame of the research of the Institute for Health Protection and Institute for Health Care. The data are published each year in business reports and other special publications.

The draft law on collections of data in the field of health care in which will be included particular collections of data in the field of disability care has been given in discussion.

### **2. Research**

The Law on Research Activity of 1991 defined the principles on which is based the activity of scientific research. These principles are: freedom of science and its research, autonomy of researchers, variety of scientific opinions and methods, intangibility and protection of the human personality and dignity, inter-correlation of research and higher degree education, international participation, openness and co-operation.

In 1995 the Parliament adopted the National Research Programme which is to be organised and implemented by the Ministry for Science and Technology. The research activity is carried out by public research institutes and the Slovene Academy for Science and Art, faculties, higher schools and academies and other research organisations in conformity with

the law. Especially we have to mention the scientific research which is carried out in the field of health care by the clinics and institutes. The most important part of the research work is represented by the graduate work of students at the university, especially at those faculties and higher level institutes which are connected to the work and life of people with disabilities and children with special needs.

Particular research projects for the needs of work are ordered and financed by the particular ministries and institutions. The aims of the research in the field of disability care are the review of the existing practice in the field of disability care, development, extension and engagement of scientific findings and fostering the use of science for the development of the disability policy.

Through the guidance of research work we give priority to those issues which can substantially contribute to the prevention of disability in the field of rehabilitation technology, neurobiology, functional diagnostics, quality of life with the stress on psychosocial and vocational rehabilitation, and in the field of education and training of children and young people with special needs and adults with disabilities, and employment of people with disabilities.



*SPAIN*



## I. GENERAL POLICY

General policies relating to people with disabilities are based on the Spanish Constitution, on Law 13/1982 for the Social Integration of People with Disabilities, on Law 14/1986 (General Health Law), on the Organic Law for the General Planning of the Educational System, and on the Action Plan for Disabled Individuals (1997-2002).

The general framework for the scope of performance of public authorities with regards to attending disabled individuals is defined firstly by the Spanish Constitution. It demands that public authorities take the steps required to establish the conditions to permit actual and effective equality and liberty of groups and individuals. Among the rights established in the following chapters we must point out the prohibition of all kinds of discrimination (Art. 14) and the right to education of all individuals (Art. 27)

Article 49 must particularly be stressed, as it says that "Public authorities are to carry out a policy of social security, treatment, rehabilitation and integration of the physically, sensorially and mentally disabled, who will be given the specialised attention they require, and they will be especially protected to be able to enjoy the rights that this Title grants all citizens." This article of the Spanish Constitution is further developed by the Law on the Social Integration of People with Disabilities (LISMI in its Spanish acronym).

The specific framework for attending people with disabilities developed at a statewide level is Law 13/1982, passed on 7 April 1982, on the Social Integration of People with Disabilities. Subsequently each of the self-governing communities have included disability-related matters in their own social services laws, though in perfect consonance with the provisions emanating from LISMI and the Spanish Constitution.

LISMI takes its inspiration from Article 49 of the Constitution, which recognises that people with disabilities are entitled to their full personal realisation and total social integration and, according to their physical, mental and sensorial capacity, they have the right to receive the necessary assistance and guidance. In the same way this Law takes into account the Declaration of the Rights of Mentally Retarded Persons and the Declaration of the Rights of Disabled Persons, drafted by the United Nations in 1971 and 1975, respectively.

The major social integration objective of individuals with disabilities takes form in the development of prevention, the rendering of medical and psychological care, education, rehabilitation, guidance, work integration, guaranteed economic rights and access to social security services, and the establishment of social-awareness programmes, particularly at school and in professional spheres.

On the other hand, this Law rules that the attainment of these objectives must be carried out by all public administrations (at state, self-governing community and local level), with the co-operation of the trade unions, other entities and especially with the involvement of the associations set up by individuals with disabilities, their relatives or their attorneys.

The holders of the rights are established in the definition of "disability": "A person with a disability will be understood to be any person whose possibilities of educational, work or social integration is diminished as a result of a disability, foreseeably permanent, of a congenital nature or otherwise, in their physical, mental or sensorial capacity." This regulates the recognition of the right to apply whatever benefits may arise from this law or from any other.

Among other things, the General Health Law reorganises the health services administration in Spain into a national health system, laying out the health services of the state administration and the health services of the self-governing communities.

The national health system guarantees for all Spaniards not only health assistance, but also the prevention of illnesses, health education, and the promotion of health and rehabilitation. Preventive and promotional actions are developed mainly by means of full primary attention, but also through specific programmes to protect and take care of high-risk groups.

Besides the Ministry of Health and Consumption, developing preventive strategies is also the province of other ministerial departments, for instance the Ministry of Domestic Affairs (prevention of traffic accidents) and the Ministry of Labour and Social Affairs (prevention of industrial accidents), etc.

Concerning the field of education, the enforcement of the Organic Law for the General Planning of the Educational System (LOGSE) has brought about an important transformation in terms of assistance for students with special education needs, fostering their integration in the ordinary educational system.

Royal Decree of 28 April 1995 on the Organisation of the Education of Students with Special Education Needs regulates aspects relating to the general planning, arrangement of funds and the organisation of educational care.

This new Royal Decree represents an important breakthrough towards integrating students with special education needs in the school system. While strengthening what has already been achieved, it signals the new goals that are to be reached in the future. It is the first of a number of regulations that have adapted schools and programmes to the characteristics of students with special education needs related to their disability.

In 1992 LISMI was newly evaluated and as a result the 1997-2002 Action Plan for People with Disabilities was prepared.

This Action Plan, following LISMI, is an integrated policy proposal for people with disabilities. It establishes the essential spheres of this policy, articulating them into a single strategy, listing the main steps that are to be developed and organising them coherently into programmes. It is careful to propose them at the relevant department or functional level and appoints the people in charge. It contextualises the specific actions for individuals with disabilities within the general strategy of the system of services where they are developed. And it attempts to ensure the coherence, co-operation and co-ordination among the sectoral policies of the various systems involved.

The contents of the Action Plan are arranged in five large chapters or *sectoral plans*:

- promoting health and preventing disabilities;
- health assistance and integral rehabilitation;
- school integration and special education;
- involvement and integration in economic life;
- community integration and independent life.

The *Common Strategies* complete the contents of the *sectoral plans*. Their proposals basically refer to management measures and they are addressed to politicians and administrators. They propose how to legislate, how to organise and co-ordinate action, how much to invest and where, how to improve service quality and how to gather statistical information on the situation of the sector. The five common strategies are:

- levelling of opportunities;
- interterritorial fairness;
- institutional co-operation;
- civic participation;
- support of quality.

In order to reach these goals, integrated policy guidelines are proposed for the near future based on the following principles:

- *Promotion of rights*, meaning respect for persons and asserting their rights and liberties;
- *Independent life*, implying personal autonomy and a more prominent role of the community;

- *Quality of life*, requiring that in collective policies the users' standpoint and satisfaction are taken into account;
- *Equal opportunities*, comprising the active fight against discrimination and supplementary support to achieve effective equality;
- *Integration and normalisation*, meaning the development of policies that take account of everyone.

## II. PREVENTION AND HEALTH EDUCATION

### Prevention

Law 13/1982, passed on 7 April 1982, on the social integration of people with disabilities, considers in Article 8 that the prevention of disabilities is an obligation of the state, but also a right and a duty of all citizens.

The said law contains a specific article dedicated to the prevention of disabilities. It establishes the obligation to prepare national prevention plans and briefly defines their contents.

In November 1996 the Social Affairs Sectoral Conference passed the Action Plan for People with Disabilities (1997-2002) prepared by the Institute for Migrations and Social Services (IMSERSO), which is meant to improve the development of Law 13/1982 on the Social Integration of People with Disabilities.

It is a master plan organised in 5 sectoral plans, one of which focuses on the promotion of health and prevention of disabilities, containing the following programmes:

- maternal and infant health and infant disability prevention programme;
- school health and disability and child-juvenile disadaptation prevention programmes;
- road safety and traffic accident prevention programmes;
- workplace safety and prevention of industrial accidents and occupational diseases programmes;
- adult and elderly health and prevention of disability chronic disease programmes;

All of these programmes are considered from the standpoint of the common strategy of intervention and prevention: levelling of opportunities, interterritorial fairness, institutional co-operation, civic participation, and support of quality.

Among the laws passed by the self-governing communities we must stress Act 1/1999, passed on 31 March 1999, on assistance for persons with disabilities in Andalusia, which has a specific chapter dedicated to prevention, describing the measures to be taken in this field.

Regarding basic state legislation, General Health Law 14/1986, passed on 25 April 1986, considers in its Article 18.5 that disability prevention programmes, whether for congenital or acquired deficiencies, are part of the public action of the health system.

Health planning in the self-governing communities follows the same lines as the General Health Law.

Social security planning remains within the state sphere at present.

Royal Decree 1/1994, passed on 20 June 1994, whereby the consolidated text of the general social security law was approved, contains provisions on the prevention of industrial accidents.

Law 31/1995, passed on 8 November 1995, on the prevention of industrial hazards, includes several aspects. The most prominent of these is the creation of prevention services at companies, in which the involvement of business owners, workers, and prevention experts is a priority.

The Ministry of Health and Consumption has prepared a prevention and promotion of maternal and infant health programme (1998) with the objective of reducing disabilities.

The general objectives within the promotion and prevention of maternal and infant health are to achieve universal coverage in all the basic aspects of this area, reducing maternal and infant morbidity and mortality by means of obstetric assistance, as well as reducing premature births, congenital malformations and infant accidents.

### **III. IDENTIFICATION AND DIAGNOSIS**

The Action Plan for Persons with Disabilities (1997-2002) establishes objectives geared towards the development of early detection, ordinary detection and monitoring in the first years of infancy action, which involves the health and education authorities and the self-governing communities.

Article 10 of Law 13/1982, passed on 7 April 1982, establishes the creation of Evaluation and Guidance Teams for people with disabilities made up by several professionals.

These teams, most of which currently belong to the self-governing communities, are in charge of making an evaluation for the purpose of declaring the legal disability status regulated by Royal Decree 1971/1999, passed on 23 December 1999 (Official Government Gazette, 26/1/00), on the procedure for acknowledging and declaring disability status and qualifying the degree of disability.

The legal disability allows individuals with a certain percentage of disability to receive economic benefits (of a non-contributive kind).

The Organic Law for the General Planning of the Educational System of 1990 represents an important transformation of education in Spain and it contains substantial amendments in the fields of school integration and special education (Arts. 36 and 37).

The evaluation of children with special education needs is the task of multiprofessional education teams, as established by Organic Law 1/1990, passed on 3 October 1990, on the General Planning of the Education System. This evaluation is of a strictly educational scope, with no mention whatsoever of diminution, stressing instead the students' capacities and their special education needs and how to meet these with appropriate adaptations of the curriculum.

### **Evaluating skills, rehabilitation, technical assistance**

Measuring skills with the object of establishing rehabilitation programmes for individuals with disabilities is to be carried out by the social, health and education services.

The Base Centres of IMSERSO and the self-governing communities establish the recognition and determination of the degree of disability, regulated by Royal Decree 1971/1999, passed on 23 December 1999. At these same centres, following an interdisciplinary approach and with the presence of a rehabilitation physician, a psychologist, a social worker and other professionals, as the case may be (educators, employment experts, etc.), an evaluation is made with the objective of establishing a rehabilitation or guidance programme and its derivations.

In the field of education, Organic Law 1/1990, passed on 3 October 1990, on the general planning of the educational system, establishes in Article 36.2: "The identification and assessment of special education needs will be performed by teams made up by professionals from different fields, who will establish in each case action plans related to the specific education needs of the students."

Organic Law 1/1996, passed on 15 January 1996, on the legal protection of minors, which partially amends the Civil Code and the Rules of Civil Procedure Law, in Article 17 provides for the intervention of public authorities in any situation of risk harming the personal or social development of minors, and in Article 21 it promotes the creation of specialised services contributing to guarantee these rights.

Royal Decree 696/1995, passed on 28 April 1995, on the planning of the education of students with special educational needs, establishes, in Article 8 the resources, means and supplementary support (educational and psycho-pedagogical guidance teams, which in turn are divided in early assistance teams, general teams and specific teams).

The Order of 14 February 1996, passed by the Ministry of Education and Science, on the Evaluation of students with special educational needs studying the general curriculum established by Organic Law 1/1990, passed on 3 October 1990, determines the evaluation criteria applying to the learning process of these students.

After the constitutional recognition of the right to health protection for all, in the field of health care this was regulated by Law 14/1986, passed on 25 April 1986 (the General Health Law), which develops a rehabilitation policy that is complementary to and co-ordinated with the policy of the self-governing communities. The health system promotes "the action needed for the functional rehabilitation and social reintegration of patients." Article 18 of the said law establishes the assistance programmes for high-risk populations and Article 20 establishes the action that is to be taken in the field of mental health.

Protective action, occupational recovery, the right to re-education and rehabilitation and recovering benefits are provided by Royal Legislative Decree 1/1994, passed on 20 June 1994, approving the consolidated text of the General Social Security Law.

#### **IV. TREATMENT AND THERAPEUTIC AIDS**

##### **Rehabilitation treatment**

Spanish Law singles out the actions corresponding to rehabilitation as part of the "specialised health assistance" of the public health system, which includes home care, hospitalisation and rehabilitation. This wide system of benefits also provides for the regulation and maintenance of prostheses and orthopaedic devices.

In Spain the traditional procedures for medical and functional rehabilitation within the contributive social security planning take the form of an individual recovery programme. For each beneficiary, this programme takes into account their skills, remaining or expected abilities, age, sex and family residence, and in the event of permanent recoverable incapacity it considers the characteristics of their former occupation and reasonable desires of social promotion (Art. 155 of the General Health Law).

Medical and functional rehabilitation as a health benefit, including the implantation of prostheses, is provided at hospitals belonging to the state administration and the self-governing community health services (Art. 44 of the General Health Law).

Within the scope of the social security system, besides private centres with co-operation arrangements, there are other centres such as the IMSERSO and self-governing community base centres and IMSERSO's Recovery Centres for persons with physical disabilities (CRMF in the Spanish acronym), with the task of rehabilitating and occupationally recovering these individuals.

### **Technical assistance**

The State Centre for Personal Independence and Technical Assistance was created by means of a ministerial order passed on 7 April 1989. It is a technology centre for IMSERSO's Technical Benefits Programme: arrangements in the fields of accessibility, transportation, communication, technical assistance, new technologies and an intermediation centre for the deaf.

Royal Decree 63/1995, passed on 20 January 1995, on the Planning of Health Benefits within the national health system, includes in section 4 of annex 1 orthopaedic and prosthetic benefits, comprising fixed surgical prostheses, external prostheses, and vehicles for invalids, and establishing the special prostheses and orthopaedic devices that may give rise to the granting of economic aids.

The Order of 18 January 1996 regulates orthopaedic and prosthetic benefits, developing the above mentioned Royal Decree. It also establishes the articles included in those benefits and the corresponding economic aids.

A Technical Advisory Committee on Orthopaedic and Prosthetic Benefits has been created. Among other tasks, it proposes the inclusion of new products within the benefits. The Order of 30 March 2000 includes hearing aids for the first time among the articles that are financed economically.

## **V. EDUCATION**

Law 13/1982, passed on 7 April 1982, on the social integration of people with disabilities, establishes the principles that are to preside over action relating to persons with disabilities. In the educational sphere, Organic Law 1/1990, passed on 3 October 1990, on the general planning of the educational system, recognises the principles introduced in the said social integration of the Handicapped Law and those included in Royal Decree 334/1985, passed

on 6 March 1985, on the planning of special education. Royal Decree 696/1995, passed on 28 April 1995, on the planning of the education of students with special education needs, regulates the aspects relating to the planning of resources and the organisation of assistance, as a development of Articles 36 and 37 of Organic Law 1/1990.

The Spanish educational system has three kinds of psycho-pedagogical teams: general, early detection, and specific teams. They are organised within the sectoral sphere, co-ordinating educational resources in connection with school guidance. These teams are in charge of the individual psycho-pedagogical evaluation of students to propose how they should be schooled when they have special educational needs (Royal Decree 696/1995, passed on 28 April 1995).

Besides the regular team of teachers, special education specialists assist schools participating in the integration programme. These schools also have a guidance department consisting of a psychologist and a pedagogue (Art. 8 of Royal Decree 696/1995, passed on 28 April 1995).

As far as occupational guidance is concerned, the educational system renews its teaching contents so that they are suited to the labour market's demand of professional skills. Students with special educational needs may access any of the vocational training teaching cycles depending on the courses they have passed and their skills. In Article 22, Royal Decree 696/1995 establishes the training programmes for the transition to adult life, which may also have a specific vocational training element.

Special vocational training, considered in Article 4 of the Royal Decree passed on 28 April 1995, on the planning of education for students with special educational needs, has as its objective to provide students with the skills allowing them to access a job whenever it is possible.

Guidance for entering university, regulated by the same Royal Decree (696/1995), is established under the guidance of the psycho-pedagogical teams of the Guidance Department of the school students have studied at. All students must pass the tests required to access university.

### **School education**

The new arrangement of the educational system established by the organic law on the planning of the general educational system of 1990 (LOGSE in the Spanish acronym) was completed by the new Organic Law 91/1995, on the Participation, Evaluation and Government of Educational Centres (LOPEGE). This organic law is furthered by several important Royal Decrees: 696/1995, passed on 28 April 1995, on the planning of the education of students with special education needs; 299/1996, passed on 28 February 1996,

on the planning of action aimed at compensating inequality of education; and 366/1997, passed on 14 March 1997, regulating the system for choosing educational centres.

### **Education at ordinary schools**

The basic criteria relating to the educational assistance for students with special educational needs (SEN) at ordinary schools are summarised as follows:

- Students with SEN are "those requiring certain support and special educational assistance because they suffer physical, mental or sensorial disabilities, they have serious disturbances of conduct, or they are in an unfavourable social or cultural situation" (LOPEGE).
- The school education of SEN students is obligatory and free of charge.
- Royal Decree 696/1995 regulates the schooling of students with SEN in pre-school education, primary education, obligatory secondary education, later secondary education, vocational training, and university studies (Articles 13-18).
- Educational assistance for children with SEN will begin at the moment when, no matter how old they are, a mental, sensorial or mobility-related disability is detected and its object will be the early reduction of the sequels of the detected disability (Royal Decree 696/1995, Art. 3).
- No students, regardless of the nature, kind or degree of their disability, may be excluded from schooling.
- The schooling of students with SEN will be ruled by the principles of normalisation and integration, entailing that schooling will take place, whenever possible, at ordinary schools with the appropriate means in terms of personnel and material resources.
- Whenever it is appropriate, combined schooling formulas can be established between ordinary schools and special education centres.
- Guidance for appropriate schooling is provided through the early assistance teams and the educational and psycho-pedagogical guidance teams of the education administration, who are to send the parents or guardians the appropriate information, and once the latter have given their opinion, a suitable resolution will be taken.

- Special educational needs will be evaluated, as well as the kind and scope of the measures that are to be adopted in each case.
- The regulations refer especially to the characteristics that are to be taken into consideration for the schooling and educational assistance of students with different kinds of disabilities.
- The systems are established to determine the continuation and promotion of students with SEN in pre-school, primary, and obligatory secondary education.

### **University education**

The incorporation of students with SEN to university is regulated by Royal Decree 1005/1991, subsequently amended in 1992.

In 1999, Royal Decree 704/1999, on the Selection Procedures for Incorporation to University Centres, was passed. It reserves 3% of the available places for students who have been acknowledged as having a degree of disability equal to or above 33% or who suffer a total impairment of speech or a total loss of hearing, as well as for students with permanent special educational needs associated with personal disability conditions and who have required extraordinary resources during their previous schooling.

### **Special education**

The model in force in Spain was established by LOGSE (articles 36-37), which guarantees the schooling of students with SEN, who are to be integrated in ordinary schools. Only when the needs of the student cannot be duly attended in ordinary schools will they receive schooling at special education centres or units (article 37.3).

Special education centres are considered to be just another means of catering to differences and they are provided as a specific offer for students with severe disabilities.

Educational assistance at special education centres and the treatment it entails are free of charge.

In country areas that are far away from special education centres, whenever circumstances so require, special education classrooms can be set up at ordinary schools.

The educational and psycho-pedagogical guidance teams, after making their evaluation and speaking to the parents, propose that children attend school at a special centre when they consider that their level of adaptation and social integration would be very low at an ordinary school.

As a general feature the obligatory basic education will be taught at special education centres, along with training that will help students in their transition to adult life.

The curriculum for the obligatory basic education taught at special education centres is regulated by the Order of 25 April 1996.

The upper age limit for students to remain at special education centres is 20 years of age.

The special education centres are schools whose educational means are open to the professionals of the educational centres in the sector. The fosterage of combined experiences between ordinary schools and special education centres is proposed.

## **VI. GUIDANCE AND TRAINING**

This section includes a number of programmes relating to vocational training within the educational system and in the field of occupational recovery.

### ***a) Vocational training in the educational system***

The vocational training of students with special educational needs (SEN) is included in the general framework of the new Spanish educational system established by the Organic Law for the General Planning of the Educational System (LOGSE).

There are two basic legal instruments guiding the vocational training of students with SEN: LOGSE and the Royal Decree 696/1995, passed on 28 April 1995, on the Planning of the Education of Students with Special Education Needs.

#### ***Regulated vocational training***

The vocational training provided in LOGSE is meant to furnish students with the skills, know-how and capacity to qualify for a job within a certain occupation. It is multiple-purpose training.

First of all there is Basic Vocational Training, which is included in the curriculum of obligatory secondary education and further secondary education. Its purpose is to prepare students for technological changes, while at the same time serving as a basis for subsequent studies in the field of specific vocational training.

Specific vocational training is divided into two educational cycles: medium-level vocational training and higher-level vocational training.

The vocational training of students with special educational needs is included in the framework established by LOGSE and it is linked to the needs of the labour market and the needs and skills of the students. It is also co-ordinated with other state administration agencies (Ministry of Education and Science, Ministry of Labour and Social Affairs).

Students with SEN can follow vocational training studies integrated in ordinary schools when the required support and adaptations are available or under a specialised system (specialised vocational training).

#### *Integrated vocational training*

This includes basic vocational training, specific vocational training, and social guarantee programmes.

#### *University studies*

As far as university studies are concerned, the regulations in force require that universities make the adaptations required to enable students with SEN to take the university admission tests and to access the university facilities in order to further their studies (Royal Decree 696/1995, Art. 18.1).

State universities must reserve 3% of the places at each of the university colleges for students with SEN (Royal Decree 696/1995, Art. 18.2). Royal Decree 704/1999, on the selection procedures for entering university, specifies the characteristics of the students benefiting from the above-mentioned reservation of seats.

#### *Social guarantee programmes*

The social guarantee programmes are established for those students aged 16 to 21 who do not fulfil the objectives of obligatory secondary education.

These programmes have a dual purpose: preparing students for their integration in the labour market or to continue studying. The contents of these programmes are geared towards basic education and vocational training.

Students with SEN can access the social guarantee programmes either as integrated students or under the specific social guarantee programmes for students with SEN. Training programmes for the transition to adult life are among the most significant initiatives within specialised vocational training (Royal Decree 696/1995, Art. 22)

*Special vocational training*

Certain students with SEN, owing to their disability, cannot follow vocational training at ordinary schools. They require special, adapted vocational training. This kind of training is basically determined by the special characteristics and capacities of young people with disabilities, although the type of job required by the labour market and the general offer in the zone are also considered. The purpose of this training is to facilitate the development of the students' personal independence and social integration and it may include specific vocational training. This kind of training is mainly provided at special education centres and it is directed towards students who, because of their disability, would encounter sizeable difficulties to become integrated in ordinary schools.

**b) Occupational rehabilitation**

LISMI establishes three basic elements in occupational recovery:

- occupational guidance;
- vocational training and occupational readapting;
- medical and functional recovery treatment.

*Occupational guidance and labour agency*

The Law on the Social Integration of People with Disabilities establishes that multi-professional teams are to assess the work skills and integration possibilities, the certification of skills for the performance of a job and the monitoring of persons with disabilities who are assisted in order to promote their work possibilities.

The Valuation and Guidance Teams of IMSERSO and the self-governing communities currently provide support for the employment of individuals with disabilities.

The specific functions carried out by these teams are the following: assessment of labour skills, occupational guidance, analysis of the labour market, pre-technology initiation, and ergonomic rehabilitation.

On the other hand, Royal Decree 735/1995 regulates non-profit employment agencies, breaking up the monopoly that the public sector had in the provision of these services. Employment agencies are entities that collaborate with the National Employment Institute (INEM) as intermediaries in the labour market.

Besides the above, the establishment of integrated employment services has been approved in order to assist disfavoured groups. Their aim is to get both the public administration and private agencies to participate with INEM in action geared towards guiding, training and seeking jobs for workers with disabilities. The following actions must be underscored:

- occupational interview
- professional qualification
- personal employment and training plan
- professional information for employment purposes
- development of personal features for an occupation
- active job-seeking
- combined employment and vocational training programmes
- specific plans for the acquisition of occupational experience
- information and advice for self-employment.

#### *Occupational vocational training*

Occupational vocational training is directly linked to employment and it is under the scope of the powers of INEM, depending on the Ministry of Labour and Social Affairs, and it is managed by the self-governing communities.

#### *National vocational training and integration plan (FIP plan)*

The FIP plan comprises action aimed at unemployed workers in order to provide them with the ideal qualifications for their work integration (Royal Decree 631/1993).

To this end the Ministry of Labour and Social Affairs prepares three-year plans of action to be developed and every year INEM prepares the programmes of the courses subject to the planning objectives.

The programmes are set up bearing in mind the employment and training requirements of the labour market using forecasts for the future. For this purpose there is a regularly updated permanent occupations observatory.

The FIP plan is managed by INEM or by the self-governing communities that have received educational powers - at present virtually all of the self-governing communities have.

The courses are made up of a theoretical and a practical part carried out in classroom-workshops or in companies, although this does not mean that the students have a work relation with the company involved.

Certain groups have preference in terms of access to these courses. People with disabilities are among these groups.

The organisations, entities and companies collaborating with the national vocational training and integration plan must be admitted as collaborating centres or, if they are already authorised to do so, they may be used to develop standard training.

After completing the training courses and passing the exams, an occupational certificate is issued by the Labour Administration.

This kind of training is free for students, who are insured against the risk of accidents and benefit from transportation, food and accommodation. People with disabilities can apply for grants consisting of 75% of the minimum wage in force.

The Ministry of Labour and Social Affairs has prepared a national repertoire of occupational certificates in co-ordination with the Ministry of Education and Science, for the purpose of establishing the equivalencies and transfer of credits between academic and occupational vocational training courses.

People with disabilities are one of the groups with preferential access to vocational training. This training takes place at ordinary schools or at specific centres whenever the severity of the disability or the difficulties of the environment do not enable students to become integrated in ordinary schools.

In the standardisation of the educational specialisations geared towards persons with disabilities their specific needs will be taken into account in relation to the contents of what they are taught, as well as technical and teaching specifications (number of hours of training, number of students per unit (Order of 1 October 1998.)

This kind of special training is managed by the self-governing communities and co-financed by the European Social Fund.

#### *Permanent vocational training*

In 1993 the Government, the Employers' Association and the Trade Unions signed a three-party agreement on permanent vocational training, which was in force until 1996. In 1997 a new three-party agreement was signed which is currently in force.

The aim of this agreement is the improvement of capacities, the improvement of qualifications, and vocational re-qualification.

The programme is managed by a three-party foundation (government, employers and trade unions) and it is funded by contributions of businesses to vocational training.

The protected employment centres (special employment centres) for people with disabilities can benefit from the training action established by the above agreement.

### *Occupational rehabilitation*

Besides the occupational rehabilitation carried out through the industrial accident and occupational disease mutual companies, there are national centres with the aim of providing integrated rehabilitation for individuals with physical and/or sensorial deficiencies. These are the Rehabilitation Centres for People with Physical Disabilities (CRMF in the Spanish acronym). These centres are defined as establishments with a national scope having the ideal facilities and professionals to facilitate the social and work integration of individuals who because of accidents, disease, congenital or acquired causes suffer a physical and/or sensorial impairment that does not allow them to receive assistance for their rehabilitation at ordinary centres.

The general aim of the CRMF is to offer individuals with a physical and/or sensorial impairment the means required for their personal and occupational rehabilitation so that they are able to get a job.

The users of these centres are persons with a physical or sensorial impairments whose disability status is accepted and who should be working according to their age.

The following services are provided at these centres:

- medical and functional rehabilitation service (physiotherapy, occupational therapy, logopedics, etc.);
- psychosocial attention service (information and treatment, information on social resources, etc.);
- occupational integration services (occupational guidance, preparation for seeking a job, etc.);
- occupational enablement services by means of vocational training courses (over 50 courses in 1999-2000 and several supplementary training activities).

In May 2000 there were 5 national centres with 511 places for boarders and 110 half-board places.

## VII. EMPLOYMENT

Concerning the employment of individuals with disabilities there are three fundamental reference points: the Workers' Statute, the Law on the Social Integration of People with Disabilities and the Action Plan for People with Disabilities.

### *Workers' statute*

The work integration of people with disabilities is comprised within the general framework of the State's social policy, particularly in the Workers' Statute (Royal Legislative Decree 1/1995, passed on 24 March 1995, approving the consolidated text of the Workers' Statute. This basic norm represents the general framework of work relations and it is equally binding for workers with disabilities and able-bodied workers.

### *Law 13/1982 on the social integration of persons with disabilities (LISMI)*

Title Seven of LISMI, when assessing the work integration of people with disabilities, grounds its strategy on the bases of normalisation and integration, non-discrimination and equality of opportunities (Articles 37-38).

LISMI, with the aim of ensuring as far as possible the constitutional right to work, provides a number of resources (measures, economic benefits and services) which combined are meant to make up the disadvantages faced by individuals with disabilities when it comes to obtaining an adequate job and progressing in their career.

### *Action plan for people with disabilities*

As a result of the evaluation of LISMI in 1992 and taking into account the new needs and guidelines as regards people with disabilities in the eighties and early nineties, an action plan for people with disabilities was prepared.

This action plan, the preparation of which was based on the political commitment of all the groups in the Spanish Congress, the active involvement of all the relevant administrative agencies, and the participation on a joint liability basis of the most representative organisations in the sector, was passed in November 1996 with a scope of application reaching the year 2002.

It is a proposal of active policies that firmly encourages the participation of people with disabilities in Spain's social, cultural and economic life.

The action plan is arranged in five large chapters or sectoral plans. These are to be developed by the relevant authorities in each of the fields of action: promoting health and preventing deficiencies, health assistance and integral rehabilitation, school integration and special education, involvement and integration in the economic life, and community integration and independent life.

Chapter IV, "Integration in economic life," is one of the foundations of the action plan, and is divided into three programmes: occupational rehabilitation, job placement and work integration, as well as economic and social protection.

In order to adequately develop the objectives and strategies described above, on 15 October 1997 the Ministry of Labour and Social Affairs signed an agreement with the Spanish Council of Representatives of People with Disabilities. This agreement established a plan of urgent measures for the promotion of the employment of persons with disabilities.

### **Fostering employment**

Since the enforcement of LISMI (1982), a number of measures have been established to facilitate the employment of people with disabilities. These measures are basically the following:

#### **A. Employment in the ordinary work environment**

The goal of these measures is to facilitate the hiring of people with disabilities in ordinary companies. They are aimed at workers with a disability degree of at least 33%.

#### **Business sector**

##### *Reserved jobs (Act 13/1982 – Royal Decree 27/2000)*

Pursuant to the provisions of Art. 38.1 of Law 13/1982, passed on 7 April 1982, public and private enterprises with over 50 workers with permanent contracts are obliged to employ a number of workers with disabilities equal to at least 2% of the workforce, counting as such the workers who are registered as such at the Employment Agency's register of workers with disabilities.

Royal Decree 27/2000 establishes exceptional measures as alternatives to compliance with the 2% quota reserved for workers with disabilities at companies with 50 or more workers.

*Permanent contract for disabled individuals (Law 13/1982, Royal Decree 14/1983, Law 43/1995, Law 50/1998, Royal Decree 4/1994)*

A number of measures favouring work integration are established:

- Subsidy for each full-time or part-time permanent contract (over 3 years);
- Bonus on the employer contributions to the social security system, including contributions for industrial accidents and vocational training
  - 70% per worker under 45 years of age
  - 90% per worker aged 45 or over;
- Subsidies for job adaptations;
- Subsidies for vocational training;
- Tax relief (corporate income tax) per worker/year for business owners increasing the proportion of workers with disabilities in their staff.

*Temporary Contracts (Law 42/1994, Law 13/1996, Ministerial Order of 31/3/98, Law 52/1998).*

These contracts are for at least 12 months and a maximum of 3 years, with full or part-time workdays. The incentives offered to companies are the following:

- 75% deduction from employer contributions to the social security system for common contingencies and 100% deduction for the first worker that is hired.
- When temporary contracts become permanent contracts the permanent contract aids are applied.

*Contracts for training workers with disabilities*

(Royal Decree 2317/1993, Law 10/1994, Royal Decree 2064/1999, Art. 64, Law 63/1997, Royal Decree 488/1998).

In respect of contracts for training workers with disabilities, the upper age limit that has been established for such contracts (21 years) is not considered and the workers with disabilities are not counted in the calculations to determine the maximum number of workers to be hired by the company.

The maximum duration of the contract is 4 years and companies have a 50% deduction of employer contributions to the social security system.

As far as on-the-job training contracts are concerned, companies can reduce their social security contributions by 50%.

Beneficiaries of non-contributive disability pensions who get a job automatically recover their pension once their contract expires.

#### *Selective employment (Royal Decree 1451/1983)*

According to this, companies readmit their former workers who have become disabled once their rehabilitation processes are completed.

This is meant for:

- a. Workers who are declared to be in a situation of partial permanent incapacity
  - If their performance is unaffected workers will be entitled to resume their former job. If a reduction of their performance is certified they will be given a suitable job. If no such job is available, their salary may be reduced by no more than 25%;
  - If as a result of occupational rehabilitation benefits they recover their capacity, workers will be entitled to resume their former job if they were first posted to a lower job (there is a time limit here);
- b. Workers who have been acknowledged as having a total permanent incapacity or absolute permanent incapacity and have left their job have top priority to resume their original job if they recover their full working capacity as a result of their receiving rehabilitation benefits;
- c. Partial subsidy of up to 3% interest on loans granted by credit institutions having special arrangements with the Ministry of Labour, up to a maximum amount of 750.000 Ptas;
- d. Subsidy for subsistence loans, with the aim of guaranteeing a minimum income of 500,000 Ptas. when the worker with a disability takes a job.

- e. Subsidies for investments in fixed capital (acquisition of landed property, acquisition and adapting of premises, acquisition of machinery and tools, transportation items and start-up costs). These subsidies can amount to 650,000 Ptas.

The amounts of the above-mentioned subsidies are currently being revised upwards.

**B. Protected Employment (Royal Decree 13/1968, Royal Decree 2273/1985, Ministerial Order of 22/2/1996, Ministerial Order of 16/10/1998, Royal Decree 427/1999)**

Protected employment is defined as a productive job for which a worker earns a competitive salary and acquires the appropriate skills to become integrated in the regular job market.

The users are individuals of working age with a disability degree of 33% or more.

In order for a centre or workshop to be considered protected and to benefit from the relevant aids and bonuses, at least 70% of the staff must be made up by workers with disabilities.

Support for special employment centres has a dual scope:

- Support for creating jobs;
- Support for maintaining jobs.

The incentives that have been established are the following:

*Support for creating jobs*

- Subsidies for technical assistance;
- Partial subsidy of interest on loans provided by credit entities with special arrangements;
- Subsidies to partially financed permanent investments in projects with an admitted social interest.

The amount of the subsidies will not exceed two million pesetas per stable job.

*Support for maintaining jobs at Special Employment Centres (full workday and registration in the social security system.)*

- Subsidy of 50% of the minimum wage;
- 100% bonus of employer contributions to the social security system;
- Subsidies for adapting the job and eliminating architectural barriers;
- Subsidy on a one-off basis in order to financially balance the centres to achieve the restructuring required for them to reach productivity and returns levels that will guarantee their feasibility and stability;
- Subsidies to balance out the budgets of non-profit, public use centres considered to be essential. These do not cover negative results derived from faulty management;
- Subsidies for technical assistance (hiring of directors, managers and technicians, feasibility studies, advisory services), up to 100% or 50% if officially promoted by the administration.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

Law 13/1982 on Social integration establishes that all individuals with disabilities are entitled to social benefits.

During the 1980's the different self-governing communities developed laws on social services which include assistance for individuals with disabilities.

Law 7/1985, passed on 2 April 1985, Regulating the Bases of the Local Regime, grants towns certain powers in connection with the provision of social services.

### **Independence and autonomy**

In Spain the social and economic benefits for people with disabilities are derived from the contents of Title V of Law 13/1982, passed on 7 April 1982, on the Social Integration of People with Disabilities.

Those benefits were subsequently replaced by those included in Law 26/1990, passed on 20 December 1990, on non-contributive benefits, and later on by the General Social Security Law and particularly by Royal Decree 1/1994, passed on 20 June 1994.

Contributive benefits have been established for the different kinds of permanent disability, namely the following:

- Partial permanent incapacity for one's regular occupation;
- Total permanent incapacity for one's regular occupation;
- Absolute permanent incapacity for any kind of work;
- Serious invalidity.

Non-contributive benefits include the requirement that individuals suffer a disability of at least 65%, provided that they do not have sufficient economic means of their own.

Royal Decree 1300/1995, passed on 21 July 1995, develops administrative tax measures and social measures in connection with disabilities.

As far as health benefits are concerned, Royal Decree 6/1995, passed on 20 January 1995, on the planning of health benefits in the national health system, states in Article 1 that the national health system will provide health assistance for the entire population and it distinguishes the following health benefits:

- Primary attention
- Specialised attention
- Pharmaceutical benefits
- Supplementary benefits
- Information and application form services

The aspects relating to the social integration of people with disabilities are basically managed by the self-governing communities, therefore many of these already have their specific regulations.

The pre-requisite for integration is to achieve a high enough level of personal autonomy. Part of this autonomy has to do with income, either through pensions or through employment. Other essential aspects for integration are accessibility, mobility and transportation.

### **Accessibility and transportation**

Law 13/1982 regulates (articles 54-60) accessibility in the physical environment. Another relevant norm is Royal Decree 556/1989, passed on 19 May 1989, on the minimum measures of accessibility in buildings.

The self-governing communities and towns have passed many regulations in this connection because these powers have been transferred from the state. Virtually all of the self-governing communities have specific regulations in this respect.

The 1997-2002 Action Plan for People with Disabilities, prepared by IMSERSO, includes accessibility and transportation programmes aimed at achieving the following integration objectives:

- Guaranteeing a normalised use of cities and towns by individuals with reduced mobility;
- Facilitating the normalised use of the public transportation networks;
- Gradual elimination of communication barriers.

State regulations on the adapting of public transportation means are set out in Law 13/1982 and in Royal Decree 2574/1983, passed on 13 July 1983. Self-government community and local regulations are much more plentiful. In fact, each town regulates accessibility in connection with public transportation.

As far as housing is concerned, Law 15/1995, passed on 30 May 1995, on limits to the ownership of buildings, is meant to go one step further towards adapting houses so that they are appropriate and suited to the needs of individuals with disabilities.

In Spain there are many different norms in this field. In this respect, for homogenisation and co-ordination purposes, IMSERSO's 1997-2002 Action Plan for People with Disabilities includes a sectoral plan of community integration and independent life which has the aim of achieving equal opportunities for all citizens.

The collaboration arrangements between IMSERSO and the Spanish Federation of Towns and Provinces have made it possible to distribute thousands of phone speakers for the deaf and hundreds of low platform buses and taxis have been adapted.

A committee was recently set up to prepare a national accessibility plan.

### **Leisure, culture, tourism and sports**

The 1997-2002 Action Plan for People with Disabilities proposes several lines of action in this field:

- Boosting access to leisure and sports facilities, eliminating barriers and providing alternative media;

- Promoting voluntarism to assist people with severe disabilities with very little mobility;
- Stimulating access to the media of people with various disabilities;
- Extending social tourism, promoting accessibility to hotels and restaurants;

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

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## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

Back in 1982, Law 13/1982 on the Social Integration of People with Disabilities, in Section two, Articles 62-63, established the need of specialised staff working in multi-professional teams and it required that the state pass the "relevant measures to train a sufficient number of specialists in the different fields with skills required to suitably attend the various services" (art. 63.1.).

On the other hand, "the state will establish permanent general purpose specialisation and updating programmes especially applying to the different deficiencies" (Art. 63.2).

In Spain there are several vocational training degrees, bachelor's and master's degrees relating to the field of disability, its needs and demands.

Several agencies involved in the fields of social health care and education develop a number of staff training programmes.

The Ministry of Health and Consumption, through its health centres and particularly the Charles III Institute and the National Health School, is developing an extensive programme of specialised training which particularly focuses on the social health field.

The Ministry of Education and Science is developing programmes to train and recycle specialised staff (teachers, other professionals, auxiliary educational technicians, etc.). It is also preparing and developing a number of technical regulations and indicators that serve as guides in evaluating the quality of school integration and special education.

In the Social Services field, IMSERSO trains and prepares professionals specialising in disabilities as one of its fundamental objectives. This is done at three different levels:

- a. Training for IMSERSO staff through courses, seminars, conferences and workshops.
- b. Training of professionals in the field of disability, through agreements with different universities in Spain in order to conduct expert or master courses relating to people with disabilities;
- c. Training of workers in the field of disability by programming courses, seminars, conferences and workshops.

The Royal Trust for the Prevention of Disabilities and Assistance for Persons with Disabilities carries out many activities in the fields of prevention, training, information and exchange of disability experts with administrative subsidies.

Non-governmental organisations (NGOs) also carry out many training activities in their relevant fields of action.

## **XI. INFORMATION**

### **Information and education for health**

Advertising for information and prevention purposes is very frequent in Spain. Brochures are edited which are disseminated at public places and there are many media campaigns.

IMSERSO, ONCE (Spanish National Organisation of the Blind) and several NGOs have carried out public awareness campaigns to encourage a change of attitude vis-à-vis disabilities. We must underline ONCE's recent TV and radio campaign on the work integration of people with different kinds of disability.

In the field of industrial risk, the Ministry of Labour's basic regulations are contained in Law 31/1995, passed on 8 November 1995, on the Prevention of Industrial Risks, establishing the creation of prevention services at businesses. This law also endorses the continuation and powers of the National Institute for Workplace Hygiene and Safety, which has as its priority objectives the prevention of accidents and the promotion of workplace safety. These powers were subsequently transferred to the self-governing communities.

The following are the most significant actions:

- Advisory visits to businesses
- Preventive training courses
- Medical check-ups for workers
- Dissemination campaigns in the media

Since the self-governing communities began to assume powers in this field they have set up several agencies and committees that will extensively carry out activities with the scope of each self-governing community.

Besides the foregoing, there are school health laws for state and private non-university teaching centres. These laws all turn on the idea of *education for health*, comprising information, education, and control of:

- the risk factors of several non-transmissible diseases
- prevention of children's accidents
- prevention of drug addiction
- sexuality
- prevention of contagious and transmissible diseases
- dietetic guidance
- oral hygiene

The Ministry of Domestic Affairs' Traffic Administration prepares traffic and road safety campaigns from time to time, disseminated both on TV and radio. In addition, the curricula of obligatory basic education include road safety and prevention subjects.

In the field of health the obligatory vaccination programmes of the self-governing community health services are disseminated by means of brochures at health centres and schools. Besides this, primary attention paediatricians control children on an individual basis ("Healthy Children" programme) and every child has his/her own official vaccination booklet.

There are also guidance and family planning programmes developed at the family planning centres of the self-governing communities and towns and through primary attention and specialised health attention.

Assistance during pregnancy and childbirth is provided by the public health system at the primary and special attention levels (Royal Decree 63/1995, passed on 20 January 1995). Health cards for pregnant women, recording all the controls they are subject to, were established in 1978 (Order of 24 October 1978).

As far as care for newborn babies is concerned, newborn babies are examined and there are also early detection of metabolic difficulties through the relevant analyses.

## **XII. STATISTICS AND RESEARCH**

### **1. Statistics**

By means of co-ordination and collaboration between several institutions in the field of statistics, in 1999 a national survey on disabilities, deficiencies and health condition was conducted by the National Statistics Institute (INE), the National Institute of Migrations and Social Services (IMSERSO), and the Spanish National Association of the Blind (ONCE). The results will soon be published. These surveys will update the one prepared in 1986 and they will allow the persons in charge of social policy to restructure and reorganise the current care facilities, gearing them to the actual situation of Spain.

### **2. Research**

Spain participates and co-operates in the European Union's specific R&D programmes for people with disabilities and those relating to their needs and problems: information and communication technology, science and technology applied to living beings, telematic systems, education and training, social exclusion and integration, human capital and mobility.

The Spanish collaborative study of congenital malformations, conducted by the School of Medicine of the Complutense University in Madrid, with the collaboration of the Royal Trust for the Prevention of Disabilities and Assistance for Persons with Disabilities, publishes research papers on the characteristics and risks of congenital defects, for instance: *The Frequency of Congenital Malformations in Marginal Populations*, directed by Dr. Martínez-Frías (published by the Royal Trust in 1998).

At present efforts are being made in Spain to boost research on rare diseases and isolated drugs. The First International Congress dedicated to this field was held in Seville in February 2000.

IMSERSO conducts at least two different investigations each year. The following research papers were published recently:

- The problems, needs and demands of the population with hearing impairment in Spain (IMSERSO, 1999)
- The needs, demands and situation of families with minors with disabilities (0-6 years of age) (IMSERSO, 1999).

Each year IMSERSO carries out research on people with disabilities.

This year two new research papers have been prepared which will soon be published:

- Study of the Needs and Demands of the Mentally Ill and their Families.
- A study on traumatic brain damage entitled *What Happens after an Accident?*

IMSERSO also awards a prize each year for research on disabilities.

The recent creation of the Ministry of Science and Technology in May 2000 may bring about a significant advancement in research in general and specifically in the field of disability.

*SWEDEN*



## I. GENERAL POLICY

### 1. Principles

The municipalities have the ultimate responsibility of providing for the needs for people with disabilities. In contrast to many other countries, Sweden has no general law aimed at securing the rights of people with disabilities. In accordance with efforts to integrate the various issues regarding people with disabilities in the areas where they belong, special paragraphs concerning people with disabilities have instead been inserted in certain laws (e.g. the Building Act, the Social Services Act). In other laws, e.g. the Work Environment Act, it is considered either to be self-evident or it is stated in the legislative history that persons with disabilities are also covered by the law.

The laws on social services and on health care allow the municipalities and county councils great freedom to plan and organise their own services and impose taxes to finance them. The autonomy of these two levels of local government also means that services are organised and prioritised differently in different parts of the country.

The counties' and the municipalities' responsibility for habilitation, rehabilitation and provision of technical aids is now more clearly defined than before and in 1994 was written into the Health and Medical Services Act. Through this Act the counties also have the responsibility for everyday interpreting for the deaf and deaf/blind. The Health and Medical Services Act lays down that people shall be offered health and medical services of good quality which shall be provided on equal terms and easily accessible for everybody. The services should also, as far as possible, be organised and performed in consultation with the patient.

The municipalities are mainly responsible for the rehabilitation for elderly and people with disabilities who live in residences of special housing, such as service houses (*servicehus*), nursing homes (*sjukhem*) and group dwellings (*gruppbostäder*) and to visitors to adult day care. Further, the municipalities have the responsibility for providing technical aids for these people.

### 2. Aims

The aim of rehabilitation and habilitation is to help people to gain and/or regain respective reach the most possible function and ability and improve the conditions for full participation in the community.

### 3. Fields of intervention

There are two exceptions to the rule mentioned above. One is the Act concerning Support and Services for Persons with Certain Functional Impairments (LSS) and the other is the Act concerning Compensation for Assistance (LASS). The two acts have been in force since 1 January 1994. Contrary to the trend of emphasis on framework laws in Swedish legislation, LSS is very much a human rights statute. The Act contains provisions relating to measures for special support and special services for those who

- i. are mentally retarded, are autistic or have a condition resembling autism;
- ii. have a considerable and permanent intellectual functional impairment after brain damage when an adult, the impairment being caused by external force or a physical illness, or;
- iii. who have some other lasting physical or mental functional impairments which are manifestly not due to normal ageing, if these impairments are major ones and cause considerable difficulties in daily life and, consequently, an extensive need for support and service .

LSS applies to special services over and above those available to all citizens. The special kinds of services covered by the law are:

- advice and other support that requires special knowledge about problems and conditions governing the life of a person with major and permanent functional impairments,
- help from a personal assistant or financial support for reasonable costs for such help to the extent that the need for financial support is not covered by assistance benefit pursuant to the Assistance Benefit Act,
- assistance on special occasions such as walks, visits to cultural institutions, recreation facilities, etc.,
- help from personal contact (companion/friend),
- relief service in the home,
- short stay away from home,
- (short period of) supervision for schoolchildren over the age of 12 outside their own home in conjunction with the school day and during the holidays,
- foster homes and housing with special arrangements for children and young people who need to live away from their parental home,
- residential arrangements with special service or some other specially adapted residential arrangements for adults,
- daily activities for people of working age who neither have gainful employment nor are undergoing training.

Special incentive grants were issued between 1994 and 1997 in order to accelerate the development of qualified habilitation and rehabilitation. Nearly 2,000 projects have been launched. In addition to project funding, information activities were started in the form of information folders and a database concerning small and less well-known categories of functional impairments.

#### **4. Definitions**

The rehabilitation and the habilitation within the health and medical care stand for early, co-ordinated and comprehensive measures from different areas of competence and fields. That means that medical, psychological, pedagogical, social and technical measures are combined on the basis of the needs, conditions and interests of the individual.

### **II. PREVENTION AND HEALTH EDUCATION**

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### **III. IDENTIFICATION AND DIAGNOSIS**

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### **IV. TREATMENT AND THERAPEUTIC AIDS**

#### **1. Medical treatment**

The primary care sector has the aim of improving the general health of the people and treats diseases and injuries which do not require hospitalisation. Their work has been organised in health centres, which has facilitated team work. In addition to local health centres, primary care is also provided by private doctors and physiotherapists, at district nurse clinics and at clinics for child and maternity health care.

For conditions which require hospital treatment, medical services are provided at county and regional level. County medical services are available at some 80 central county hospitals and district hospitals. The regional medical system has a greater range of specialist and sub-specialist fields compared to the county level and is available at ten regional hospitals.

#### **2. Medical assistance, medical and functional rehabilitation**

The ordinary medical service (responsibility of the county councils) is obliged to meet the care requirements of people with disabilities as well. The county councils are also responsible for habilitation and rehabilitation. In the county councils' habilitation services for children with disabilities, resources have been developed for investigation and treatment, physiotherapy, occupational therapy, speech therapy, etc. In most counties joint habilitation organisations have been set up to combine resources for children with different impairments.

There are also regional habilitation organisations which provide improved services for children with special needs of treatment. There are also special vision and hearing centres in each county, and employed hearing and vision consultants, physiotherapists, prosthetists and orthotists, etc. for the habilitation of children with disabilities and the rehabilitation of adults.

### **3. Prostheses, orthoses and technical aids**

Technical aids for people with disabilities are in principle free of charge to the individual. They are supplied without any economic means test and there is in principle no upper limit for the cost of the aid. Even repair and maintenance of the aid are carried out without cost to the person with a disability. The technical aid service includes testing, prescription, adjustment, information and training. The provision of interpreting services for the deaf, the deaf and blind, and those with speech impediments is also part of the service. The scope of this service varies greatly between different parts of the country.

The county councils are reimbursed for the technical aid service by the government via the health insurance scheme with a standard sum per inhabitant per annum.

## **V. EDUCATION**

### **1. Mainstream education**

The Swedish Education Act stipulates equal access to equivalent education for all children and young persons, regardless of sex, geographical location and social and economic circumstances. The municipalities are responsible for the education of pupils with disabilities. Allowance must be made for pupils with special needs. The current curriculum for compulsory schools does not use the word mainstreaming, but takes for granted that all students will be educated in regular classes. If this is not possible, the school has to motivate very clearly why another solution is chosen for certain students. Most pupils in need of special support are taught in the regular compulsory school and upper secondary school, but special teaching groups are also organised to some extent for pupils with functional impairments.

The state offers expertise that the municipalities seldom have on their own as the number of their pupils with disabilities is usually small. The state provides resources such as adapted educational materials, support and guidance from special advisors, financial support for regional educational and developmental programmes. Added to the above is also the state's responsibility for the special schools.

At universities and colleges of higher education students with disabilities take part in ordinary tuition. Anyone in need of special aids can obtain or borrow these via the centre for educational aids in the place of study. Special support during tuition and personal assistance during the working day are provided by the university or college of higher

education. In addition, the person with a disability is entitled to attendant services for individual help in his/her everyday life at home. Attendant services are free of charge for students. The local authorities provide these services and are reimbursed by the government.

## **2. Special education**

Deaf and hard-of-hearing children with sign language as their first language are taught at one of the five regional state-run special schools. There is also one national special school for deaf and hearing impaired pupils who are also severely learning disabled. The emphasis on teaching in sign language, and thus need for contact with other deaf children with the same method of communication, has meant that the special school has been retained.

Pupils with impaired vision get, with few exceptions, their education in regular classes in the municipal school but there is still one special school for children with visual impairments, who are also deaf, hearing impaired or severely learning disabled. There is also one special school for pupils with language disorders. Each of the three national special schools have special pedagogical resource centres located there as well. In addition a former special school for the visually impaired has developed into a resource centre. The activities at the centres include, among other things, investigation and training of children and youth, courses and information to parents, pre-school and school staff.

The Government has appointed a special delegation in order to prepare, plan and implement a three-year national programme for ICT in schools. The programme focuses on developing teachers' ICT skills, ensuring their computer access, speeding up schools' Internet connections, giving every pupil a personal e-mail address. The programme also includes improving education for pupils with functional impairments by means of ICT.

The majority of pupils with disabilities can attend an ordinary school at upper secondary level. For severely mobility-disabled students there are four regional special upper secondary schools. For deaf and hard-of-hearing pupils there is one special upper secondary school in the municipality of Örebro.

There are special schools for children with intellectual disabilities. These include a special comprehensive school, training school and vocational school. The special school is usually housed in the same building as the ordinary school.

## **3. Education of adults with disabilities**

Many adults with disabilities received inadequate schooling in their youth. For them the opportunity to take part in various forms of adult education, i.e. municipal adult education, adult education associations and folk high schools are of great importance. People with

disabilities are one of the main target groups within this branch of education. Attendant services may be offered to students with severe mobility disabilities studying at folk high schools.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

### ***Vocational rehabilitation at Employability Institutes. (Arbetsmarknadsinstitut, AMI)***

These institutes provide vocational guidance and rehabilitation for job-seekers who need more support than the employment service can give in order to enter the labour market. The need of vocational guidance might be due to occupational indecision, limited work capacity on account of a disability or other adjustment problems and special difficulties encountered in the labour market. Job-testing is an important part of AMI activities. This can be conducted both at AMI and at external workplaces in all sectors of the labour market. There are several different professional categories at each institute who are able to handle questions concerning different disabilities. Each institute, in principle, also has employment consultants, psychologists, social consultants, nurses and physiotherapists.

## **VII. EMPLOYMENT**

### **1. Principles**

“Employment for all” is the aim of Swedish employment policy. It also includes measures to facilitate employment opportunities of people with disabilities on the open labour market and to create employment for those who do not obtain such employment. There is no quota for the employment of people with disabilities in Sweden.

### ***Legislation***

*The Work Environment Act* (1977:1160, amended 1991:677) makes provision that “Working conditions shall be adapted to people’s differing physical and mental aptitudes”. “Furthermore, the employer shall ensure that a workplace in his/her activity has a suitably organised scheme of job modification and rehabilitation for the discharge of the duties incumbent on him/her under this Act and under Chap. 22 of the National Insurance Act (1962:381).”

*The Security of Employment Act* (1982:80) is intended to give all employees increased job security. Persons with disabilities are entitled to special protection under its provisions.

*The Act Concerning Certain Employment Promoting Measures* (1974:13) contains provisions that aim to increase opportunities for older persons and persons with disabilities to both obtain and maintain employment. A government committee has proposed (August 1998) extensive amendments of this legislation (SOU 1998:107).

Based on proposals from the same committee a Government Bill (prop.1997/98:179) to the Riksdag proposes a *Law against discrimination of people with disabilities in working life*. It is a labour law for the protection of both job applicants and employees. The Bill proposes that the disability ombudsman will be given the responsibility of overseeing the enforcement of the new law.

## **2. Employment in an ordinary working environment**

An easily accessible work environment is a necessary condition for people with disabilities to obtain work. In addition to the provisions of the Building Act, which also cover work premises, the Work Environment Act now prescribes that the employer is obliged to adapt working conditions (physical environment, work organisations, etc.) to individuals' physical and mental requirements. This means demands for adaptation to individuals with various disabilities as well.

A person with a disability has, as anyone else, the right to assistance from the regular employment office in finding employment. The labour market authorities have at their disposal a number of labour market policy measures. Their purpose is to make it easier for a person with a disability to obtain employment on the open labour market. Measures especially destined to persons with disabilities are:

### ***Wage subsidies (Lönebidrag)***

Wage subsidies could be paid to employers hiring job-seekers who have any kind of dysfunction. The wage paid is in accordance with collective agreements between the trade union and the employer's organisation. The subsidies compensate for the reduction in work capacity caused by a disability. They are flexible and amount up to 80% of a monthly wage of SEK 13,700; payroll taxes and certain collective insurance are also covered. The subsidisation rate is agreed between the employer, employee, trade union representative and the employment service. This agreement must include a personal action plan with a rehabilitating aim for the employee in order to facilitate a job without wage subsidies.

### ***Supported employment (SIUS)***

Supported employment is a well known method used to make it possible for persons with severe disabilities to find and keep a job. SIUS is a measure and a way of using that method in the Swedish labour market. Included in the duties of the support person are mapping out the job-seeker's qualifications and wishes and then finding suitable proposals for places of work and also assisting in initiation and training at the place of work. The measure is aimed primarily at psychologically and intellectually impaired persons.

***Business grant for persons with disabilities (Näringshjälp)***

If a person with a disability has a good business concept it might be possible to give her or him a business grant. The conditions for this are that the business has an expected, reasonable future and that the income of the business is estimated to be a considerable contribution to the living. The grant in 1998 was at maximum SEK 60,000.

Except those measures which are specially designed for them, persons with disabilities are also free to participate in *every one of the labour market policy programmes* if that can facilitate the possibilities of entering the labour market.

The employment service can also give subsidies for the individual adaptation of workplaces and work aids. Special mention may be made of

- Special arrangements at the workplace,
- Special technical aids,
- Grants for work assistants.

**3. Sheltered employment**

A person not able to find work on the regular labour market due to a disability can obtain employment at a Samhall company through the employment service. Samhall is a state-owned limited liability company with a parent company, Samhall AB, 15 regional companies and one company which is responsible for a single product group and operating in several counties. At the end of 1997 the Samhall Group had about 29 300 employees, of whom 26 400 had a disability, at over 800 work sites throughout the country.

Production and the work organisation are adapted to the individual employee's abilities. Samhall receives compensation from the government for this and additional costs, including those deriving from the geographical diversity of operations. In the year 1997, 50% of the income was derived from sales, 49% from state grants. Additional income came from other operating revenues.

The Samhall Group's results are measured against the following four targets:

- the volume of working hours,
- the proportion of recruitment from prioritised groups of persons with disabilities,
- the number of transitions to employment outside the Samhall Group,
- financial results.

## VIII. SOCIAL INTEGRATION AND ENVIRONMENT

### 1. Principles

It is an important part of the general objective that people with functional impairments should, in co-operation with others, be able to live independent lives. The main concept guiding the care of people with functional impairments and the elderly is that a person shall be enabled to live in his or her own home as long as possible.

Many elderly and people with disabilities need help and services of various kinds to enable them to go on living in their homes and to cope with the normal demands of everyday life. The local (municipal) authorities are responsible for providing a range of social services adapted to particular needs and local conditions.

The object of Swedish government housing policy is to ensure that the population as a whole is provided with sound, well-planned and practical dwellings of a high standard and at a reasonable cost. The needs of the elderly and persons with disabilities should be taken into account at the planning stage.

### 2. Accessibility

Under the terms of the planning and building by-laws, dwellings and the surroundings should be designed so that they can also be used by people with reduced mobility and impaired orientation faculties. These provisions apply both to new buildings and projects involving extensive structural renovation.

Direct responsibility for adequate *housing provision* rests with the local authorities. Planning work at this level must seek to ensure that everyone has a dwelling which corresponds to his/her needs and fulfils housing policy objectives. Local authorities are also responsible for ensuring that residential areas are well planned and provide their inhabitants with a satisfactory environment and with adequate services and communications. Experience has shown that given competent basic planning in accordance with the guidelines laid down in the building regulations, it is possible to maintain a high degree of accessibility, i.e. enable the majority of people with disabilities to cope normally inside a conventional modern dwelling.

### 3. Transport

The *Special Transport Services (STS) Act* stipulates that the municipalities have to provide STS (such as travels with taxi-cars or special vehicles) to citizens with disabilities, that are not only temporary. It is possible for the municipalities to transfer the responsibility for the

STS to the regional public transport authority (PTA). This gives an economic incentive for the PTA to stimulate the adaptation of the ordinary public transport system to the needs of people with disabilities and to co-ordinate the different services, in order to reduce costs for STS.

The *National Special Transport Services (NSTS) Act* stipulates that the municipalities have to subsidise journeys to another municipality for citizens who, due to serious and permanent disabilities, have to travel in a specially expensive way. Home-to-work trips are excluded. The government sets the fares, corresponding to the cost of a budget ticket on a train. It is possible for the municipalities to transfer the responsibility for the NSTS to the PTA.

The *Responsibility for Public Transport Act* regulates local and regional public transport. Among other things it stipulates that the PTA has to improve the adoption of the public transport system to the needs of people with disabilities. If the PTA is given the responsibility for the STS or NSTS, these services shall be included in the compulsory yearly public transport plan of the PTA.

The *Mobility allowance scheme* applies to people with lasting disabilities who have considerable difficulties to get about, and to parents with children with disabilities. Special criteria must be fulfilled. The mobility allowance is divided into a graduated means-tested purchasing allowance, and an adaptation allowance is payable to cover the total costs of adaptations necessary to enable the person with a disability to use the vehicle.

The scheme is administered by the National Social Insurance Board through its local Social Insurance Offices and financed through government grants.

#### **4. Housing**

Special measures are often required in the house for those with serious mobility problems and for people with severe disabilities. A *special home adaptation grant* allows dwellings to be designed or adapted to meet the individual requirements of the person with a disability. The allowance is payable for alteration to both new and old buildings and covers a wide range of disabilities, including reduced mobility, defective vision, allergy, epilepsy, psoriasis, colostomy cases, very short stature and intellectual disablement.

The home adaptation grant is intended for such measures as are required to support the primary functions of sleeping, resting, attending to personal hygiene, preparing food, eating and moving about in the dwelling.

The municipal social services are responsible for the *home help services*. This mainly takes the form of help with domestic chores like clothing care, cleaning, shopping, preparing meals as well as assistance with personal hygiene. The fees charged for home help services vary

from municipality to municipality and according to the number of hours of help needed and income. Most municipalities also provide night patrols, which usually include both nursing and home help staff.

In addition to the above, other forms of services are often provided in combination with home help. A number of services are offered at *day centres* (*dagcentraler*). They function as meeting places where people with functional impairments and the elderly in the area can get together for meals, group activities and sometimes occupational therapy. A day centre can either be a free-standing unit in the community or incorporated in a sheltered accommodation.

For people with severe disabilities and those with severe mobility problems, adequate housing and service is provided in special constructed service flats with on-call home help services. Here the tenant can receive the care that he or she needs 24 hours a day. The local authority is normally responsible for building and maintaining the service flats.

One of the most important elements in the Act concerning Support and Service for Persons with Certain Functional Impairments (LSS) is the right to personal assistance to people below the age of 65. The aim of the personal assistance is to give people with very severe disabilities a support with a possibility to decide by whom, at what time and in what way it should be given. It applies to people who need support with for example personal hygiene, dressing, eating or communicating with others. The local authority appoints assistants or provides financial support for individuals who want another employer for the assistants. The state defrays the cost for the time over 20 hours per week if a person is in need of more assistance than that.

Social services are heavily subsidised, with the recipient usually paying only a fraction of actual costs. Charges vary between the different municipalities. The actual cost of services is chiefly financed via municipal taxes. Every local authority is also subsidised through the general state subsidy to the municipalities.

## **5. Technical aids**

Technical aids for people with disabilities are in principle free of charge to the individual. They are supplied without any economic means test and there is in principle no upper limit for the cost of the aid. Even repair and maintenance of the aid are carried out without cost to the person with a disability. The technical aid service includes testing, prescription, adjustment, information and training. The scope of this service varies greatly between different parts of the country.

The county councils are reimbursed for the technical aid service by the government via the health insurance scheme with a standard sum per inhabitant per annum.

## 6. Communication

The provision of interpreting services for the deaf, the deaf and blind, and those with speech impediments is part of the service from the county councils mentioned in the Health Care Act. The scope of this service varies greatly between different parts of the country.

The county councils are reimbursed for the interpreting services by a government grant.

Text telephones are provided by the county councils and the costs for the equipment are covered by a government grant. The government also finances a national relay service.

## 7. Sport

There are well-established sports for persons with functional impairments, practised both for recreation and in competitive form.

## 8. Leisure time and cultural activities

The objective is that people with functional impairments should have the same access as others to the range of cultural activities on offer. This applies to the mass media, literature, educational material, cultural institutions and recreational arrangements, as well as information on the range available.

A widespread practice in the home help field is the provision of *personal attendance* during walks, visits to cultural institutions, etc. The aim is to break up the pattern of social and cultural isolation, still one of the most serious problems confronting people with disabilities.

The state finances the production of *literature recorded on cassette tape and in Braille* for people with a visual impairment. The state Swedish Library of Talking Books and Braille (TPB), in co-operation with other libraries, provides literature for persons with visual impairments and other reading disabilities. In one large-scale example, the electronic version of the Swedish National Encyclopaedia is being adapted for persons with disabilities. The state also provides grants for the production of literature in particularly easy-to-read form for, among others, persons with intellectual disabilities and certain other groups of people with reading disabilities.

The public libraries provide *sign-language video programmes* for the deaf, with cultural and news programmes, and Swedish Television broadcasts news in sign language daily. The state also provide grants for theatre activities for the deaf.

Government subsidies support the publishing of *newspapers for the visually impaired*. Other groups of people with functional impairments, especially aphasics and dyslectics, may also subscribe to talking newspapers.

## IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION

### 1. Economic and social security

Within the national insurance scheme there are a number of benefits, which are of special interest to people with disabilities.

The *disability pension* is intended to provide basic economic security to those aged 16 or over, who have not reached the general retirement age of 65 and who for medical reasons, i.e. illness or other reduction in physical or mental performance, cannot support themselves by employment.

A disability pension may be granted if the work capacity is permanently reduced by at least one quarter. A full, three quarter, half or one quarter pension may be paid depending on the extent to which the work capacity is reduced.

Disability pensions are found both in the form of a basic pension and a supplementary pension. A full disability pension under the basic pension scheme is 90% of the base amount (SEK 36 400 from 1 January 1999), which is the basis for indexation and calculation of social insurance benefits. A disability pension under the supplementary pension scheme may be granted to anyone who has had a pensionable income for a certain number of years. For calculation purposes it is assumed that the insured person would subsequently have had a pension-carrying income of the same size as previously, if he or she had not been awarded a disability pension. Pension supplements are payable to anyone with a low or no supplementary pension.

The disability pension is taxable income. Decisions regarding disability pensions are made by the social insurance office.

The *temporary disability pension* is subject to the same rules as the disability pension. It is granted for a limited period and is payable if the reduction in work capacity is not considered to be permanent, but is expected to continue for a considerable period, as a rule a minimum of one year.

The aim of the *handicap allowance* is to give the person with a disability financial compensation for the need for help and the extra costs which the disability involves.

A person aged 16 or over, who has become disabled before the age of 65, is entitled to a handicap allowance. Physical or mental function capacity should be reduced for a considerable period, as a rule a minimum of one year and to such an extent that the insured:

- requires fairly time-consuming help from another person in his/her everyday life,
- requires continues help from another person in order to be able to work or study,
- has considerable additional costs in some other way.

The extent of the handicap allowance depends on how much help is needed and the additional costs incurred, and may be 69, 53, or 36% of the base amount.

Handicap allowances are always paid to the blind, the deaf and those with severely impaired hearing.

No handicap allowance is payable in the case of a person receiving care in an institution belonging to or in receipt of a grant for operating costs from the public authorities.

The handicap allowance is not taxable. Decisions are made by the social insurance office.

The *care allowance* for children with disabilities is paid to a parent residing in Sweden to enable care at home for his or her child under 16 who requires special supervision and care on account of illness or disability.

The care allowance is paid as full, three quarters, half or one quarter benefit. Full benefit is 2.5 times the base amount (SEK 36,400 from 1 January 1999).

When judging the care allowance, additional costs related to the child's disability or illness is taken into account.

The care allowance, except the part related to additional costs, is taxable and pensionable income, which gives right to supplementary pension.

The additional cost-related part can be given as

- *a certain part* of the care allowance (18, 36, 53 or 69% of the base amount) or,
- *a supplement* above the maximum amount for care allowance, which is 2.5 times the base amount, if the costs are 18% of the base amount, at most 69% of the base amount or,
- *solely refund for costs*, without care allowance for supervision and care being paid, when the costs are at least 36% and at most 62.5% of the base amount.

The care allowance can be divided between parents in equal parts.

## 2. Social services

### *Child care*

Society's child care consists of pre-school activities and school child activities. There has been an increasingly strong demand that all children should have the right to a place in pre-school family day care centre. A sharp expansion of in particular day nurseries was begun in the mid-1960s against the background of the large increase in the number of working mothers.

Since January 1998 child care for children 1-12 years of age is regulated under the School Act. According to the Act, children with physical disabilities should be given priority to a pre-school place. The priority paragraph marks the disabled child's right to take part in ordinary pre-school and after school centre activities and the local authority's responsibility for giving them the support they need there. Today almost all children with disabilities attend ordinary municipal pre-school. Where this is not possible, the alternative may be a special group attached to an ordinary pre-school.

Within the county council's habilitation organisation for children with disabilities, resources have been developed for medical investigation and treatment, physiotherapy, occupational therapy, speech training, social training, social counselling and pre-school educational measures in the form of so-called special pre-schools.

Within the county council's educational hearing service there are specially trained pre-school teachers. Their work is to stimulate the children's language development and to give support to their families. Children with only slightly defective hearing attend ordinary pre-school. The special teacher from the educational hearing service visits regularly both children and staff. Special pre-schools are available for children who are deaf or whose hearing is severely impaired. Activities are here based on the needs of the children themselves. Children with normal hearing also attend such pre-schools. There are also a few groups made up entirely of children who are deaf or have defective hearing. But such groups are rarely found outside the main urban areas due to the small number of children in this category.

Pre-school consultants exist for work with children with impaired vision. They go out into the field, providing educational support in the home and pre-school to children, parents and staff. Close collaboration is necessary between the work of pre-school consultants and the county council's habilitation programmes. Most children with impaired vision have impairments in their motor development and about 40% have intellectual disabilities.

About 90% of Sweden's children with intellectual disabilities of pre-school age have been found individual places in ordinary pre-schools. The remainder attend groups, which are usually housed in the same premises as ordinary pre-schools.

Children with other disabilities, e.g. epilepsy, asthma and haemophilia, attend the regular municipal pre-schools.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

### **Training of teaching and educational staff**

In Sweden, special training is offered to all pre-school teachers, school recreation centre supervisors and school teachers working with children with disabilities. The training, available in several areas in the country, is organised into disability-specific programmes. A parliamentary committee is now revising the teacher training education for all categories of teachers. The work is among other things concerned with the need of education of professional teachers for pupils with impaired hearing/vision and physical disabilities, as well as the need of a basic amount of knowledge of all teachers of how to educate children with special needs.

## **XI. INFORMATION**

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## **XII. STATISTICS AND RESEARCH**

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### **1. Statistics**

#### ***Measures according to LSS (the Act concerning Support and Service for certain Persons with Functional Impairments)***

On 1 January 1998 over 44,000 persons were granted measures from municipalities and around 18,000 from county councils. In total, between 48,000 and 50,000 persons are estimated to be granted one or more special services and special support according to LSS. The total number of granted measures amounted to almost 95,000.

In comparison with the corresponding statistics, on 1 January 1997 there was a small increase of the numbers of persons with decisions according to LSS. Also the number of measures has increased.

Around 88% of all LSS-measures granted, applied to persons with intellectual impairments and other groups, i.e. persons who were entitled to services according to the previous legislation. The most common measure for these persons was counselling and other personal support.

Around 2,000 persons were granted measures from municipalities according to LSS due to their mentally functional impairments.

Around 29% of all measures taken according to LSS applied to children and young people aged 22 or younger. 66% applied to persons aged 23 to 64 and around 5% of the measures applied to persons aged 65 and older.

### ***Measures according to the Social Services Act***

The statistics above about LSS comprise measures only to people with disabilities. In the statistics about social services people with disabilities are just one group among others, for example persons who need the support through the Social Services Act for social reasons, have a mental illness or because of ageing.

Over 136,200 persons lived in special needs housing (*särskilda boendeformer*) on 31 December 1997, which is an increase of nearly 7,000 persons compared to 1993. The proportion of the population of persons aged 80 and over living in special needs housing was approximately 23%. This proportion has been largely unchanged from 1993 to 1997. Increasingly more persons live in private special needs housing, 10% in 1997 compared to nearly 5% in 1993. One room with a kitchen was the most common type of dwelling in special needs housing in 1997.

The proportion of the population of persons aged 80 and over who received social home help has decreased from nearly 23% in 1993 to approximately 20% in 1997. Among persons between 65 and 79 years old the proportion has decreased from 5 to 4% during the same period. The proportion among persons younger than 65 years old has been the same, nearly 0.2%.

Nearly 60% of all persons who received social home help in December 1997 were 80 years old and over. In 1993 the proportion was about 52%. Less than 10 hours assistance per month was most common. Close to 40% of 176,000 individuals received 1-9 hours assistance during November 1997. Only 5% had 120 hours assistance or more during the month.

### ***Transport service***

On December 1997, more than 418,600 persons or about 5% of the Swedish population had permits to use transport service. This was about 11,000 persons fewer than the previous year.

About 52% of the population who were 80 years old or older had transport service permits on 31 December 1997. At the same time about 11% of persons in the age 65-79 were entitled to use transport service. Among persons younger than 65 years there were only about 1% who had transport service permits.

In 1997 the number of one-way journeys by transport service was about 15,000,000, which are nearly 700,000 less than previous year. The average individual entitled to transport service undertook about 36 one-way journeys during 1997, which are some fewer than the year before.

During 1997 nearly 24,000 persons were transported by the inter-municipal transport service. Among persons 80 years or older about 2% travelled by inter-municipal transport service and only 0.1% of those who were younger than 65 years old.

About 96,000 one-way journeys were made by inter-municipal transport service during 1997. Divided by the number of persons travelling by inter-municipal transport service in 1998 this gives an average of about 4 journeys per person.

## **2. Research**

On 1 January 1994 LSS (the Act concerning Support and Service for certain Persons with Functional Impairments) and the clarification in the Health and Medical Services Act about the county councils' responsibility to provide habilitation and rehabilitation were issued together with new state incentive grants and improved support for small and less well-known categories of functional impairments.

The government commissioned the National Board of Health and Welfare to make a complete evaluation of the reform with regards to the content, quality, cost and implementation of its measures. The evaluation reveals that personal assistance is the service that has attracted most attention. For many people this service symbolises the entire reform.

The Board's conclusion is that improvements have been made in certain areas concerning the standard of living. There is evidence that many persons moving out of nursing homes and into more individualised accommodation have experienced an improvement in their living conditions. However there is nothing that suggests that it has become easier for people with disabilities to find or keep a job.

The LSS stresses the need for co-operation between the different authorities responsible for different kinds of input and services for people with functional impairments. The evaluation points to certain shortcomings. One clear indication is that very few people with functional impairments have received individual plans. The purpose of individual plans is to give a complete view of all the measures planned and decided on for a person. Major deficiencies still exist even in the application of the regulations from the Health and Medical Services Act concerning individual habilitation and rehabilitation plans.

It was estimated that about 100,000 people were going to be covered by the LSS. About 40,000 have intellectual impairments and were therefore previously covered by the former Act on Special Services for Persons With Intellectual Impairments while the rest were not.

The evaluation has revealed that by the autumn of 1996, only 7,000 people in this second group had measures provided by the LSS. The evaluation has shown that there are deficiencies in the information provided and also in the out-reach activities conducted by the authorities which may explain why so few people have applied for the services.

The Board's evaluation has shown that about 22,000 people have been awarded "Counselling and Other Personal Support". This makes it the LSS service that is most commonly occurring. Almost all are people with intellectual impairments.

The evaluation reveals that the interpreting service activities have not been expanded and upgraded at the speed intended in the reform. The delay is a consequence of the shortage of trained interpreters.

Since 1994 many people with intellectual impairments have moved out of nursing homes. The alternative forms of accommodation and activities that have been built up have given these people a more dignified life. There is a danger, however, of the special competence which certain people need, being lost unless steps are taken for its preservation and development.

The Board's evaluation shows that many individuals do not yet have their habilitation and rehabilitation need sufficiently met. Many areas of habilitation and rehabilitation need to be developed further. The incentive grants served to support implementation of the changes in the Health and Medical Services Act concerning the county councils' responsibility to provide habilitation and rehabilitation.

The evaluation shows that an increased utilisation of specialised national and regional centres/activities involves continuous quality improvement. The incentive grants have focused attention on, and increased the general awareness about the needs for and benefits of habilitation and rehabilitation within, and in close association with, the health services. Patients and their families have also become increasingly involved in habilitation and rehabilitation efforts. The field of habilitation and rehabilitation has been broadened and new methods and ways of working have been developed.

The evaluation reveals that the grants have led to an increased quality of life for many individuals, i.e. by facilitating early intervention. The grants also have, to some extent, reduced inequities throughout Sweden and among various groups. The accessibility for individuals and for certain groups of people with functional impairments has increased and the target groups for habilitation and rehabilitation has expanded. Many under-recognised diseases and syndromes that lead to extensive functional disability have become known. The formation of a special database on small and under-recognised disability groups, and related information folders, have contributed toward increased information and expertise in the area.

The incentive project grants have, to some extent, achieved the goal of long-range continuation since two thirds of the projects have been taken over, fully or in part, by existing organisations.

*UNITED KINGDOM*



## **I. GENERAL POLICY**

### **1. Principles and Aims**

About 6.2 million people in the United Kingdom, out of a population of some 56 million, are believed to have some sort of disability. It has long been accepted that the state has an important role both in the prevention of disability and in provision for people with disabilities and securing their integration in society, and this has been reflected in the large body of legislation in the field of disability which has been passed over the years.

The principles and aims behind the United Kingdom efforts to prevent disability have been to tackle disease and impairment, reduce accidents and improve health and safety.

Legislation and other measures which provide for people with disabilities are intended to ease the effects of disability, enable people with disabilities to develop their talents to the full and to live a life of dignity within an integrated society.

In general terms it can be said that whilst concerns and requirements differ between different people with disabilities there are common themes: equal opportunities in education, training and employment, including the opportunity to work; the need to ensure access to goods, services, buildings and other facilities; better co-ordinated services and access to proper care and support arrangements where necessary. United Kingdom policy focuses on achieving these objectives.

While playing an important role in the provision of services for people with disabilities, the Government works in partnership with other agencies, recognising the vital contribution made by the many voluntary organisations in the United Kingdom working in this field, and by the many/millions of relatives and friends of people with disabilities who are carers.

### **2. Fields of intervention/General directives**

Important early landmarks in respect of provision for people with disabilities and ensuring their integration in society include the Disabled Persons (Employment) Act 1944, which provided for vocational rehabilitation and training, sheltered employment, a register of people with disabilities, designated occupations and introduced a duty on employers with 20 or more employees to employ a quota of registered people with disabilities. Also, the National Health Service Act of 1946 and National Assistance Act 1948, which introduced respectively free medical treatment and a system of income maintenance.

In more recent decades the Chronically Sick and Disabled Persons Act 1970 placed a duty upon local authorities to identify people with disabilities and to meet individuals' needs for certain services. The Education Act 1981, the Education (Scotland) Act 1981 and the Education and Libraries (Northern Ireland) Order 1986 abolished the classification of

pupils according to specified categories of disability and established the concept of individual assessment of a pupil's special educational needs, the provision required to meet those needs and a duty to ensure those needs are met. The National Health Service and Community Care Act 1990 provided for those people with disabilities who do not need hospital care to be cared for in the community.

Since the last report, there has been extensive legislation in the field of education, which has built on earlier education legislation. The Disability Discrimination Act 1995 aimed to end the discrimination faced by many people with disabilities by giving them new rights in the areas of employment, access to goods, facilities and services and the buying or renting of land or property. A Bill to establish a Disability Rights Commission was introduced into Parliament in December 1998.

### **3. Definitions**

Definitions vary according to the scope and purpose of specific legislation.

## **II. PREVENTION AND HEALTH EDUCATION**

### **1. Aims**

Under the terms of the National Health Service Act 1977, the Secretary of State for Health has a duty to secure improvement in the physical and mental health of the population in England and Wales.

#### ***Our Healthier Nation (OHN)***

The government's new health strategy for England will be published as a White Paper in 1999, with twin aims:

- to improve the health of the population as a whole by increasing the length of people's lives and the number of years people spend free from illness; and
- to improve the health of the worst off in society and to narrow the health gap.

Our Healthier Nation (OHN) emphasises the impact that wider determinants can have on health and seeks to tackle factors such as transport, the environment, housing and employment. Effective implementation of the strategy will therefore be closely linked to action across government, relying on policies such as the Integrated Transport Policy, Welfare to Work, Excellence in Schools and Modern Local Government. It also seeks to engage all levels – government, local and individual – in implementing its aims, particularly by encouraging local authorities, NHS bodies, the business sector, voluntary organisations and others working in partnership.

An earlier, consultative, Green Paper on the subject proposed four national targets to combat the biggest causes of premature death and avoidable ill health. By 2010 the strategy aims to:

- reduce deaths from heart disease and stroke by a third;
- reduce cancer deaths by a fifth;
- reduce accidents by a fifth;
- reduce suicides by a sixth.

### ***Health Education Authority (HEA)***

The aim of the Health Education Authority and other health educators is to offer individuals the chance to decide on how to lead more positive and healthy lifestyles.

## **2. Health education**

The Department of Health provides major funds to the Health Education Authority (HEA), which is a special health authority for England. The HEA provides information and advice about health, directly to the public, they also support health professionals and other people who provide health education.

In light of the requirements of the Disability Discrimination Act 1995, the HEA is developing a corporate approach to ensure that, as far as possible, people with disabilities can make use of the services they offer. Consideration of the needs of people with disabilities will be integrated into:

- needs assessment;
- health promotion policy development;
- programme development and delivery;
- evaluation;
- basic HEA services such as publishing, the Health Promotion Information Centre (HPIC) and professional development activities.

Some examples of how the HEA has already taken into account the needs of people with disabilities:

- Through HPIC they publish Health Related Resources for People with Learning Disabilities in print form, via the HealthPromis database and on the Internet. They provide support and advice to local professionals on these resources, for example, by mounting exhibitions at local events. Recently, HPIC staff played a leading part at a European seminar on the production of health material for blind, deaf and deaf blind people and for people with learning disabilities.

- HPIC is working with the Royal National Institute for the Blind (RNIB) on a project involving young people with visual impairments in the evaluation of sex education resources. The resulting reviews of resources will be published both as a large-print database and on HealthPromis.
- They ensure that the text of all publications for the general public in the core publishing contract is suitable for people with a reading age of 12. Several other publications are checked by the Plain English Campaign. Nonetheless, they will explore further how they might meet the particular information needs of people with learning disabilities. Publishing has links with a variety of voluntary organisations representing people with disabilities, including MENCAP and the Royal National Institute for Deaf People. They have granted Charitable Copyright permission to the RNIB, allowing them to produce braille or tape versions of their resources.
- Their Active for Life programme raises awareness among professionals in the physical activity field about the needs of people with disabilities. It has organised briefing days, provided guidance documents (in large print and according to RNIB guidelines), created a photo-library of images of people with disabilities and produces information for older people on an audio-cassette with braille label. It has also commissioned qualitative research into people with disabilities's perceptions on access.

### **III. IDENTIFICATION AND DIAGNOSIS**

The NHS is covered by sections 1 and 3 of the National Health Service Act 1977. These sections require the Secretary of State for Health to promote a health service for the prevention, diagnosis and treatment of illness and to provide services to meet these requirements.

The Mental Health Act 1983 includes provisions for a person suffering from a mental disorder to be admitted to a hospital and to be detained there for a period of time and this may include compulsory admission and detention.

The National Health Service in the United Kingdom is based on general access to services through general practitioners (GPs). Nearly everyone in the United Kingdom is registered with a GP and individuals will normally approach their GP if they have a health problem. One of the options that a GP has is to refer the patient to a hospital consultant for diagnosis – this would normally be the case for someone with a disability, including a physical or sensory impairment. It would also include neurological conditions.

There is a range of settings in which hospital consultants work: some are based in the departments of general hospitals whilst others work in more specialist centres. For some rarer conditions, there are regional or national specialist centres, which are again normally based in hospitals. In addition, some voluntary organisations operate schemes for the care of people with disabilities. However, normally such centres would care for patients following diagnosis.

#### **IV. TREATMENT AND THERAPEUTIC AIDS**

##### **1. Medical treatment**

The responsible Secretaries of State in England, Scotland and Wales and the Department of Health and Social Services in Northern Ireland are empowered to promote the National Health Service, whose purpose is to secure improvement in the physical and mental health of the population and in the prevention, diagnosis and treatment of illness. The National Health Service includes services for treatment and rehabilitation in hospital, community based health care and after care, home nursing, preventive and health education services and family practitioner services. For England and Wales, these services fall under section 3 of the National Health Service Act 1977.

A wide range of services is available to people with disabilities through the NHS. GP services provide much of the basic care required and, as well as medicines, can supply many other items, e.g. continence products. Many GPs work in partnership with other doctors and most are supported by health care teams which may include practice nurses, community nurses and health visitors. The GP practice team and the community team usually meet the majority of the basic care needs of people with disabilities, but the GP can refer patients with disabilities on to other NHS professionals or services if necessary. For people with a mental illness, there may be a specialist community mental health team or outreach team.

Through the NHS Executive the Department of Health develops and implements health policy in England. Recently these initiatives have included:

- Signpost for Success in Commissioning and Providing Health Services for People with Learning Disabilities, issued in January 1998. It describes good practice in all the health services that may be accessed by people with learning disabilities and also refers to commissioning and service redevelopment. Once a Day good practice guidance for primary health care staff was published in April 1999.
- Building on two conferences and a subsequent report Patients Disabled? in 1997, the NHS Executive is now developing good practice guidance about disability for the NHS.

- Promoting clinical effectiveness in everyday health care through a programme of health care bulletins, health needs assessments and clinical guidelines.
- Supporting the development of voluntary organisations which help patients who have disabling conditions, through dedicated funding.
- Publishing a Directory of Occupational Therapy, Physiotherapy and Speech and Language Therapy Services in November 1998.
- Modernising Mental Health Services: Safe, sound and supportive, issued in December 1998. It sets out a new vision for mental health services to be supported by a National Service Framework, new investment and a review of the mental health legislation.

## **2. Medical assistance, medical and functional rehabilitation**

Re-ablement involves a wide range of services, some or all of which will be involved in the life of a person with a disability at one stage of their life or another. For people who have been disabled from birth, the process is not so much one of re-ablement but of “ablement” or enabling. Put simply, re-ablement or enabling is about removing or minimising the barriers encountered by people with disabilities. Barriers may be both physical and attitudinal – both are equally effective in preventing people with disabilities from achieving their potential if they are not challenged.

Services for people with disabilities have the same common objective: to help them to live as fully and independently as possible in the community. Many services aim to be in line with the principles set out in the Prince of Wales Advisory Group/King’s Fund Project Living Options Partnership reports:

- participation in the life of local and national communities;
- recognition that discrimination occurs as a result of the barriers people with disabilities face;
- autonomy is the freedom of people with disabilities to make informed choices and control their own lives;
- partnership between people with disabilities and service agencies to enable them to work together on an equal basis to plan, implement and evaluate services;
- consultation to ensure services meet the needs and choices of all people with disabilities;
- information clearly presented in a way which accessible to all people with disabilities.

In order for a person with a disability to have maximum autonomy, choice and participation in the life of the community, information is needed about the opportunities available. Where more than one agency is involved, careful and integrated assessment and planning of services is required.

In May 1997 the NHS Executive published *Rehabilitation – A Guide*. The guide outlines the principles of re-ablement and gives examples of innovative practice. It also outlines the importance of developing “Healthy Alliances” to achieve co-ordination and effective collaborative working between agencies.

The three main therapy professions are physiotherapy, occupational therapy and speech and language therapy. They work in many different settings in the NHS and with a wide range of client groups. Occupational therapists are also employed by social services departments, with particular emphasis on assessing people’s needs for equipment and home adaptations.

In Scotland there are currently six nationally funded rehabilitation centres. Some satellite wheelchair centres have also been established. The aim of the centres is to contribute to the rehabilitation of people resident in Scotland who have long-term disabilities. The service provides specialist facilities and expertise on the prescription, supply, fitting and maintenance of limbs and gives patients full training in how to use their artificial limbs effectively. In addition, it provides and maintains wheelchairs, including powered indoor/outdoor types, and provides a surgical appliance service for war pensioners. A special seating service for wheelchair users has developed in parallel with the wheelchair service to cater for required modifications to standard wheelchairs. Following a review of the wheelchair and prosthetic services, funding for the services was devolved to local Health Boards with effect from April 1996.

The Rehabilitation Technology Services Advisory Group, consisting of representatives from Health Boards, rehabilitation centres, the Scottish Office Department of Health and users, was established in 1997 to monitor the transition in commissioning arrangements. The Group advises on the commissioning of quality services for the delivery of all types of rehabilitation technology across Scotland and seeks to facilitate the effective funding, co-ordination and dissemination of new developments in these service areas.

### **3. Prostheses, orthoses and technical aids**

The NHS supplies prostheses free of charge from specialist regional centres. Contracts with manufacturers are negotiated by the NHS Supplies Authority.

Orthoses can include simple splints or special shoes, fabric supports and compression hose, through to walking orthoses for paralysed people. There are approximately 800 registered practitioners in the United Kingdom. Of these, some 45% are prosthetists, 35% are orthotists and the other 20% have dual qualifications. 80% of the practitioners are employed by private

firms who are contracted to provide services to the NHS, although some NHS trusts directly employ the orthotist. The most common item provided is footwear, which accounts for more than half of the items supplied.

The NHS Executive issued guidance in September 1995 that suggested how best to meet patients' needs and to obtain value for money in purchasing orthotics services. The British Association of Prosthetists and Orthotists issued guidelines in 1996 on general clinical practice.

Walking aids are provided free on loan by the NHS, sometimes through joint services with social services.

General practitioners (GPs) can prescribe some types of appliances and dressings. Prescription charges will apply to some people.

## **V. EDUCATION**

### **1. Mainstream education and special education**

In the United Kingdom, the current legal basis for the education of pupils with special educational needs in England and Wales is the Education Act 1996. Similar provisions exist in Scotland. Whilst legislative, administrative and structural differences may exist in Northern Ireland, generally speaking policy for people with disabilities is consistent throughout the United Kingdom.

#### ***The Education Act 1996***

The Education Act 1996 gives all children the right of access to the National Curriculum (as did earlier legislation). It also sets out the arrangements for identifying and providing for children with special educational needs in England and Wales. The Act says that a child has special educational needs if he or she has a significantly greater difficulty in learning than the majority of children of the same age or has a disability which prevents or hinders him or her from making use of educational facilities in schools within the local area. Under the terms of the Act it is for schools and local education authorities (LEAs) to identify children with special educational needs, including those whose needs arise from disabilities as defined by the Disability Discrimination Act 1995 ("a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day to day activities").

The Code of Practice on the Identification and Assessment of Special Educational Needs (published in 1994) gives statutory guidance to schools, LEAs, health authorities and social services departments. It sets out a five-stage framework for meeting children's special educational needs, involving parents at every stage. Stages 1 to 3 are school-based. In

general, action at stages 1 and 2 falls entirely to the school; this includes drawing up an Individual Education Plan, which sets targets for the child. At stage 3 the school will normally look for some outside support, from educational psychologists or LEA learning support staff. If the assessment shows that a child needs a statement of the specific educational provision that they should receive at school to meet their special needs, the LEA must make a statement and maintain it. Statements are reviewed annually.

LEAs provide for children with special needs, including those whose level of need is sufficient to warrant a statutory statement of special educational needs, in maintained mainstream and special schools, and in schools run by charitable or independent organisations.

The 1996 Act requires that any child with special educational needs including those with disabilities be educated in mainstream primary and secondary schools if that is what his or her parents wish, providing that this is suitable for the child's needs and consistent with the efficient education of other children and the use of resources. If parents cannot reach agreement with a local authority they can appeal against the local authority's decision to the Special Educational Needs Tribunal established under earlier legislation (Education Act 1993). The overwhelming majority of children receive their education in mainstream schools only about 1% attend special schools.

With regard to Northern Ireland, legislation, which is broadly similar to that applying in England and Wales, is contained in Part II of the Education (Northern Ireland) Order 1996. Most of the provisions, including the setting-up of a Northern Ireland Special Educational Needs Tribunal came into operation on 1 September 1997. The remaining provisions, including the introduction of a Northern Ireland Special Educational Needs Code of Practice and regulations to introduce a time limit on assessment and statementing, came into operation on 1 September 1998.

In Scotland, the main body of legislation governing provision for special educational needs and the arrangements for recording, are contained in the Education (Scotland) Act 1980, as amended, and in Regulations made under that Act. The Scottish Office Circular 4/96 provides advice to education authorities about the statutory arrangements in Scotland for providing for children and young persons with special educational needs and particularly for the undertaking of assessments and the opening of Records of Needs. There is no Special Educational Needs Tribunal system in operation in Scotland, but parents of recorded children and recorded young persons have the right of appeal to the Secretary of State on matters relating to Records of Needs.

***Disability Discrimination Act 1995 (DDA)***

Educational establishments are covered by the employment provisions of the Disability Discrimination Act. The provision of education is excluded from Part III of the Act, which deals with rights of access to goods, facilities and services. However, educational establishments are covered by Part III of the Act in so far as they provide other services on their premises, e.g. conference facilities.

In addition, Part IV of the DDA amended existing education legislation to require publication of information about arrangements for people with disabilities. Governing bodies of maintained schools, except special schools, in England and Wales are required to publish in their annual reports to parents information about their admission arrangements for disabled pupils, the school's access arrangements for such pupils and what the school will do to ensure that pupils with disabilities are not treated less favourably than other pupils. This requirement does not apply to independent schools.

Although Part IV of the DDA does not apply to Northern Ireland, this information requirement applies to all children with special educational needs, not just to pupils with disabilities (Article 8(3) and (4) of the Education (Northern Ireland) Order 1996). In Scotland, in accordance with regulations made under the Education (Scotland) Act 1980, school handbooks must include a statement of each school's policy in relation to pupils with special educational needs, the number of pupils with a Record of Needs and whether the school has a special unit or class.

**2. Education of adults with disabilities****Further education**

The legal framework for modern further education is the Further and Higher Education Act 1992 (FHE Act) in England and Wales. The Disability Discrimination Act (DDA) 1995 made some significant changes.

The FHE Act places a statutory duty on LEAs to provide all types of full-time and part-time further education suitable to the needs of persons over the age of 16 insofar as the Further Education Funding Councils (FEFCs) are not under a duty to provide such education.

Recent legislation has clarified the power of the FEFC to fund provision other than that which is specified under schedule 2 of the FHE Act 1992. The Department for Education and Employment (DfEE) has indicated to the FEFC a need for a modest amount of Council funding to be targeted on adults from groups whose background disadvantaged them. DfEE will consult shortly with FEFC, Local Government Association and others about the exercise

of this power, before providing final guidance to the Council. FEFC has indicated that this new flexibility may be of particular relevance to provision of disabled students and is proposing to fund a number of pilot projects during 1999-2000 targeting disadvantaged groups.

The FHE Act also places a duty on the FEFCs to fund sufficient and adequate facilities for further education in England and Wales. For students aged 16 to 18 studying full time, the duty of sufficiency applies to courses of any kind (e.g. A Levels, GCSEs, vocational courses). For such students who are part time, and all who are 19 or over, adequate provision must be made, but only in respect of courses which are designated in schedule 2 to the FHE Act. Schedule 2 comprises essentially vocational and academic courses. (LEAs are responsible for securing adequate provision for other courses).

The FEFCs have a specific duty to have regard to the needs of students with learning difficulties and/or disabilities when carrying out their responsibilities. A student has a learning difficulty if he or she: “has a significantly greater difficulty in learning than the majority of persons of his or her age, or has a disability which either prevents or hinders the student from making use of facilities generally provided by institutions...for people of his or her age.”

The FEFCs have a further duty under the FHE Act in respect of people with learning difficulties over compulsory school age but under 25, for whom facilities are inadequate within further education colleges. The Councils, if satisfied that it is in the best interests of the student, must fund provision in a specialist institution including, where necessary, boarding accommodation. In 1997/98, some 2000 students (out of a total of nearly 4 million students in further education) were funded, at a cost of £40.7 million. In 1997/98, the average cost of an annual placement at a specialist college was £20,009 per student. Most of these places are residential and the placements are invariably made in the case of those students with the most profound disabilities.

The legislative framework for further education in Northern Ireland is the Further Education (Northern Ireland) Order 1997. This legislation, which gave effect to the incorporation of Northern Ireland's education colleges on 1 April 1998, requires each college to have regard to the needs of persons with learning difficulties and/or disabilities in planning provision.

In Scotland, the legal framework for further education is provided by the Further and Higher Education (Scotland) Act 1992. The DDA 1995 and the Education (Scotland) Act 1996 effected a number of subsequent changes.

The Further and Higher Education (Scotland) Act (FHE(S) Act) charges the Secretary of State for Scotland with the duty to “secure adequate and efficient provision of further education in Scotland”. In discharging this duty, the Secretary of State is required to have specific “regard to the requirements of persons over school age who have learning

difficulties” – a term which is again defined in its broadest sense. In essence, the learning difficulties experienced by a student are seen as being relative to the ease with which their peers learn. Learning difficulties therefore encompass both difficulties in learning *per se*, as well as the barriers to learning which arise, for example, as a consequence of a physical or sensory disability.

Under the Act, independent, incorporated further education colleges deliver the majority of further education provision in Scotland. Colleges are run by their own Board of Management but are funded by the Secretary of State, according to a funding formula which takes account of the relative “weighting” of different subjects.

Boards of Management of further education colleges in Scotland are not covered by Part IV of the DDA which imposes the requirement to produce disability statements. They are, however, required as a condition of grant-in-aid to publish, in their annual reports, statements on provision made for students with learning difficulties.

Both Boards of Management and Scottish FEFC are exempt from Part III of the DDA, on a similar basis to the situation that applies in England.

Boards of Management have a duty to ensure that suitable local provision is made for persons over school age who have learning difficulties and the additional costs involved in such provision are reflected in the funding methodology used. For example, students attending special programmes designed exclusively for those with special educational needs attracted the highest weighting in 1998/99 – 1.8 as against an average weighting for all subjects of 1.00. Students attending other programmes but who require additional help to cope with a physical or sensory difficulty also attract higher weighting – of 1.5, on top of the basic subject weighting for the course being followed. These higher level weightings were established as a result of a review of the funding methodology in December 1997. Further support for students with learning difficulties, for example in covering transport costs, is provided on a discretionary basis through college bursary schemes.

Where a student requires access to facilities that are not available within the further education sector (in the case of those with the most profound disabilities), responsibility for funding and support lies with the relevant local authority. Local authorities should normally seek to put together a wider package of care, drawing on their own bursary schemes to fund attendance at a residential college where appropriate. This will typically entail accessing a suitable institution outside of Scotland.

The Scottish Further Education Funding Council (SFEFC) was established on 1 January 1999 and will have full funding responsibility from 1 July 1999. SFEFC will act on behalf of the Secretary of State to ensure adequate provision of further education and this will include provision for students with learning difficulties.

## **Higher education**

The legal framework for higher education is the Further and Higher Education Act 1992 (FHE Act) in England and Wales.

Unlike schools or further education colleges there are no specialist Higher Education Institutions (HEIs) for students with disabilities in the United Kingdom, so in effect all provision is “mainstreamed”. As bodies independent of Government, HEIs make their own decisions on admissions and are responsible for their own estates, including improving physical access to buildings and providing learning support for students with disabilities where they consider it necessary.

### ***Disability Discrimination Act 1995 (DDA)***

Part IV of the DDA places a duty on Further Education Funding Councils (FEFCs) to require further education sector colleges, as a condition of grant, to publish annual disability statements about the facilities they provide for education in respect of persons with disabilities. Part IV of the DDA also places a duty on local education authorities to publish disability statements, at prescribed intervals, about the provision of facilities for further education they make in respect of persons with disabilities. These have been fully implemented through regulations.

The DDA also imposes new statutory duties on the Higher Education Funding Council for England and Wales to have regard to the needs of students with disabilities and to make it a condition of grant that Higher Education Institutions publish disability statements making clear what facilities the institution offers for those with disabilities. Statements are required every three years, but can be updated annually if there is a significant change in provision. They should describe current policy and provision and future activity and policy development. In Northern Ireland those same duties are applied by way of existing grant conditions legislation.

## **VI. VOCATIONAL GUIDANCE AND TRAINING**

In the United Kingdom, vocational guidance for young people is provided through educational institutions and the Careers Service operating under the terms of the Education Act 1997, the Further and Higher Education Act 1992, the Trade Union and Employment Rights Act 1993 and the Secretary of State’s Requirements and Guidance to Careers Service. The specific organisation or agency involved will depend on a person’s age and particular circumstances.

Individual universities have careers advisory services and within colleges and schools, teachers/lecturers are responsible for careers education and guidance and work closely with other agencies including the Careers Service. The Careers Service provides a vocational (i.e. careers) guidance and placing services for people attending schools and colleges (other than those studying higher education courses in further education colleges and those at higher education institutions) and for those who have recently left. Young people with disabilities remain within the Careers Service client group until they are settled in their career intention. Provision for vocational guidance for adults dates back to the Disabled Persons (Employment) Act of 1944 and also has a legal base in the Employment and Training Act 1973 as amended by the Employment Acts of 1988 and 1989. Section 1 of the 1973 Act enabled the Secretary of State for Employment to make such arrangements as he considers appropriate for the purpose of assisting persons to select, train for, obtain and retain employment suitable for their ages and capacities or of assisting persons to obtain suitable employees. Government provision for vocational guidance for adults with disabilities is provided through the Employment Service. Vocational guidance is also available through private employment agencies and voluntary organisations.

### **1. Assessment of vocational aptitudes**

Local Education Authorities (LEAs) have extensive duties and powers relating to young people with disabilities. They must identify and make a statutory assessment of those children (aged up to 19 if at school) for whom they are responsible who have special educational needs and who may need a statement. If the assessment shows that a child needs a statement of the specific educational provision that they should receive at school to meet their special needs, the LEA must make a statement and maintain it. Statements are reviewed annually. A transition plan is produced at the first annual review after the person's 14<sup>th</sup> birthday. The school must invite the parents, a relevant member of staff, social services department, the Careers Service, anyone specified by the headteacher and anyone else they consider appropriate. The Careers Service is expected to make an input into the transition plan so that all career options, including employment, further education, and vocational training are considered.

### **2. Vocational training**

The legal basis for vocational training (and industrial rehabilitation) also dates back to the Disabled Persons (Employment) Act 1944. Section 2 of that Act gave the Minister power to provide or make arrangements for the provision by other persons of facilities (referred to in the Act as "vocational training courses") for the training of persons with disabilities, not being under the age of 16 years [amended by a 1958 Act to those over compulsory school age], who are in need of training in order to render them competent to undertake employment, or work on their own account, of a kind suited to their age, experience and general qualifications. Section 3 conveyed similar powers in respect of "industrial rehabilitation courses".

Current provision of vocational training also has a legal base in the Employment and Training Act 1973 as amended by the Employment Acts 1988 and 1989. The present arrangements allow for government funded vocational training programmes to be provided through agreements with Training and Enterprise Councils (TECs) in England for adults and young people, including those with disabilities. TECs in Wales, local enterprise companies in Scotland and the Training and Employment Agency in Northern Ireland operate under separate arrangements, which are the responsibility of the Secretaries of State for those countries. The majority of people with disabilities receiving government funded vocational training are on mainstream training programmes. TECs are also able to provide local training for people with severe disabilities. In addition the government funds some 960 places in 15 residential training colleges.

Facilities provided by employment agencies or under section 2 of the Employment and Training Act 1973 are covered by Part III of the Disability Discrimination Act 1995, which deals with discrimination in relation to the provision of goods, facilities and services and also discrimination in relation to premises. This covers the provision of vocational training by TECs.

### ***Training and Enterprise Councils***

Since 1990/1, vocational training has been provided by Training and Enterprise Councils (TECs) in England and Wales, and by local enterprise councils in Scotland, under contract with the Government. TECs in England contract with the Secretaries of State for Education and Employment, the Environment, and Trade and Industry. TECs in Wales contract with the Secretary of State for Wales. In Scotland, responsibility for training rests with Highlander and Islands Enterprise and Scottish Enterprise through the local enterprise council network.

TECs and local enterprise councils are independent, employer-led companies. They are responsible for delivering the Government's training programme for unemployed people and for ensuring their local training needs are targeted and met. They have a contractual obligation to provide high quality training for people with disabilities and other special needs.

## **VII. EMPLOYMENT**

### **1. Principles**

United Kingdom policy is to pursue equality of opportunity in the labour market and to encourage and assist people with disabilities who are able to work to do so. The Employment and Training Act of 1973, as amended by the Employment Acts of 1988 and 1989, provides the statutory basis for the Secretary of State for Education and Employment to provide services to help people with disabilities prepare for, train for, select and obtain suitable employment. These services are provided through the Employment Service (ES), an executive agency of the Department for Education and Employment. The majority of people

with disabilities using ES services are provided for through mainstream Jobcentre services, supported by ES's policy of priority for people with disabilities on their mainstream programmes. Specialist help for those people who have more complex employment problems related to disability is provided through Disability Employment Advisers (DEAs), who are part of Disability Service Teams. They offer a comprehensive assessment, vocational guidance, counselling and placing service, and access to a range of special programmes including work preparation and the Access to Work programme (which provides help to overcome the barriers to employment through, for example, the provision of and adaptations to equipment, adaptations to premises, support workers etc.) They also provide access to the supported employment programme for people with severe disabilities (see below). ES specialist disability services also have a major role in working with employers to promote the recruitment, training and retention of people with disabilities.

In Northern Ireland, the Disabled Persons (Employment) Acts (Northern Ireland) 1945 and 1960 as amended contain similar provisions to the Disabled Persons (Employment) Acts of 1944 and 1958 (which applies to Great Britain) and service is provided by the Training and Employment Agency.

## **2. Employment in an ordinary working environment**

Part II of the Disability Discrimination Act (DDA) 1995 introduced new employment rights for people with disabilities. From December 1996 it has been unlawful for an employer with 20 or more employees (reduced to 15 from December 1998) to discriminate against current or prospective employees with disabilities in any area of employment. Discrimination means treating a person with a disability less favourably for a reason relating to the disability, without justification, than others. It also means not making a reasonable adjustment without justification. (A justification must be both material to the particular circumstances and substantial.) Discriminatory actions of employees or agents of an employer can also make the employer liable.

All areas of employment are affected including recruitment the terms and conditions of service induction arrangements opportunities for promotion, training and transfer occupational pensions and dismissal. For instance, the duty on recruitment extends to such matters as application forms, the selection process and the terms of employment offered. Employers must also consider carefully what they say in advertisements to avoid any suggestion of discrimination as it could be taken into account in tribunal proceedings.

The DDA places a duty on employers to make reasonable adjustments to remove or reduce any substantial disadvantage which a physical feature of their premises or their employment arrangements causes an employee or job applicant with a disability compared to a non-disabled person. Among other things, fixtures, fittings, furniture and any feature arising from a building's design, construction of access count as a physical feature. Employment arrangements include those for determining to whom employment should be offered, and any

term, condition or arrangement on which employment, promotion, transfer, training or any other benefit is offered or provided. If a person with a disability cannot do a particular job because of his or her disability, even with a reasonable adjustment, there is no compulsion on the employer to employ them.

People who consider that they have been discriminated against within the terms of the Act can make a complaint to an employment tribunal.

The Advisory Committee for Disabled People on Employment and Training (ACDET) advises the Secretary of State for Employment on matters related to the employment and training of people with disabilities at national level. At regional level, seven consulting groups work in partnership with the Employment Service locally and regionally to promote the employment of people with disabilities and the services the Employment Service provides to people with disabilities and employers.

### **3. Sheltered employment**

The Supported Employment Programme (SEP) provides employment for over 22,000 people with severe disabilities who are unable to secure and retain work without support but who are able to make an effective contribution to the employing organisation.

The SEP helps people with severe disabilities to get and retain work. The Employment Service contracts with over 230 local authority and voluntary body organisations and Remploy Ltd, to provide jobs in supported factory workshops, or increasingly on placement within mainstream employment, with an employer.

The value of the programme lies in its ability to provide the person with a severe disability with the opportunity to reach their potential, working alongside non-disabled colleagues. The employer benefits from having an individual who is keen to show their ability and contribute to the performance of the employing organisation. The budget for the programme (1998/99) is approximately £155 million; this includes £94.2 million for Remploy Ltd.

## **VIII. SOCIAL INTEGRATION AND ENVIRONMENT**

### **1. Accessibility**

#### ***Disability Discrimination Act 1995 (DDA)***

Part III of the Disability Discrimination Act 1995 makes it unlawful for a provider of services to discriminate against a person with a disability in:

- refusing to provide or deliberately not providing to the person with a disability any service which he or she provides, or is prepared to provide, to the general public;
- failing to comply with the duty imposed by the Act to make a reasonable adjustment if that failure makes it impossible or unreasonably difficult for the person with a disability to use any such service;
- the standard of service provided to the person with a disability or the manner in which it is provided;
- the terms on which the service is provided.

For the purposes of the Act, services include the provision of goods or facilities.

A service provider discriminates against a person with a disability if, for a reason which relates to that person's disability, he/she treats him/her less favourably than he/she treats or would treat others to whom that reason would not apply and cannot show that the treatment in question is justified or fails to comply with the duty to make an adjustment and cannot show that the failure to comply was justified.

However, the Act recognises that less favourable treatment may sometimes be justifiable because a disability can affect the ability to use a service. A service provider would not be obliged to serve a person with a disability in certain limited circumstances, for example:

- where doing so would pose a danger to the health or safety of any person including the person with a disability;
- where doing so would prevent the service being offered to members of the public;
- where the person with a disability is not able to enter into an enforceable agreement;
- where the differences in terms of providing the service reflects the greater cost of providing the service to a person with a disability.

Implementation has been phased. Since 2 December 1996 service providers have had a duty not to discriminate against people with disabilities. The duty applies to people who provide services to the public however small their business. Service providers should not: refuse service provide a worse standard of service, or offer service on worse terms. Similar duties apply to those selling or letting premises.

From October 1999, service providers will have to take reasonable steps to:

- change any practice, policy or procedure which makes it impossible or unreasonably difficult for people with disabilities to use a service (for example, a restaurant would have to waive a "no dogs" policy for blind customers accompanied by their guide dogs);

- provide an auxiliary aid or service which would enable people with disabilities to use a service (for example, a bank may have to provide an induction loop for customers with a hearing impairment); and
- overcome physical barriers which make it impossible or unreasonably difficult for people with disabilities to use a service by providing the service by a reasonable alternative method (such as visiting a customer with a disability at home).

From 2004, service providers will also have to consider tackling physical barriers by either: removing them altering them (for example, by replacing steps with a ramp or widening a doorway) or providing a reasonable means of avoiding them (such as allowing access through an alternative entrance).

Part III of the Act also applies to premises. From 2 December 1996 it has been unlawful to discriminate against a person with a disability for a reason related to their disability in respect of the sale, letting or management of land or property. The provision covers, for example, estate agents, accommodation agents, councils, housing associations, hostel owners, private landlords, property developers, property management agencies, property investment companies, and institutions, banks and building societies. Owner-occupiers are also included if they use an estate agent or advertise their property.

### ***Part M of the Building Regulations***

The statutory requirements in Schedule 1, Part M, of the Building Regulations 1991 are:

- to make reasonable provision for people with disabilities to gain access to and use buildings;
- if sanitary conveniences are provided, reasonable provision shall be made for people with disabilities;
- if a building contains audience or spectator seating, reasonable provision shall be made to accommodate people with disabilities.

These requirements apply to new buildings and extensions including a ground storey. They do not apply to housing or alterations, although from October 1999 the requirements of Part M will be extended to all new housing with the aim of enabling people with disabilities to visit their friends and relatives and for older people to remain in their own homes longer.

The statutory requirements are supported by a Part M Approved Document which provides guidance on how those requirements might be met. Applications that follow the Approved Document are taken as meeting the requirements but applicants may also offer alternative solutions where they can demonstrate compliance.

Neither the statutory requirements nor the Approved Document are intended to be comprehensive. As with other aspects of Building Regulations, they establish a reasonable level of provision which ensures the design and structure of the building enables people with disabilities to gain access and to use the building. Further design details, not subject to regulation, will depend on the use of the building and the types of disability expected to be encountered.

The regulations cover those with mobility difficulties, impaired hearing and impaired sight.

Interpretation and enforcement of the Building Regulations is the statutory responsibility of local authorities through their Building Control Offices, although building control approvals may be given by either local authorities or private sector Approved Inspectors.

The amendment regulations and revised Approved Document require all new housing to include the following features from 1999:

- level entry to one entrance to the dwelling;
- an entrance door wide enough for wheelchair access;
- WC provision on the entrance storey;
- adequate circulation and wider doors within the entrance storey;
- switches and socket outlets at appropriate heights from floor level;
- level or gently sloping approach from car parking space to the dwelling, or where this is not possible, easy going steps, but not a stepped ramp;
- minimum lift capacity and dimensions where a lift is provided in flats;
- where a lift is not provided, the stairs to be designed to suit the ambulant disabled.

## **2. Transport**

The United Kingdom Government is committed to comprehensive and enforceable civil rights for people with disabilities. Accessible public transport, within the framework of an integrated transport policy, is fundamentally important to delivering that commitment.

### ***Disability Discrimination Act (1995) DDA***

Arguably the most significant piece of legislation affecting the provision of transport services, this Act gives powers to the Secretary of State to make ‘accessibility regulations’ for licensed taxis, buses and coaches, and trains (including trams and underground trains).

Transport infrastructure (stations, airports, ports, bus stations etc.) is covered in Part III of the Act which deals with rights of access to goods and services. Those same provisions also apply to other public buildings and services, for example shops and banks.

The ‘accessibility regulations’ will specify construction standards and will ensure that vehicles are accessible to people with disabilities generally, including those who need to travel in a wheelchair. They will also ensure that people with disabilities can travel in safety and reasonable comfort.

Regulations covering rail vehicles came into effect on 1 November 1998 and apply to all new rolling stock introduced after 31 December 1998. The regulations for buses and coaches, and for taxis, have yet to be finalised and further consultation is taking place in 1999. The Disabled Persons Transport Advisory Committee is playing a key role in shaping the regulations and in advising Government on exemptions.

The United Kingdom Government is not making funds available to meet the costs of compliance. But before making any regulations, full compliance cost assessments are produced to ensure that any changes do not impose unacceptable financial burdens on the transport industries affected.

Criminal sanctions are provided in the Act to deal with operators who use vehicles in service which do not comply with the regulations. Ultimately, people with disabilities will have the power to take legal action against those who fail to comply, but there are other regulators who will be used to ensure that, at least, when the vehicles are first introduced, they fully comply with the regulations: for example local licensing authorities in the case of taxis and the Railway Inspectorate in the case of rail vehicles.

There are several other Parliamentary Acts in the transport field which have recognised the needs of people with disabilities. In brief, their provisions are as follows:

***The Disabled Persons Act 1981***

This Act imposes on local authorities a duty to “have regard” to the needs of disabled and blind people in executing works in the pedestrian environment.

There is no “requirement” for positive action in this area, local authorities must simply demonstrate that they have considered the needs of people with disabilities. No financial provision is made but many local authorities, with advice from central government, are now providing features specifically designed to assist people with disabilities, e.g. the provision of dropped kerbs and tactile paving at pedestrian crossing points.

***London Regional Transport Act 1984***

This requires London Transport (LT) to “have regard” to the needs of people with disabilities in operating or securing public transport services. No financial provision is made but LT has established a Unit for Disabled Passengers which is responsible for co-ordinating LT’s activities in this area and for promoting new initiatives and services for people with disabilities.

***Transport Act 1985***

Section 63(8) has the same effect as the provisions of the London Regional Transport Act in placing a duty on local authorities to have regard to the needs of people with disabilities. Section 106 provides them with powers to make grants available for the provision of transport services that meet the travel needs of people with disabilities. Some authorities have used those powers to offset the costs to operators of providing adaptations to buses and taxis.

Section 125 establishes the Disabled Persons Transport Advisory Committee, who are the government’s statutory advisers on disability issues. By law, 50% of the Committee’s members must be people with disabilities. The Committee was set up in 1986. It has provided the government with advice on a wide range of issues, from parking concessions for people with severe disabilities to the design of accessible buses.

***New Roads and Street Works Act 1991***

Section 36 specifically exempts from tolls on new roads certain vehicles used by or on behalf of people with disabilities which are also exempt from Vehicle Excise Duty (United Kingdom road tax). This exemption applies to people in receipt of certain state benefits which are payable to those who are unable or virtually unable to walk. This provision has not yet been used since no new roads have been built to which it would apply.

Other sections of the Act place a duty on utilities – gas, electricity and telecommunication companies – to carry out reinstatement following street works, including the final reinstatement which must be carried out within six months of the completion of the works. The Act has also introduced a requirement for the reinstallation of facilities for people with disabilities, for example, tactile surfaces at pedestrian crossing points.

Other features of the legislation and associated regulations include inspections of reinstatements to ensure that they meet the necessary standards; and a duty on utilities to sign, guard and light works in accordance with standards set out in a Code of Practice.

The Act has significantly improved the guarding and reinstatement of street works. The provisions of the Act allow local authorities to charge utilities for failure to meet the requirements.

### ***Road Traffic Act 1991***

Section 51 places a duty on the Traffic Director for London to consult the Disabled Persons Transport Advisory Committee before issuing traffic management guidance.

Sections 54 and 56 place a similar duty on that office to consult with “organisations representing the interests of people with a disability” in preparing local plans and trunk road local plans.

The Traffic Director for London is responsible for traffic management in London. The Traffic Director has used his powers in relation to people with disabilities to improve crossing points, with the installation of dropped kerbs and tactile paving; to create parking spaces for orange badge holders (people with disabilities with severe mobility difficulties) along “red routes”, where stopping and parking is prohibited, etc.

### ***Railways Act 1993***

This Act, which provided the legal base for privatisation of British Railways, contains certain provisions relating to people with disabilities.

All operators of passenger rail services or stations are required to have regard to the needs of people with disabilities as a condition of being granted a licence to operate. The Regulator, who is responsible for issuing licences, polices this requirement.

The Act also requires the Regulator to produce, publish and encourage the use of a Code of Practice for protecting the interests of passengers with disabilities. The specifications in the Code of Practice are not mandatory but provide a reference point for new operators, who are also required to submit their own Codes of Practice for approval by the Regulator in accordance with the requirements of their operators’ licences.

Finally the Act places an obligation on the Franchising Director to require, through franchise agreements, participation in discount fare schemes for people with disabilities.

There is also a range of regulations affecting the mobility of people with disabilities:

The Use of Invalid Carriages on Highways Regulations 1988 introduced a new type of invalid carriage (powered vehicle) for use by people with disabilities on the footway and on the carriageway. These new vehicles opened up opportunities for local mobility for many elderly and disabled people who wish to purchase one of these vehicles.

The Disabled Persons (Badges for Motor Vehicles) (Amendment) Regulations 1991 and The Local Authorities' Traffic Orders (Exemption for Disabled Persons) (England and Wales) (Amendment) Regulations 1991 cover the operation of the Orange Badge scheme. The Scheme provides parking concessions for severely disabled and blind people who display a special badge on their vehicles. It operates throughout England (with certain exceptions in central London), Scotland and Wales.

### **3. Housing**

The Disabled Facilities Grant (DFG), part of the house renovation grant system, plays an important role by helping with house adaptations to enable people with disabilities to remain in their homes and to live there as independently as possible. There are no restrictions on who may apply for a DFG or on which tenancies are available. Local authority tenants are also eligible.

Under the Housing Grants, Construction and Regeneration Act 1996, a mandatory grant is available up to £20,000 for essential adaptations to provide better access into and around the home and to suitably adapt essential facilities within the home. A grant is discretionary for other works to make a dwelling suitable for the accommodation, welfare or employment of the occupant with a disability.

Housing authorities, which administer the scheme, are required to consult welfare authorities on whether the proposed works are necessary and appropriate.

Means testing applicants ensures that grant resources are targeted on the most needy. Most applicants receive a full or substantial grant. During the financial year 1997/8, local authorities approved 24,000 DFGs at a cost of over £98million in public expenditure. The average amount awarded in 1997/8 was over £4,100 per application.

All people with disabilities are eligible for the discretionary Home Repair Assistance grant, payable up to £2,000 (or £4,000 over a three year period) to help with small repairs, improvements and adaptations to the home.

The Department of the Environment, Transport and the Regions (DETR) and the Department of Health are keen to foster a cohesive approach to adapting the homes of people with disabilities. DETR has therefore issued guidance to authorities stressing the need for housing and social services authorities to develop good working practices to ensure that people with disabilities seeking help receive the best possible service.

#### **4. Technical aids**

The Government's overall objective in providing equipment to older and disabled persons is to help them live as fully and independently as possible.

The provision of equipment by the National Health Service (NHS) and by social service authorities (which are part of local government) forms an important part of community care for people with disabilities. In some areas services are run jointly by these agencies. Most equipment is provided on loan. The Department of Health funded an initiative by the Disabled Living Centres Council to produce good practice guidelines on the delivery of equipment services, which were published in 1998. These included messages about informing users and consulting them about the planning of services. The Department also provides funding to other voluntary organisations in this field, which represent the interests of users.

Under section 2(1)(e) of the Chronically Sick and Disabled Persons Act 1970, when a local authority decides that a person within its area needs an item of equipment "to provide for his/her greater safety, comfort or convenience" and that that need cannot be met from another source, the authority has a duty to arrange for the equipment to be provided. Local authorities have a discretion to decide what charges (if any) to levy for such non-residential services, provided they do not charge more than is reasonable for the service user to pay. Charging practice for equipment services varies throughout the country.

Equipment supplied by social services includes daily living equipment, such as kitchen gadgets and bath seats, minor housing adaptations, alarm systems and specialist equipment for people with sensory impairments.

Under Section 3(1) of the NHS Act 1977, items which are needed for the prevention of illness, the caring of people suffering from illness and the after-care of persons who have suffered from illness, may be provided through the NHS. Most items are free of charge.

The NHS supplies wheelchairs on loan through local wheelchair services. In February 1996 the then Government announced that an additional £50million was being made available to NHS wheelchair services in England over the next four years for the provision of electrically powered indoor outdoor wheelchairs (EPIOCs) for people with severe disabilities who could benefit from them and for the introduction of a voucher scheme to give users more choice over the types of manually operated chairs available to them. Detailed guidance on both the EPIOCs and the voucher scheme was issued to the NHS in 1996.

The voucher scheme allows users to be given a voucher to the value of the wheelchair the NHS would provide for them and use this towards the cost of a more expensive wheelchair. The user takes on full responsibility for the more expensive wheelchair. Alternatively they

can use the voucher to obtain a more expensive NHS wheelchair which will be maintained for them in return for their paying the additional initial cost. All wheelchair services now have EPIOC provision in place.

The NHS also supplies environmental control installations to people with severe disabilities according to national guidance and through a regionally co-ordinated service. National guidance lays out the preferred arrangements for assessment (by a consultant in rehabilitation with appropriate multidisciplinary support) and the range of equipment which may be provided. This includes facilities for door entry, telephone use, alarms, and the control of electrical appliances such as televisions and lighting. A national Commodity Advisory Group advises the NHS Supplies Authority on the ongoing development of the specification for national supply and installation contracts. The NHS will look to local authority social services to assist in the provision of housing adaptations, which may be necessary to facilitate the use of an environmental control installation.

## **5. Communication**

Social Services authorities supply telephones, often specially adapted, for older and disabled persons with a wide range of disabilities and sensory impairments. In some cases they also subsidise the line rental.

The NHS hearing aid service provides free hearing aids, batteries, testing, fitting and servicing to users who are referred by General Practitioners.

Policy on the supply of communication aids has developed through custom and practice rather than through central policy direction on precise areas of responsibility. However, these are generally provided by the National Health Service to a wide range of children and adults with speech impairments arising from conditions of infancy or disorders acquired in adulthood, such as neurological disease, brain damage or malignancies.

Need is identified through speech and language therapy services in each Health Authority area. These services may provide devices or refer patients with more complex needs to a number of regional specialist Communication Aids Centres. These centres will provide expert assessment and advice and will often loan patients equipment for a trial period. Recommendations on appropriate communication devices will be made back to the referring agency.

Local education authorities also make provision for communication aids for children in school to enable them to participate fully in the education process. Provision may also be made by local authority social services.

The United Kingdom market for communication aids is currently in the order of £3.7 million per annum. Statutory agency expenditure amounts to:

- National Health Services      £1.7million
- LA Education Authorities      £0.6million
- LA Social Services              £0.4million

## **6. Sport**

The English Sports Council (ESC) promotes mainstreaming, which is about integrating able bodied and disability sports organisations and is working to change the culture and structure of sport to ensure that all sports providers offer a wide range of opportunities for people with disabilities. ESC believes opportunities should be provided for people with disabilities to be consulted, represented and employed at all levels of sport.

ESC acknowledges the differing sporting needs of people with physical, sensory, mental and multiple disabilities and the role of the many different organisations in the field; it is working to ensure equality of opportunity for people with disabilities by:

- raising the profile of people with disabilities generally and within mainstream sport;
- providing opportunities for people with disabilities to become actively involved and to reach their full potential at all levels of sport and recreation;
- improving access to sport and recreation both in terms of facilities and programme content.

The English Federation of Disability Sport established A Disability Task Force in 1996, with a remit to produce recommendations on “The Mainstreaming of Disability Sport” by 2000. The Task Force has now reverted to an Advisory Group which advises the ESC on matters related to disabled sport and makes recommendations as to the future structure of disabled sport within England.

In June 1997 consensus was reached between the ESC and all disability sports organisations on implementing a sports structure for people with disabilities. The driving force behind this work will be the English Federation of Disability Sport which will serve as a “first stop shop” providing information and advice at regional and national level. A Disability Service Team has been established and an audit of work progressed, ten regional managers are now in post and action plans for regional federations have been agreed and implemented.

Mainstreaming disability sport will place more responsibility on the National Governing Bodies (NGBs) of each sport. Service teams from the ESC are working closely with governing bodies to ensure that they are suitably trained and resourced to take up these responsibilities.

In November 1996 The Sports Council published its guidelines on the World Class Performance Programme. These directions include the obligation that:

“National Governing Bodies will be required to accept responsibility for integrating the training and preparation of the most talented disabled sportsmen and women into their overall programmes. The English Sports Council’s Development Unit and the British Paralympic Association will help to support and co-ordinate this process.”

By ensuring the inclusion of people with disabilities within NGB programmes, the Lottery World Class Performance Programme (to be followed by other Lottery programmes) has provided an unrivalled opportunity to push many aspects of disability sports into the mainstream. To ensure that the very high standards of success already reached by athletes with disabilities is maintained, disability sports organisations will need to provide National Governing Bodies with a support structure which makes available the necessary expertise and experience.

The ESC has just completed a feasibility study on sports participation by people with disabilities. The outcomes from the study will shape a full survey planned for 1999/2000.

Facility providers must ensure that their design is fit for purpose and attractive to all users. ESC offers practical advice on issues surrounding project development and best practice in management.

## **7. Leisure time and cultural activities**

One of the Department of Culture, Media and Sport’s principle aims is to widen the range of people who have access to its areas of interest and who are able to participate actively in them. This includes looking at ways in which enjoying art galleries, theatre, cinemas, museums and other attractions can be made easier for people with disabilities and ensuring that the arts are as available to this sector of the population as to others, whether as audiences, consumers, employers, employees, practitioners or participants. It is vital that the needs of people with disabilities are considered integrally in the work and operation of arts organisations and venues.

Specific initiatives include the following:.

### ***Arts Council Initiatives***

In March 1998 the Arts Council of England (ACE) published *Beyond Barriers*, a consultation paper on arts and disability. A revised version, following the consultation exercise, is due to be published. The paper was written following seminars with Regional Arts Boards to discuss the Disability Discrimination Act and to identify the policies, practices and procedures that legislation and developing arts practices require. A major issue that emerged was the lack of educational and training opportunities for people with disabilities in the arts. It believes that disability equality training as part of in-service training for teachers is essential.

ACE's Apprenticeship Scheme (set up in 1993) exemplifies the aims of the Government's New Deal for Disabled People, as it provides training leading to long-term employment for people with disabilities in the arts. In July 1998 ten people with disabilities had completed apprenticeships and were employed in a range of jobs – administrative, technical, managerial, creative and educational. Access to work is an important part of the scheme; its Placing, Assessment and Counselling Teams (PACTs) assess an individual's needs and arrange for the necessary support. ACE believes that the Apprenticeship Scheme is a success that should be expanded and developed nationally. It has sought government funding for this.

In common with other lottery distributors, ACE is instructed in the Secretary of State for Culture, Media and Sport's directions to ensure that people with physical or other disabilities are able to benefit from lottery funds in the same way as others in the community. ACE's Lottery Access and Disability Mission Statement states that "Every grant should benefit people with disabilities". ACE hope to build on the good practice which it has so far established through the changed Arts Council and its integrated revenue and lottery funding streams.

Lottery funding can also be used to help people with disabilities use buildings. Policy directions require lottery distributors which fund large building projects to ensure that access to existing facilities which receive lottery funding is as wide as possible.

### ***Victoria & Albert Museum***

The Victoria & Albert Museum (V&A)'s performance targets for 1999/2000 are building on previous achievements, particularly in attracting to the museum people with disabilities. The museum now has a range of facilities for people with disabilities which assist with providing both physical and intellectual access. These include signed tours for those with hearing impairments, audio tours for those with sight difficulties and assistance for those who need wheelchair access. The redevelopment of the British Galleries includes a lift for wheelchair users which means that they will have easy access to all parts of the South Kensington site by

the end of 2001. Whenever galleries are refurbished, due recognition will be given to users with disabilities in information provision (e.g. height of labels, large print, braille). The V & A will ensure that it implements relevant provisions of the Disability Discrimination Act 1995.

The education department at V & A South Kensington has successfully run outreach programmes targeted at, among others, people with disabilities. The department intends to build upon these successes and to carry out research to identify new target groups and new programmes to be delivered on and off site. Outreach programmes are significant contributors to broadening and increasing access overall.

## **IX. SOCIAL, ECONOMIC AND LEGAL PROTECTION**

### **1. Scope and principles**

#### ***The Disability Discrimination Act (DDA) 1995***

The DDA affords protection to people with disabilities in a range of areas including employment, access to goods, facilities and services, and the management, buying or renting of land or property. In addition, the DDA requires schools, colleges and universities to provide information for people with disabilities, allows the Government to set minimum standards to assist people with disabilities to use public transport and set up the National Disability Council to advise the government on eliminating discrimination against people with disabilities.

The DDA defines a person with a disability as one with a physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day to day activities. People who have had a disability in the past are also covered.

The employment provisions in Part II of the DDA (which came into force on 2 December 1996) are described in section VII. Employment rights under the DDA are enforceable by application to employment tribunals.

Trade organisations (trade unions, professional, trade and employer's organisations) also have duties under the DDA: not to discriminate against, and to make reasonable adjustments for, potential and existing members. Trade organisations are not yet subject to the duty of reasonable adjustment. The duty to make reasonable adjustments to any arrangements they might make should come into force in October 1999. The duty to make reasonable adjustments to premises is likely to be introduced to coincide with the full implementation of access rights in 2004.

The access provisions (Part III) of the DDA are described in Section VIII. People who consider that they have been discriminated under the terms of Part III of the Act can pursue a complaint through the Courts.

### ***Civil Rights for People with Disabilities***

The United Kingdom Government is committed to supporting comprehensive and enforceable civil rights for people with disabilities. Whilst the DDA provides individuals with some worthwhile protection and places substantial duties on many employers, the Act has significant limitations as it is neither comprehensive nor enforceable. The government has therefore established a Disability Rights Task Force to consider how best to secure comprehensive, enforceable civil rights for people with disabilities within the context of our wider society, and to make recommendations on the role and functions of a Disability Rights Commission (DRC). The Task Force's recommendations on the latter were reflected in the government's proposals to introduce a Disability Rights Commission (see below). The Task Force is expected to provide a full report of its recommendations on wider issues by July 1999.

The Disability Rights Task Force's recommendations on a Disability Rights Commission formed the basis of the White Paper Promoting the rights of people with disabilities: Creating a Disability Rights Commission fit for the 21<sup>st</sup> Century, which was published on 21 July 1998 for consultation. A Disability Rights Commission Bill was introduced in the House of Lords on 3 December 1998. It is the intention, if "Royal Assent" is received by summer 1999, to have a DRC set up in spring 2000.

## **2. Economic and social security**

The government believes that work is the best form of welfare for people of working age and is committed to improving opportunities and incentives for people with disabilities who want to work, whilst providing appropriate support for those who cannot. Under the New Deal for Disabled People, £195million has been set aside from the Windfall Tax to fund a programme improving opportunities for people with disabilities who want to move or stay in work. One key element of the New Deal will involve funding a number of innovative schemes to test ways of helping people who want to work.

The government is committed to the principle of providing special allowances to help with the extra costs of disability. Disability Living Allowance (DLA) can be claimed by people with severe disabilities aged under 65 who have care or mobility needs arising from their disabilities. Attendance Allowance (AA) can be claimed by those who have care needs arising at or after age 65. These benefits are payable irrespective of whether the claimant is undergoing training, working, or unable to work.

It is intended to maintain DLA and AA as universal, national benefits for those who meet the entitlement conditions, and to develop clearer gateways to these benefits in consultation with people with disabilities. Help with mobility is to be extended to 3 and 4 year-old children with severe disabilities. In addition, there is to be a Disability Income Guarantee giving more money to poorest adults with severe disabilities under 60 and children with the highest care needs.

Disability Working Allowance (DWA) is designed to help people with an illness or disability who have limited earning capacity to make the transition into work if they want to do so. From October 1999 a new Disabled Person's Tax Credit will replace DWA. This will be more generous than the benefit it replaces, with increases in the thresholds and reductions in the income taper, so that help is extended further up the income scale and reduces more gradually as income increases.

Severe Disablement Allowance (SDA) provides income for people who have not paid enough National Insurance Contributions to qualify for Incapacity Benefit. People may continue to receive SDA whilst attending a training or rehabilitation course as long as no training allowance is payable.

There are special linking provisions for those claimants who leave SDA and who within eight weeks undertake training schemes such as Training for Work schemes administered by Employment Services, and training of 16 hours or more a week which is for the main purpose of learning occupational or vocational skills or claim DWA. If the training for work ends or the DWA claimant's employment ends and they have to re-claim SDA and their new claim starts the day after their training or employment ends and this date is within two years of the end of their previous SDA claim, they will receive the benefit payable before they took up employment.

There is also a provision which is intended to allow a person to undertake some work, under medical advice, where this will help improve their medical condition and so increase their chances of returning to full time employment. This type of work is often referred to as therapeutic work. SDA is intended for those people who are incapable of work and work done whilst in receipt of benefit should be consistent with this principle. To this end an earnings limit is imposed, currently £48.00 per week, and a limit of the hours a person is allowed to perform therapeutic work. The current limit of 16 hours per week corresponds to the minimum hours that must be worked to qualify for in work benefits, such as DWA.

### **3. Legal protection**

#### ***Vulnerable Witnesses***

The government has established an interdepartmental working group to conduct a wide-ranging review of the criminal justice system, which has identified measures to provide

greater protection for vulnerable and intimidated witnesses and victims. This includes children and people with mental or physical disorder or disability which is likely to affect the quality of their evidence, to enable them to give their best evidence in court.

The working group's report, *Speaking up for Justice*, was published for consultation by the Home Secretary on 10 June 1998. This report made 78 recommendations, some of which require legislation. The Youth Justice and Criminal Evidence Bill was announced on 3 December. The Bill will make available a range of measures to help vulnerable witnesses give evidence in criminal trials. These will include:

- screening from the defendant;
- giving evidence by live television link;
- video-recorded evidence;
- interpreters and communication aids;
- reforming the law on the competence of witnesses to give evidence.

Other recommendations made in the report are being taken forward by an interdepartmental steering group.

### ***Mental incapacity***

In December 1997 the Lord Chancellor published a consultation paper entitled *Who Decides: Making Decisions on behalf of Mentally Incapacitated Adults*. The Government was concerned that the current law affords little protection, either to mentally incapacitated adults or to those who care for them, and is confusing and fragmented. Many carers are expected to make decisions on behalf of incapacitated adults without a clear idea as to the legal authority for those decisions.

The consultation paper is closely based on the Law Commission's Report on Mental Incapacity, which was published in 1995. The Law Commission proposed that the existing legal provisions for decision making on behalf of mentally incapacitated adults should be clarified.

The consultation paper sought views on the full range of the Law Commission's proposals, including the following:

- the test of "capacity", including the proposal that there should be a presumption against lack of capacity, allowing the individual maximum decision-making powers;
- that anything done should be in that person's "best interests"; views were sought on the proposed guidance for deciding what is in a person's best interests, who should be consulted in doing so and how to resolve differences of opinion;

- the “general authority to act reasonably”, which aims to set out a legal context for the informal day to day decisions which are made by carers or families;
- that advance statements about health care (whereby people can plan ahead by expressing their wishes concerning medical treatment in anticipation of a time when they have lost capacity to consent to or refuse medical treatment) should be placed on a statutory basis;
- that certain types of serious medical procedure should be subject to additional independent supervision in order to protect the best interests of the incapacitated person;
- a Continuing Power of Attorney should enable a person with capacity to set out instructions with regard to decisions they wish to be made and the person they wish to make them at a time when they might subsequently lose capacity;
- a single court jurisdiction to be set up to deal with finance, health care and personal welfare decisions.

In Scotland, the Government proposes to make the following changes to Scottish law governing decision making for mentally incapacitated adults:

- establish a series of basic principles underlying intervention in the affairs of an incapable adult;
- expand the current office of the Accountant of Court to form a new office of public guardian, who would maintain public registers of attorneys acting for incapable adults and people authorised by court to take decisions on behalf of such an adult;
- provide that powers of attorney may continue when the grantor subsequently becomes incapable, if the grantor expressly so wishes;
- introduce a scheme intended particularly for carers in domestic settings to have access to funds from the bank accounts of incapable adults, in order to meet daily living expenses;
- allow registration and inspection authorities in local authorities and health boards to authorise managers of residential establishments to manage the funds of residents who are incapable of so doing, up to prescribed limits;
- reform completely the concept of guardianship in the Mental Health (Scotland) Act 1984, to provide for a broader and more flexible one of intervention orders and longer term guardianship, with appropriate welfare or financial powers, as ordered by the court.

Decisions are also being considered on various recommendations on medical treatment, research and advance statements.

## **4. Social services**

### ***Policy***

The government's policies for social services are set out in the White Paper *Modernising Social Services: promoting independence, improving protection, raising standards*, published on 30 November 1998. The White Paper makes clear the government's commitment to promoting the independence of service users. The national objectives set by the White Paper for adult services include the following:

- to promote the independence of adults assessed as needing social care support arranged by the local authority, respecting their dignity and furthering their social and economic participation;
- to enable adults assessed as needing social care support to live as safe, full and normal a life as possible, in their own homes wherever feasible.

The government's policies for people with mental health problems are set out in the strategy document *Modernising Mental Health Services*, published on 8 December 1998. This describes a vision of local authorities and NHS bodies working together to deliver a full range of available and accessible mental health services according to need.

### ***Main legislation***

Section 29 of the National Assistance Act 1948 gives social services power to promote the welfare of adults with disabilities. A Direction made under section 29 requires authorities to maintain registers of disabled adults in their areas.

The Chronically Sick and Disabled Persons Act 1970 and the Disabled Persons (Services, Consultation and Representation) Act 1986 place certain duties on authorities in relation to adults with disabilities. In particular, section 2 of the CSDP Act makes it the duty of authorities to arrange non-residential services for individual people with disabilities in certain circumstances.

Section 47 of the NHS and Community Care Act 1990 places a duty on authorities to assess the needs of anyone who seems to them to be in need of community care arranged by the authority.

The Mental Health Act 1983 places a number of duties on local social services authorities. Section 114 requires authorities to appoint a sufficient number of approved social workers for the purpose of discharging the functions the Act confers on them, which include making applications for some people with mental disorders to be admitted to hospital.

The Community Care (Direct Payments) Act 1996 makes it possible for authorities to provide cash payments to people who prefer to arrange their own community care services rather than to receive those provided or arranged by the authority. The Act came into force in April 1997. Regulations so far allow direct payments to be made only to people who are aged under 65 when the payments begin but Modernising Social Services announces the intention of extending eligibility to people aged 65 and over.

### ***Services***

Social care services for adults with physical disability and/or sensory impairment and/or learning disability and/or mental health problems include:

- equipment and housing adaptations, both of which are intended to enable people with disabilities to live more independently;
- training in mobility and daily living skills;
- day and domiciliary care. Sometimes the activities arranged are designed to help the person acquire the skills necessary to return to, or take up, work;
- residential care, particularly for people with complex or multiple disabilities;
- social work support, for example for people who need support in coming to terms emotionally with an acquired disability.

### ***Human resources***

The staff involved in providing social care include:

- occupational therapists (OTs), who often assess the need for, and arrange the provision of, equipment;
- rehabilitation workers (RWs), including some with a specialist qualification, for example in working with deaf people;
- approved social workers (ASWs), who have statutory duties under the Mental Health Act 1983.
- social work assistants and care workers.

## **X. TRAINING OF PERSONS INVOLVED IN THE REHABILITATION PROCESS AND IN THE SOCIAL INTEGRATION OF PEOPLE WITH DISABILITIES**

### **1. Training of teaching and educational staff**

#### ***Initial Teacher Training (ITT) Courses***

The government believes that teachers who wish to specialise in teaching children with special educational needs should go through the same initial training route as all other teachers. This helps to ensure that children with special needs have the same entitlement to high quality teaching as all other pupils. Children with special educational needs have the same entitlement to access to the National Curriculum as other children and are also entitled to be taught by teachers who understand levels of achievement across all ability ranges.

#### ***New Standards for ITT***

In June 1997 new standards for teachers undergoing initial training were announced, which include a strengthened SEN element. These standards will mean that all newly qualified teachers will be:

- able to identify pupils who have special educational needs, including specific learning difficulties;
- familiar with the Code of Practice on the Identification and Assessment of Special Educational Needs and, as part of their responsibilities under the code, implement and keep records on individual education plans for pupils at stage 2 of the code and above;
- able to select and make good use of textbooks, information technology and other learning resources which enable teaching objectives to be met.

In addition, the Teacher Training Agency has invited proposals for innovative ITT courses with an SEN focus, and its new employment based routes into teaching allow trainee teachers to practise in special schools.

The White Paper, Excellence in Schools, announced a supported induction year for newly qualified teachers. This will apply to all newly qualified teachers beginning their teaching careers from September 1999, and will allow these teachers to consolidate the skills learned during their ITT courses and to identify further training needs.

### ***In-Service Training/Standards Fund***

Prime responsibility for the in-service training of teachers rests with local education authorities and schools, who are in the best position to determine their needs in the light of local circumstances. However, in recognition of the importance it attaches to training, the Government makes available through the Standards Fund (previously Grants for Education Support and Training (GEST)) grants to help to support the costs of training teachers of children with SEN, including specific learning disabilities. In the 1996/97 financial year, 11% of the money available under the GEST programme for SEN was spent on the training of teachers of children with specific learning difficulties, up from 8% the previous year. The total supported expenditure under the grant was approximately £10.5 million.

### ***Standards for SEN Specialist Teachers***

The Teacher Training Agency is currently working on standards for SEN specialist teachers. As outlined in the SEN Programme of Action, we will consider how to take this work forward, in the light of the Green Paper on the future of the teaching profession.

## **2. Training of vocational and guidance staff**

### ***Careers***

Work is currently underway to review the NVQ Level 4 in Guidance required by the Secretary of State as a qualification for careers advisers who work with statutory clients. The work will identify units of competence from within the National Occupational Standards that can serve as certificated learning outcomes for initial work-based training and/or continuing professional development for careers advisers working with clients with learning difficulties and/or disabilities.

Within the new qualification for careers co-ordinators, there should be a unit for those working within special schools in order that these co-ordinators should gain the specialist knowledge, understanding and skills relevant to their pupils.

### ***Training and Enterprise Councils***

Each Training and Enterprise Council (TEC) is required to have an effective equal opportunities strategy – promoting equality of access to, treatment in and outcomes from, all TEC delivered programmes and services. The Department for Education and Employment (DfEE) is working with the TEC National Council to raise equal opportunities awareness among TEC staff and build TEC capacity to close equality gaps across the full range of TEC activity. TECs have taken part in regional workshops to examine the new National Standard for TEC Equal Opportunity Strategies in detail and exchange good practice.

DfEE and its national partners continue to provide considerable advice and support to TECs to improve their understanding and performance.

### ***Employment Service***

General placing service personnel (advisers and administrative staff) in Jobcentres provide help for people with disabilities who are well adjusted to their disability, know how it affects them in employment and who have previously coped well in work. Their training includes disability awareness, the identification of people with disabilities, establishing whether specialist help is needed, and awareness of the special provision available for people with disabilities.

Newly appointed Disability Employment Advisers undertake an intensive training programme, which is aimed at providing them with the skills they need to carry out their particular responsibilities. The programme comprises centrally provided modules linked with self-development projects and visits to referral agencies and organisations of and for people with disabilities in their local catchment area.

### **3. Training of vocational integration staff – see preceding section**

### **4. Training of social services staff and social and educational support staff**

The social care workforce is underqualified with only 20% holding a relevant qualification. Professional social workers are nearly all qualified, holding the Diploma in Social Work or one of its predecessor qualifications. The relevant qualifications for other staff, including those working with people with disabilities, are National Vocational Qualifications at various levels.

Social care staff are not employed by central government. Training is the responsibility of the local authorities, voluntary bodies and private organisations which employ these staff. The government has a role to play in a sensitive area like social care where staff are looking after the most vulnerable people, often with minimal or no supervision and sometimes in the client's own home. The government therefore supports the promotion and development of training. The government also disburses funds to local authorities through the Training Support Programme to support authorities' own training programmes and to encourage them to take a strategic approach to training.

The Training Organisation for Personal Social Services (TOPSS) was recently licensed. This body has the responsibility to assess training provision throughout social care, identify gaps in provision and represent the needs of the sector to government. The government recently hosted a conference jointly with TOPSS to encourage all interests to develop a training strategy for social care which defines a new and more effective agenda for the sector.

The government has announced its intention to establish by statute General Social Care Council (GSCC) to increase the protection of service users, their carers and the general public. The Council will register groups of staff incrementally, as each group achieves relevant qualifications. This will include staff working with people with disabilities. More immediately, it will draw up enforceable codes of conduct and practice both for social care staff and for employers. The government sees TOPSS and the GSCC as being driving forces to increase the quality and quantity of training throughout social care, including staff working with people with disabilities.

## **5. Training of staff active in the sport, leisure and holiday sectors**

### ***Tourism***

The English Tourist Board (ETB) has established a series of “Welcome” customer care training courses, amongst them is the Welcome All programme which has been designed by the ETB and the Holiday Care Service to improve customer service for customers with disabilities and special needs. It provides a one day classroom-based course for staff working in all aspects of tourism related businesses. It is relevant to all those who come into contact with visitors during their stay. (Other courses in the series include Welcome Host, Welcome Management and Welcome Host International).

### ***Sport***

The English Sports Council (ESC)’s education and training programme includes the “Sports Equity” workshop for workshop officers and professional staff for governing bodies of sport who wish to improve their understanding of Sports Equity and prepare a plan of action. The equitable treatment of people with disabilities is a major element of the workshop.

At the end of the workshop participants will be able to explain how different forms of discrimination and prejudice operate within society and sports, identify those factors that prevent or deny access to disadvantaged groups demonstrate a positive approach to behaving more fairly recognise that the organisation has responsibilities in respect of equal opportunities legislation; identify discriminatory practices in their area of work and more generally in the organisation and identify the issues and target groups that the governing body selects to prioritise for action.

### ***Arts***

Smart (Marketing the Arts around Surrey)’s Marketing to Disabled People is a project set up to co-ordinate a database of people with disabilities and disability interest groups, to produce and distribute an access facilities guide.

## **XI. INFORMATION**

The Central Office of Information (COI) provides a number of services to government departments to assist them in ensuring that their information material is accessible to people with disabilities. The COI's Informability Unit provides an advice and consultancy service on accessible information issues and also procurement of accessible formats to the public sector.

In 1996, the unit published The Informability Manual, which is widely used throughout government departments and the private sector as a good-practice guide to making information accessible – especially to people with disabilities.

COI's operational groups consult the Informability Unit when planning or advising on publicity campaigns for COI's public sector clients.

The COI also produces two magazine services, one on audio cassette (Sound Advice), the other in British Sign Language and subtitling on video (Public Scene). These magazines are available to government departments and agencies to publicise details of current publications and campaigns to sensory impaired audiences. Both services are provided free to organisations which relate to people with disabilities or literacy problems and act as disseminators of the information to their particular audiences.

## **XII. STATISTICS AND RESEARCH**

### **1. Statistics**

#### ***Key Facts and Figures***

People with disabilities account for nearly a fifth of the working age population (men 16-64, women 16-59) in Great Britain. There are over 6.2 million people with a current long-term disability or health problem which has a substantial adverse impact on their day to day activities or limits the work they can do.

The level of disability increases with age: only 10% of those aged 20-29 years have a current long-term disability or health problem compared with 30% of those aged 50-59 years.

There are regional variations in the incidence of disability which may to some extent be due to differences in the age profile of the local population. Higher than average proportions of people with disabilities are found in the North of England and in Wales and lower ones in Outer London and the South.

<b>Estimated number of people covered by the Disability Discrimination Act in Great Britain:</b>	
<b>All ages</b>	<b>Working age</b>
Current disability: 8.5 million Current or past disability: 9.7 million	Current disability: 5 million Current or past disability: 5.7 million

People with disabilities have fewer qualifications than their non-disabled counterparts. They are more than twice as likely to have no formal qualifications.

People with disabilities are only half as likely as non-disabled people to be in employment. There are currently around 2.8 million people with disabilities in employment; they make up 11% of all people in employment. When employed, they are more likely to work part-time or be self-employed.

Employment rates vary greatly between types of disability. Some types of disability are associated with relatively high employment rates (such as skin conditions, diabetes and hearing problems) while other groups (such as those with mental illness and learning disabilities) have much lower employment rates.

There is little difference between people with disabilities and non-disabled with regards to whether their job is permanent. The average length of time in continuous employment is slightly higher for people with disabilities, which may reflect more stable employment patterns.

The average hourly pay of employees with disabilities is around 10% lower than that of non-disabled employees.

The unemployment rate for long-term people with disabilities is nearly twice as high as that for non-disabled people, 10.7% compared with 5.7%.

Their likelihood to be long-term unemployed is also higher: 39% of unemployed people with disabilities have been unemployed for a year or more compared with 25% of non-disabled unemployed.

People with disabilities are seven times as likely as non-disabled people to be out of work and claiming benefits (42% compared with 6%).

There are around 2.6 million people with disabilities out of work and on benefits: over a million of them want to work. However, many would not be able to start work straightaway, mainly due to health reasons.

People with disabilities in employment are three times as likely as others to receive state benefits (12% compared with 4%).

### ***Statistics on Social Services for Adults with Disabilities***

Gross expenditure by social services authorities in 1996/97 was:

- over £4.5 billion on elderly people (many of whom are physically and/or sensorily impaired) – nearly half of total spending;
- £650 million on physically disabled/sensorily impaired adults under 65 – about 7% of total spending).

Services arranged by social services authorities included:

At 31 March 1998:	<u>Elderly Adults</u>	<u>Under 65</u>
Local authority residential places	49,770	1,050
Voluntary and private sector residential places	196,930	6,940
At 30 September 1997:		
Day centre places	213,040	61,370

Statistics on expenditure by NHS and social services on disability equipment are collected annually by the Department of Health.

Statistics on performance by social services on the percentage of equipment items costing up to £1,000 supplied within three weeks are collected annually by the Audit Commission.

## **2. Research**

The Department of Health's Policy Research Programme supports a small programme of research on aspects of health and social care of people with disabilities. Further research is supported under the NHS Research and Development Strategy, including a major programme of research and development on physical and complex disabilities. The following briefly describes relevant work funded under the Policy Research Programme.

### ***Research Initiative on Outcomes of Social Care for Adults***

This initiative is budgeted at £2.5million and consists of a linked series of 13 studies. The purpose of the initiative is to deliver research evidence which can inform the planning, commissioning and delivery of services which are valued and cost-effective, and which promote better outcomes for users and carers.

Five studies within the research initiative focus specifically on outcomes of social care for people with learning disabilities or mental health problems. These are:

- a study of quality of life assessment in small staffed group homes for people with learning disabilities;
- an evaluation of goal attainment scaling as a measure of outcome in community learning disability services;
- an evaluation of ten year outcomes and costs of community care for people with learning disabilities or mental health problems;
- a study to develop a brief tool for assessing outcomes of social care for adults with severe mental health problems;
- a systematic review of research evidence on outcomes of mental health rehabilitation services.

Affiliated research in progress is investigating ways to assess outcomes of community care for younger people with physical impairments and their carers.

A newsletter is distributed to social services and health authorities, and voluntary sector agencies, as part of arrangements to ensure the effective co-ordination and dissemination of the research initiative.

This initiative started in 1997 and is due for completion in 1999/2000.

### ***Research on people with disabilities***

Other research in progress on social care for people with learning disabilities includes a high profile study of the quality and costs of residential support for people with learning disabilities, comparing residential or “village” communities with supported group homes and NHS campuses. The characteristics of the people served, the types of services they receive, costs of services and the outcomes associated with the different approaches to residential provision will be described and compared. A study to develop a psychiatric assessment schedule for use with people with learning disabilities has now completed and a modest dissemination exercise is currently in progress. A research review on abuse of vulnerable adults is planned.

An early evaluation of the development of United Kingdom disability information databases, commissioned to inform Department of Health funding decisions, has recently reported and a seminar event to disseminate and develop the research findings has recently been taken forward.

As traditional service boundaries change, the interface between different parts of the NHS and between social and health care become increasingly important. In recognition of this, a research initiative on Community Health Services is beginning to gather evidence on the efficient and cost-effective delivery of community health care. Two research projects within the research initiative are gathering evidence to enable people disabled by musculo-skeletal problems and degenerative neurological conditions to live more independently. The research is at an early stage and results will not be available for some while.

### ***Research in planning***

Plans are in hand to take forward a new research initiative on learning disability where the nature of the client group and the pattern of service provision are changing rapidly. Epidemiological research is likely to be needed to help plan future health and social care provision. There is also likely to be a need to monitor policy progress, map service change, and assess the impact and effectiveness of interventions – particularly early intervention programmes for children with challenging behaviour or autism. The proposed research initiative is currently in the early stages of planning.

### ***Medical Devices Agency***

The Medical Devices Agency publishes evaluation reports of disability equipment products for managers and professionals, which are based on user trials and technical assessments. The steering group for this programme includes representatives of users of equipment, voluntary organisations, professional bodies, manufacturers and equipment service managers.

### ***Report to Parliament***

A report is presented annually to Parliament covering research and development work on equipment for people with disabilities.

### ***EU research***

The United Kingdom participates in European Union programmes in the research and development of assistive technology for people with disabilities.

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