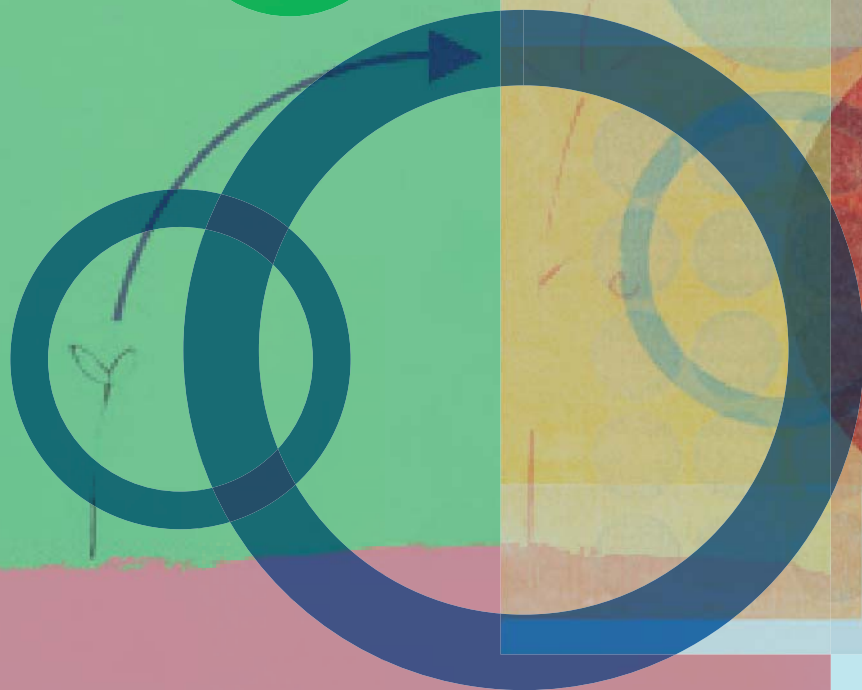


# Rehabilitation and integration of people with disabilities: policy and legislation

7th edition



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

**7th edition**

Report drawn up by the Committee  
on the Rehabilitation and Integration  
of People with disabilities  
(Partial Agreement) (CD-P-RR)

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# CONTENTS

	<i>page</i>
<b>Preface</b> .....	5
<b>Austria</b> .....	9
<b>Belgium</b> .....	47
<b>Denmark</b> .....	73
<b>Finland</b> .....	109
<b>Germany</b> .....	141
<b>Hungary</b> .....	155
<b>Italy</b> .....	177
<b>Lithuania</b> .....	189
<b>Norway</b> .....	195
<b>Poland</b> .....	229
<b>Portugal</b> .....	257
<b>Slovenia</b> .....	283
<b>Spain</b> .....	305
<b>Sweden</b> .....	319
<b>Switzerland</b> .....	349
<b>United Kingdom</b> .....	365



# PREFACE

## The Council of Europe

The Council of Europe is a political organisation which was founded on 5 May 1949 by ten European countries in order to promote greater unity between its members. It now numbers 44 member states.<sup>1</sup>

The main aims of the Organisation are to reinforce democracy, human rights and the rule of law and to develop common responses to political, social, cultural and legal challenges in its member States. Since 1989 the Council of Europe has integrated most of the countries of central and eastern Europe into its structures and supported them in their efforts to implement and consolidate their political, legal and administrative reforms.

The work of the Council of Europe has led, to date, to the adoption of over 170 European conventions and agreements, which create the basis for a “common legal space” in Europe. They include the European Convention on Human Rights (1950), the European Cultural Convention (1954), the European Social Charter (1961), the European Convention on the Prevention of Torture (1987) and the Convention on Human Rights and Bioethics (1997). Numerous recommenda-

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1. Albania, Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, the Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, “the former Yugoslav Republic of Macedonia”, Turkey, Ukraine, United Kingdom of Great Britain and Northern Ireland.

tions and resolutions of the Committee of Ministers propose policy guidelines for national governments.

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

The scope of the Council of Europe's activities is vast, since only defence questions are excluded from its competence. 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.

The Partial Agreement in the Social and Public Health field was concluded on this basis in 1959 by seven member states with the aim of continuing the work in this field previously undertaken under the Brussels Treaty and then by the Western European Union (WEU). At present, the Partial Agreement has 18 member states; 7 states are observers in the field of integration of people with disabilities.<sup>2</sup>

The areas of activity include:

- protection of public health, particularly consumer health;
- rehabilitation and integration of people with disabilities.

The activities are entrusted to a number of committees of experts or working groups, which are in turn responsible to the steering committee for each area.

The work of these Partial Agreement committees occasionally results in the elaboration of conventions or agreements, but the more usual outcome is the drawing-up of recommendations to member governments in the form of resolutions adopted by the Committee of Ministers (composed of the representatives of the states participating in the particular activity). These recommendations/resolutions may be considered as statements of policy or common guidelines for national policy-makers. Governments have actively participated in

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1. Member states: Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, United Kingdom.  
Observers: Canada, Estonia, Hungary, Iceland, Latvia, Lithuania, Poland.

their formulation: the delegates to the Partial Agreement committees are both experts in the field in question and responsible for the implementation of government policy in their national ministries.

This procedure provides for considerable flexibility in that any state may reserve its position on a given point without thereby preventing the others from going ahead with what they consider appropriate. Another advantage is that the recommendations are readily susceptible to amendment should the need arise. Governments are furthermore called upon periodically to report on the implementation of the recommended measures.

A less formal procedure is the publication of general guidelines intended to serve as a model for member states. Each government can interpret these guidelines in accordance with its own law and practice in the matter.

Bodies of the Partial Agreement in the Social and Public Health field enjoy close co-operation with equivalent bodies in other international institutions. Contact is also maintained with international non-governmental organisations (INGOs) working in related fields.





## 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 far 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 was amended in 1998 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:

“Disabled persons 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.”

“Disabled persons 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 mentally disabled people to leave psychiatric institutions whilst at the same time setting up adequate long-term care structures.

### **2. Prevention of impairment, disability or 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 about €5.088.000 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 specific risks stemming from employees' disabilities into account 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.

### **3. Preventative healthcare**

Preventative healthcare 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 school-children and apprentices) are not yet being taking up in sufficient numbers.

#### **4. 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 working place try to identify impairments as soon as possible to begin therapy and rehabilitation immediately.

## **IV. Treatment and therapeutic aids**

### **1. Medical treatment**

The medical and orthopaedic care for disabled persons do not really differ from that of any other person. Such care 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 disabled children and grown-ups.

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

Assessment of abilities generally is offered by expert teams of the provincial governments and the Public Employment 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 Federal Offices of Social Affairs, the mobile counselling service for juvenile disabled persons. Teams of medicines, psychologists and social workers counsel parents of disabled children and juveniles concerning all matters of disability, education and support. An increased family allowance benefit, which rises from the age of ten, is paid for each physically or mentally disabled child.

The Austrian Federal Government aims to achieve as high a level of integration of disabled children and young people 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 a common 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 schools.

In addition, the 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 instructions shall be engaged to ensure best results. There exist also special training aids for disabled children 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. The disabled children 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 disabled children in common 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 disabled children, 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 disabled children.

### **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 a common school in the form of special needs classes.

The task of a special needs school is to help the disabled child 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 in 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 disabled children 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 common 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 disabled children into common 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 disabled person.

## **VI. Vocational guidance and training**

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

Assessment of vocational aptitudes generally is offered by the Public Employment 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 Public Employment Service and the Federal Offices of Social Affairs. 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 Federal Offices of Social Affairs, the Public Employment Service and the provinces. The measures are summarised under the title of supported employment and are called "*Arbeitsassistenz*" (employment counselling).

### **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 Public Employment Service. The disabled persons 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.

Further possibilities for receiving training are 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 Public Employment Service have a special responsibility towards people in this category.

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

## **VII. Employment**

### **1. Principles**

Work in the form of vocational or enterprising occupation has become a 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 disabled persons 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 disabled persons. Establishing and subsidising sheltered workplaces in industry and the foundation and running of sheltered institutions generally are under the responsibility of quite a few authorities (Federal Offices of Social Affairs, Public Employment Service, social insurance institutions and the provinces). The Federal Offices of Social Affairs are responsible for securing the social status of disabled persons, 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 disabled persons in 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 disabled person for every 25 employees. This quota can be altered on the order of the Federal Minister for Social Security and Generations for

particular areas of economic activities. Some groups of disabled persons (i.e. severely disabled persons, disabled persons at a certain age) are counted double for fulfilment (system of multiple counting).

The Federal Offices of Social Affairs which are basically located in the capital of each province are responsible to the Federal Ministry of Social Security and Generations. 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 Compensation levy ("*Ausgleichstaxe*"). The Federal Offices of Social Affairs are also responsible for collecting the levy. In 2002 the Compensation levy is about €200 per month for each disabled person the employer does not employ according to the quota system. The revenues from the Compensation levy are gathered in the Compensation levy fund ("*Ausgleichstaxfonds*"), which is used to promote the vocational integration of disabled persons. 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
2000	77,839
2001	80,506

Approximately 15,000 employers have to employ disabled persons; about 64% of the quota obligation are fulfilled. The total amount of revenues from the levy recently has been about €50 million a year.

The Disabled Persons Employment Act does contain a special clause concerning the due diligence of employers for their disabled employees: every employer has to take special care of disabled employees respecting their state of health. In



addition, discrimination of disabled employees especially respecting their wages and salaries is strictly forbidden. This means that no reduction of the salary of a disabled person 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. for:

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

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

To improve the vocational situation of people with disabilities the federal government recently has initiated an extraordinary employment offensive for people with disabilities (“The Milliard”). About €70 Million per year are planned to be spent for this target for the years 2001 and 2002. The measures are in synergy with the Objective 3 Planning Document negotiated with the European Commission and according to the standards of the National Action Plan for Employment (NAP).

The offensive contains measures of employment, qualification and counselling for the primary target groups of:

- young people at the gap between school education and vocational education;
- older people threatened to be excluded from the labour market;
- people with disabilities with special problems on the labour market, which are considered to be people with mental disabilities, people with psychological disorders and people with sensual disabilities (people without hearing and blind people).

### *Personal aids*

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

### *Protective legislation*

#### Salary protection

Salaries of disabled persons must not be reduced because of their handicap. 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 disabled persons, employers are obliged to make allowance for their state of health in accordance with the type of industry and the conditions of work. The Federal Offices of Social Affairs have to monitor the employers in co-operation 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 Federal Offices of Social Affairs after the employment contract has lasted at least for six months. The investigation is conducted by the Federal Office of Social Affairs. The decision on the application for dismissal

of the employee is taken by the Disability Board, chaired by a representative of the responsible Federal Office of Social Affairs and consisting of representatives of the employee and employer organisations, of the disabled organisations and the Public Employment 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 disabled employees 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 they are in occupational therapy, disabled persons 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 in group and team spirit. Occupational therapy, however, is not employment with social security, the participants receive only 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 disabled persons 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 Federal Offices of Social Affairs sponsor special projects – so-called “Job Counsellors” – to increase the transition 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 “telework”.

## **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 do away with physical barriers in buildings were only taken at a very late stage in Austria. The standard rule for the design suitable for people with disabilities of buildings and transport facilities accessible to the public 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 concepts 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 physically disabled people. 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 people with disabilities 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 80cm; 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 physically disabled people 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 building. 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 in construction suitable for people with disabilities for architects and building engineers;
- the setting-up of a 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 be 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 fold-up portable wheelchair has been developed for use in carriages which cannot accommodate standard wheelchairs. However, this puts the disabled person 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 traffic is one of the main causes of disabilities. 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 disabled person 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 severely disabled people 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 physically disabled persons 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 disabled person 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 1980s, 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 the 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 nation wide 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 nation wide 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 Federal Offices of Social Affairs. 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 Federal Offices of Social Affairs.

## **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). Similar is the situation for deaf people. Technical equipment can be

subsidised. If a deaf person needs a sign language translator 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 people with disabilities: 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 mentally disabled people) 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 techni-

cal 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 holidays 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

aspect. 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 co-ordination between Federal Government and the provinces. Although rehabilitation or services for people with disabilities 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 handicapped 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 be employed 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 was 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 granting 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 (exceptions in the EEA).

The allowances are granted on a seven-level scale according to the monthly extent of need for care; the monthly amount lies between about €145 (Level 1) and about €1,531 (Level 7). Certain groups of disabled persons are guaranteed a long-term care allowance of at least the following levels:

- Persons with high-grade visual impairment 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). In 2002 about 280,000 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 entitlement 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) 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 of 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 in the labour market, provides special protective regulations for disabled employees: the main tenor of this, in addition to appointing a contact who will represent the interests of the 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 disabled persons. Employers who wish to dismiss a registered disabled employee must first submit a substantiated, written application to the Disability Board at the regional Federal Office of Social Affairs for approval. Dismissal without this prior approval is invalid legally 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: recently, a total of about 500 to 550 applications for dismissal were submitted each year, and the disability committee reached a decision in only about hundred of these cases a year, with an almost double number of approvals in relation to rejections. In all other cases, a mutual solution could be 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 1 July 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 1 January 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 disabled children can receive increased family allowance benefits to be used for those services.

The medical and orthopaedic care for disabled persons do not really differ from that of any other person. Such care 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 disabled children and grown-ups.

Especially in less developed rural regions there exists a service rendered by the Federal Offices of Social Affairs, the mobile counselling service for juvenile disabled persons. Teams of medicines, psychologists and social workers counsel parents of disabled children 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 disabled pupils in a school class they have the right of 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 Public Employment Service and the Federal Offices of Social Affairs. In this respect services play an important role in addition to the possibility of funds for employers. Those services are rendered by NPOs and financed by the Federal Offices of Social Affairs, the Public Employment Service and the provinces. The measures are summarised under the title of supported employment and are called – depending on the context of rendering – *Arbeitsassistenz* (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 curricula 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 has recently implemented a project of installing a service homepage on 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 public assistance and important addresses. 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 interdisciplinary 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 wide-spread 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 disabled women;
- barrier-free building;
- the ratio between “self-help” and care provided by the public sector;
- social marginalisation processes which affect people with disabilities in particular.

## **I. General policy**

Belgium is a federal state, consisting of Communities (the Flemish Community, the French Community and the German-speaking Community) and Regions (the Flemish Region, the Walloon Region and the Brussels-Capital Region). Policy for people with disabilities is a matter for the Communities/Regions, although certain questions (e.g. allowances for such people) are dealt with by the federal state. The main bodies responsible for these policies are the Flemish Fund for the Social Integration of People with Disabilities, the Walloon Agency for the Integration of Persons with Disabilities, the Brussels French-speaking Service for People with Disabilities, and the Office of the German-speaking Community for People with Disabilities.

### **A. The federal state**

The main aspects of policy for people with disabilities which are still dealt with by the federal state include allowances for such people and functional (medical) rehabilitation benefits. The allowances serve a double purpose – to provide compensation for lack of earnings and to cover the additional costs occasioned by the disability.

### **B. The Flemish Fund for the Social Integration of People with Disabilities**

The Flemish Fund's tasks include: preventing, screening for and diagnosing impairments and disabilities; providing early assistance; devising individual assistance programmes; providing guidance, accommodation and support; organising



vocational training; facilitating access to employment; involving people with disabilities in cultural and community life. The Fund approves and subsidises institutions and services, and provides financial support for people with disabilities and employers. It defines a person with a disability as “any under-age or adult person whose chances of social integration are severely restricted in the long term by a modification of his/her mental, physical or sensory capacities”.

### **C. The Walloon Agency for the integration of people with disabilities**

The Agency’s tasks include: preventing, screening for and diagnosing impairments and disabilities; providing early assistance; devising individual assistance programmes; providing guidance, accommodation and support; organising vocational training; facilitating access to employment; involving people with disabilities in cultural and community life. The Agency approves and subsidises institutions and services, and provides financial support for people with disabilities and employers. It defines a person with a disability as “any under-age or adult person whose chances of social or vocational integration are severely restricted in the long term by a modification of his/her mental, sensory or physical capacities calling for community action”.

### **D. The Brussels French-speaking service for people with disabilities**

A decree on the social and vocational integration of people with disabilities was adopted by the Assembly of the Commission of the French Community on 4 March 1999. Its purpose is to bring together all the decrees currently applying to the integration of such people.

The Service’s tasks include: providing information, advice and guidance from early childhood; organising individual assistance plans; co-operating with the vocational training services; providing help for the deaf; taking all the measures needed to promote employment in a normal or special environment, guidance, accommodation and support, and partici-

pation in social, working and cultural life for people with disabilities. It makes grants to employers, approves and subsidises sheltered workshops, functional rehabilitation centres, back-up services, an interpretation service for the deaf, and day and residential centres for children and adults.

The minimum disability levels entitling people to its services are 30% (physical) or 20% (mental). It defines disability as the social disadvantage resulting from an impairment or incapacity which prevents a person from playing the role which would be normal for someone of his/her age, sex and socio-cultural background, or limits his/her ability to do so.

### **E. The Office of the German-speaking Community for people with disabilities**

The Office does the same things as its Flemish, Walloon and Brussels counterparts, the only difference being that it also concerns itself with special facilities and aids to increase the independence and mobility of older people with disabilities (> 65), so that they can stay in their usual surroundings as long as possible.

## **II. Prevention and health education**

Within the general Belgian system, special mention should be made of the work done by the Community Offices for Birth and Childhood Policy, the Community Education Ministries, which run medical and psychological monitoring and guidance programmes for schoolchildren, and the Federal Ministry of Employment and Labour, which is responsible for ensuring that the laws on occupational diseases and accidents at work are respected. As for socio-cultural factors which may lead to disabilities, preventive action for children and adolescents is the responsibility of the Youth Protection Committees (of the Communities).

### **A. Flemish Community**

The Flemish Fund approves and subsidises centres for the medical and psychological observation, guidance and support

of people with disabilities. Primarily aimed at minors with character disorders, these centres concentrate on screening for and diagnosing disability, with a view to subsequent treatment.

The home support services may also assist families with one or more children who are not registered with the Flemish Fund, but show signs of impairment or disability which make screening and diagnosis necessary. The extent and duration of this support are both limited.

The Flemish Fund also approves centres for developmental disorders, which are active in providing early assistance and screening for specific impairments or disabilities (e.g. autism).

## **B. Walloon Region**

Under the Decree of 6 April 1995 (Article 5), the Walloon Government may take various preventive measures, covering screening and early diagnosis, health education programmes, access to primary health care, the social and cultural situation of persons at risk, mental health protection measures, and risks connected with physical environment, unsuitable housing and urbanisation. The Walloon Agency, for its part, is involved in preventing, screening for and diagnosing impairments and disabilities, and in providing early assistance. It approves and subsidises 17 early assistance services, which screen for impairments of all kinds before, during and after pregnancy.

## **C. Commission of the French Community of the Brussels-Capital Region**

The Commission subsidises 12 support services, which are responsible for promoting prevention of, and screening for, impairments of all kinds before, during and after pregnancy, providing educational, psychological and social support for children with disabilities, supporting families and providing them with educational or technical guidance, and providing ongoing back-up before and during schooling by liaising with teachers and training them.

#### **D. German-speaking Community**

In its work on preventing, screening for and diagnosing impairment, the Office for People with Disabilities focuses on early assistance as the central element in helping children and their families in the first months and years of life. It also coordinates a European study and exchange network for parents and early aid operatives, trainers, researchers and managers (EURLY AID).

### **III. Identification and diagnosis**

#### **A. Federal state**

Identification and diagnosis are carried out in various contexts: as part of health services (consultation of doctors, diagnosis and care centres, hospitals and treatment centres), in connection with health insurance and insurance against accidents at work, road accidents and occupational diseases (by insurance companies, the Industrial Accidents Fund and the Occupational Diseases Fund), and at the instigation of the Ministry of Social Affairs, Public Health and Environment, for persons seeking social benefits, tax relief or special allowances.

#### **B. Flemish Community**

The Flemish Fund is responsible for screening and registering people with disabilities, and diagnosis is a necessary prelude to this. An application to be registered must always be accompanied by a specific application for aid. Every applicant must be examined by a multidisciplinary team, comprising at least a doctor, a psychologist or orthopaedic specialist and a social worker. Unsuccessful applicants may appeal or ask to have their case reconsidered, and this allows them to get a second opinion on their condition, and the aid covered.

#### **C. Walloon Region**

When a person applies to it for aid, the Walloon Agency may have any examination which it considers necessary carried

out by an approved centre: psycho-medical-social centre, mental health centre, vocational assessment and guidance service or centre, functional rehabilitation service or centre, public social aid centre, social service centre. These centres must have a social worker or social service nurse on their staff. They must also employ, or have the contracted services of, a doctor and a psychologist. These three persons constitute a multidisciplinary team.

#### **D. Commission of the French Community of the Brussels-Capital Region**

Applicants for aid must submit a medical form, describing the impairment and its effects in terms of incapacity and disability. This form is completed by a doctor of the applicant's choice. The disability is assessed by a multidisciplinary team (a doctor, a psychologist and the head of the service which processes applications for aid from people with disabilities). Assessment may be based on data generated by multidisciplinary examinations carried out at some earlier date for the purpose of securing aid under other federal, community or regional regulations applying to people with disabilities. The team may also ask for further information.

#### **E. German-speaking Community**

Persons seeking aid from the Office for Persons with Disabilities are individually interviewed. A personal aid scheme is then worked out by a multidisciplinary team.

### **IV. Treatment and therapeutic aids**

#### **A. Federal state**

The health insurance scheme refunds all or part of medical and functional rehabilitation costs on the basis of an official list. Health benefits include all the preventive and remedial treatment needed to maintain or restore health. This applies to normal medical care (check-ups, consultations, provision of pharmaceutical products) and also to treatment by specialists,

prostheses, hospitalisation, etc. People with disabilities may have medical expenses refunded at an enhanced rate if the social categories to which they belong are considered particularly underprivileged. Functional rehabilitation costs are also covered by health insurance. This applies in particular to speech therapy and aids.

## **B. Flemish Community**

The Flemish Fund approves and subsidises functional rehabilitation services and centres. A distinction needs to be made here between “in-house” centres (forming part of a hospital or clinic), nearly all of which are subsidised by a federal health insurance scheme and the public health services, and independent or “external” centres, which are partly subsidised by the Flemish Fund (capital spending and maintenance subsidies).

### *Prostheses, orthoses and technical aids*

Technical aids and medical or related prostheses are generally covered by a federal health and disability insurance scheme. The Flemish Fund has decided, however, to extend coverage to minicars and hygiene aids, in view of the contribution made by both to the social integration of people with disabilities. A decree adopted by the Flemish Government on 13 July 2001 lays down new general rules on coverage of individual aids for the social integration of people in this category. The new system makes the person concerned and his/her family responsible. Aid takes the form of an allocated budget, which he/she can use over a four-year period. A specialised multi-disciplinary team provides a free personal advice service.

### *Assessment of capacities*

The Flemish Fund may assess the situation of the person concerned at any juncture, and any service it approves must keep an up-to-date file, making it possible to trace his/her medical, socio-professional and educational development, and assess his/her requirements and the means deployed to meet them.

## **C. Walloon Region**

### *Medical care, medical and functional rehabilitation*

The Walloon Agency for the Integration of People with Disabilities has approved and subsidised 75 functional rehabilitation services or centres in the Walloon Region. It also approves and subsidises day and residential facilities for young adults.

### *Prostheses, orthoses and technical aids*

The Walloon Agency supplies technical aids individually, on the basis of a ministerial decree which details conditions and practical arrangements for providing them. If the aid required by an applicant is not on the list (which can be up-dated every six months), or some of the conditions for obtaining it are not satisfied, then the application can be referred to the Agency's Board.

### *Assessment of capacities*

The Walloon Agency may assess the situation of the person concerned at any juncture, and any service it approves must keep an up-to-date file, making it possible to trace his/her medical, socio-professional and educational development, and assess his/her requirements and the means deployed to meet them.

## **D. Commission of the French Community of the Brussels-Capital Region**

### *Medical care, medical and functional rehabilitation*

The Brussels French-Language Service for People with Disabilities approves and subsidises 24 functional rehabilitation centres, and a number of boarding and semi-boarding schools, day and residential centres, as well as two support services, which also look after family placements.

### *Prostheses, ortheses*

On 25 February 2000, the Assembly of the Commission of the French Community adopted an order, specifying conditions and practical arrangements for the provision of personalised material aid to facilitate the social or vocational integration of people with disabilities (adaptation of homes or vehicles, guide dogs for the blind, special telephones for the deaf, etc.). An appendix details benefits which the Service can provide, indicating maximum amounts. The order does, however, make it possible to provide other benefits which are not specified in the appendix.

### *Assessment of capacities*

The Brussels Service may ask the person concerned to undergo examination by a medical specialist at any time. All the institutions it approves are also required to keep detailed collective and individual records, making it possible to trace the medical, social and educational development of people with disabilities, and assess their requirements and the means deployed to meet them.

## **E. German-speaking Community**

The regulations on technical aids are similar to those applied by other bodies. There are no functional rehabilitation centres approved or subsidised by the Office for People with Disabilities.

## **V. Education**

Nursery, primary, intermediate and upper secondary schools for all pupils (with or without disabilities), and also their curricula, are the responsibility of the Community Ministries of Education.

### **A. Flemish Community**

The laws on special education apply to children and adolescents who qualify for education, but cannot receive it in ordinary schools.



The Flemish Community provides eight types of special basic (primary) education for pupils with specific disabilities. Special education at secondary level is divided into four types, depending on purpose (e.g. to develop vocational skills).

Integrated education has existed since 1986, but is still restricted to a few experimental schemes.

The Flemish Fund approves and subsidises a relatively dense network of centres with educational facilities. These take boarders (the Medico-Pedagogical Institutes) or day-boarders. In addition to suitable schooling, they provide educational, medical and paramedical support, which is tailored to the needs of users.

Some boarding or day-boarding establishments provide educational therapy for children with disabilities for whom all normal schooling is unsuitable, the aim being to give them a minimum extracurricular education.

## **B. French Community**

With a view to early integration, the programme tries, whenever possible, to let children with disabilities attend normal schools of various kinds. In some cases, special schooling is needed to meet the educational needs of specific pupils and allow them to realise their full development potential. Special education is organised on two levels, basic and secondary. To cater for the wide range of needs, it is divided into eight types: slight, moderate or severe retardation, behavioural disorders, physical impairments, illnesses, visual impairments, auditory impairments and instrumental disorders.

## **C. Walloon Region**

Since the cost of special education must be covered by the Community Ministry of Education (French Community), individual funding by the Agency is limited, in principle, to young people with disabilities attending ordinary schools. The main items covered are: travel to and from school, boarding school fees, university fees, books and study aids, coaching (oral

explanations, scientific and/or educational guidance) for students with hearing or sight problems in higher education (university and non-university) or recognised training courses, and, in some special cases, vocational training grants. The Agency also approves integration aid services, which co-operate with families and other partners in providing personalised educational and psychotherapeutic aid to help 7-18 year-olds to integrate as fully as possible in schools and the community.

#### **D. Commission of the French Community of the Brussels-Capital Region**

The costs of special schooling are covered by the Ministry of Education (French Community). The Brussels Service thus provides financial aid only for young people with disabilities attending ordinary schools. This aid covers travel to and from school, accommodation when travelling to school is too difficult, and books and study aids for students who, because of their disability, have more expenses than others. Students with sensory impairments, or cerebral or central nervous system disorders (possibly associated with motor disabilities of the upper limbs), who are following university or other higher education courses recognised by the French Community, or vocational training courses leading to a diploma, may also receive educational support (approved support services, of which there are currently five, are paid directly by the Brussels Service).

#### **E. German-speaking Community**

The cost of schooling is covered by the Ministry of Education. The Office for People with Disabilities organises early assistance, before schooling starts. Support, covering all aspects of disability, is provided for the families of school-age children. The German-speaking Community has a long tradition of vocational training, based on apprenticeship contracts, and this system has been adapted to meet the needs of people with learning difficulties. The Office can help to cover travel and subsistence for young people with sensory disabilities following training courses in other countries.

## **VI. Vocational guidance and training**

### **A. Flemish Community**

The Flemish Fund approves and subsidises special vocational integration services, which provide help for people with disabilities from the start of the process leading to employment on the open market. These services take the form of a network of institutions (vocational guidance centres, vocational training centres, etc.) and specialised offices, which intervene at the various stages in the integration process. They work with the general training and employment services to implement an overall integration policy.

The Flemish Fund provides counselling on vocational training or retraining, monitors the effectiveness of that counselling, and arranges specialised vocational guidance for people with disabilities, when necessary.

In some cases, educational and vocational guidance for people with disabilities may be provided by pupil support centres, subsidised by the Flemish Ministry of Education.

In accordance with the principles applying to equal opportunity and vocational integration, the Flemish Fund takes the view that vocational training should, whenever possible, be provided by centres catering for the whole community and in a normal working environment. A number of specialised centres were radically reformed in 1997. Their job is now to provide general training, supplemented by more specialised training in the workplace. They are geared to vocational integration as a process, and their subsidies depend on their success rate, i.e. the number of trainees who actually find employment.

This reform makes it possible to keep pace with the needs of a rapidly developing employment market; in co-operation with the VDAB (the Flemish Vocational Training Service), the vocational integration services now play a bigger part in realising the aim of the equal opportunity policy, i.e. maximum employment of people with disabilities in normal jobs.

## **B. Walloon Region**

Vocational guidance is provided either at general centres, which are open to everyone, or specialised centres for people with disabilities, approved by the Walloon Agency (there are 19 at present).

The types of vocational training open to people with disabilities are extremely varied. The main ones are: 1. "Discovery" courses, which allow them to see what a particular job or type of work entails in practice; 2. Vocational adaptation contracts, which give them on-the-job training in firms or public institutions; 3. "Sandwich" or integration training schemes; 4. Training at centres specialising in vocational training for people with disabilities, approved and subsidised by the Agency (there are 14 at present).

Trainees receive allowances and wage supplements, as well as grants to help cover travel, subsistence and training costs.

## **C. Commission of the French Community of the Brussels-Capital Region**

### *Vocational guidance*

The multidisciplinary team may call in a specialised guidance centre (*centre d'orientation spécialisée* = COS) to plan, supplement or adjust a particular person's social and vocational integration process. Eleven such centres have been approved by the Assembly of the Commission of the French Community.

### *Vocational training*

The Brussels Service supplies all the information which people with disabilities need to choose the training best suited to their needs. It gives them access to the standard vocational training facilities, occasionally modifying work-stations or removing architectural obstacles for that purpose. With this end in view, it has signed agreements with the Continued Training Institute for Small and Medium-sized Enterprises and Traders, with *Bruxelles Formation*, and with

the City of Brussels on the social advancement courses which it organises. There is just one specialised vocational training centre – the Braille League, for sight-impaired persons – left in the Brussels region.

#### **D. German-speaking Community**

As part of an overall policy, the German-speaking Community's Office for People with Disabilities and Office for Employment have established an integrated vocational guidance service. People who turn to it for help with vocational (re)integration are given support, advice and practical help throughout an integration process which is always personalised. The Office for People with Disabilities works on this process with various partners, and particularly the *Arbeitsamt der Deutschsprachigen Gemeinschaft* (Employment Office of the German-speaking Community).

##### *Vocational guidance*

This has been provided since September 2001 by a team of professional counsellors at the *Arbeitsamt*. One member of this team is a psychologist specialising in vocational guidance for people with disabilities. Guidance for people in this category is thus dovetailed with ordinary guidance and draws on the knowledge and skills of the team. The Office also works with guidance centres in Germany. This is particularly important in the case of people with severe sensory and/or physical disabilities, for whom it can itself provide no suitable guidance and/or training.

##### *Vocational training*

Since the German-speaking Community has no vocational training centre, and since guidance/training at a centre in Germany would entail considerable travel and living away from home, few people are interested in this formula. The Office does, however, arrange "training in firms" (*Ausbildung im Betrieb*), aimed at employment in the same firm later. It also organises "guidance in firms" (*Orientierung im Betrieb*),

which allows people to “try out” certain jobs and so form a clearer picture of their own interests and capacities.

Persons with a good knowledge of French are also eligible for admission to one of the centres specialising in vocational training for people with disabilities, approved and subsidised by the Walloon Agency.

“Work experience in firms” (*Arbeitspraktikum*) provides part-time training in the workplace for people with more serious disabilities, depending on their capacities and interests.

### **E. Federal state**

A number of specific measures have been taken at federal level, the most significant being those which oblige the federal authorities to employ people with disabilities.

## **VII. Employment**

### **A. Flemish Community**

A whole series of measures have been taken to promote employment of people with disabilities. These include: compensation payments for insufficient output, subsidies to cover modification of work-stations, grants towards the cost of implements and work clothes, travel grants and the possibility of seeking help from support services. The public services are also obliged to employ people with disabilities.

#### *Sheltered employment*

The Flemish Fund approves and subsidises a number of sheltered workshops. As in all other sectors, remuneration rates are fixed by a joint commission.

Workers with disabilities in sheltered workshops receive the guaranteed minimum interprofessional wage. The Flemish Fund makes a flat-rate contribution to cover part of this, although a distinction is made between low-output and other workers.

Sheltered workshops can also serve as a bridge to normal employment, and training courses at them can be an important stage on the path to employment on the open market.

People unable to attend sheltered workshops are placed in day centres for non-working adults with disabilities, approved by the Flemish Fund.

## **B. Walloon Region**

### *Employment in a normal working environment*

A whole series of measures have been taken to promote employment of people with disabilities. These include: subsidised training in firms, integration bonuses, compensation for insufficient output, start-up grants for the self-employed, subsidies to cover modification of work-stations, travel grants and the possibility of seeking help from support services. The public services are also obliged to employ people with disabilities.

### *Sheltered employment*

Sheltered workshops are approved and subsidised by the Walloon Agency, the extent of its contribution being determined by the difference between a person's output and that of an able-bodied worker. As in all other sectors, remuneration rates are fixed by a joint commission. Guidance and training services provide specialised training.

## **C. Commission of the French Community of the Brussels-Capital Region**

### *Employment in a normal working environment*

Various forms of aid are available to help people with disabilities to find employment: help with vocational adaptation contracts, the aim being conclusion of a normal work contract, integration bonuses to compensate employers for lost output, start-up grants for self-employed workers, adaptation of work-stations, subsidised travel. The Assembly decides how many

people with disabilities the Commission's public services must employ.

### *Sheltered employment*

The Brussels Service makes grants to sheltered workshops to help cover capital investment, supervision, support and the wages of workers with disabilities. These grants take account, among other things, of each worker's professional capacity. Since 1999, the joint commission has insisted that all workers in sheltered employment must be paid the average minimum guaranteed monthly wage. The employment contract is the standard manual or office worker's contract. A recruitment card, issued by the multidisciplinary team, is needed to obtain it.

## **D. German-speaking Community**

### *Employment in a normal working environment*

To promote employment, the Office counts mainly on work-site support for workers with disabilities and their colleagues. An "assistance at work" service is to be set up for this purpose.

The support provided in connection with work contracts chiefly sets out to bring job requirements into line with the skills of workers with disabilities. If the two cannot be matched to the employer's satisfaction, the "employment in firms" scheme allows the Office to refund up to 40% of wage and social security costs. The Office can also advise on work station adaptation and subsidise it. As in the Walloon Region, the public services are required to employ a certain number of people with disabilities.

### *Sheltered employment*

A number of sheltered workshops are approved and subsidised by the Office for People with Disabilities. They cater mainly for people with more serious disabilities, who have little chance of finding employment on the open market. Low-output and more productive workers work together in mixed groups. As in all other sectors, remuneration rates are



determined by a joint commission. The workshops have guidance, support and training sections to prepare people for work.

## **VIII. Social integration and environment**

### **A. Flemish Community**

The principle is that people with disabilities must be able to participate fully in all aspects of community life, regardless of the origin, nature or extent of their handicap. There are laws and regulations on measures to ensure that public spaces and buildings are accessible to them. In central and outer-city areas, there are nine transport services for people with mobility problems, including those with disabilities, and these are subsidised. In rural areas, special buses are available to take motorised wheelchair-users to their destinations.

Two kinds of measure apply to accommodation: approval and funding of home help services, and approval and funding of an extensive sheltered accommodation network.

In certain cases, the Flemish Fund covers the cost of adapting accommodation and facilities to meet the needs of people with disabilities. This is in addition to the (modest) grants paid by the Flemish Region.

There are special measures for technical aids, communication, sport, leisure and cultural activity.

The Flemish decree of 27 June 1990, which established the Flemish Fund, has been supplemented by a further decree of 21 December 2001, introducing a new type of financial assistance, the personalised budget, as well as funding for institutions on the basis of need, and tailor-made care for people with disabilities. The "personalised budget" is a budget allocated to people with disabilities or their legal representatives by the Fund, within the limits of its own resources and up to a certain maximum amount, to cover all or part of the cost of the aid provided by approved institutions, and also the cost of individual material assistance.

## **B. Walloon Region**

As far as principles are concerned, the decree on the integration of people with disabilities stipulates that the Government must ensure that they participate fully in community and working life, regardless of the origin, nature or extent of their disabilities. There are laws and regulations on measures to ensure that public spaces and buildings are accessible to them. In the matter of transport, the Walloon Agency makes grants to increase their mobility, and special forms of public transport have been organised for them. Two kinds of measure apply to accommodation: approval and funding of home help services, and approval and funding of an extensive sheltered accommodation network. There are special measures for technical aids, communication, sport, leisure and cultural activity.

## **C. Commission of the French Community of the Brussels-Capital Region**

### *Principles*

The decree of the Commission of the French Community on the social and vocational integration of people with disabilities stipulates that the Assembly is to promote their integration in the community and at work (cf. adaptation of workstations and accommodation, material assistance for individuals, transport costs, etc.). Access to public buildings for sports, cultural and social activities is governed by the Regional Town Planning Regulations of 1999. Special taxis, buses and other forms of transport are proliferating. Three railway stations were specially adapted in 2001, and two metro stations are modified every year. The Commission of the French Community approves home-help, tele-monitoring and support services, and numerous day and residential centres. It gives people who are deaf or have serious hearing problems 30 interpretation vouchers every year. It also subsidises a games library and leisure centres for people with disabilities.

## **D. German-speaking Community**

A short time ago, the Office set up a special service to advise local authorities and public and private promoters planning mobility and accessibility projects.

A leisure service helps families and/or people with disabilities to find integrated activities. When necessary, it also provides support and helps to put them in touch with leisure activity organisers.

## **E. Federal state**

Special transport measures have been taken.

# **IX. Social welfare**

## **A. Federal state**

### *Scope and principles*

The Belgian Constitution guarantees all citizens certain economic and social rights, including: the right to work; the right to social security, health protection and social, medical and legal assistance; the right to a healthy environment; the right to cultural and social fulfilment. Enjoyment of the rights and freedoms recognised by the Constitution must be secured without discrimination: this means that people with disabilities must have the same rights as everyone else.

### *Economic and social security*

In addition to the basic social security system, directly derived from exercise of a professional activity, various official schemes have been set up to provide a minimum income for people who are unable to work, who are not entitled to social security benefits, or for whom these benefits are inadequate. The schemes specifically applying to people with disabilities include: allowances for people with disabilities, of which there are three kinds – allowances to replace income, integration allowances and old age allowances; up-graded family

allowances for children who are at least 66% incapacitated, physically or mentally; tax exemptions, road tax exemptions.

Legal protection. A whole series of laws have been passed to protect people with disabilities. They cover, *inter alia*: extended minority, legal incapacity, judicial supervision, protection of the property of people unable to manage it themselves, and protection of the mentally ill.

### **B. Flemish Community**

The general conditions for approval of institutions include several measures to protect users. Administration of the funds or assets of people with disabilities by trustees or the staff of institutions is specially regulated to protect their material interests. A government decree, backed by enforcement measures, lays down quality requirements for the services provided by approved institutions. These regulations will be coming into force in 2003.

### **C. Walloon Region**

The specific forms of aid provided for people with disabilities are detailed in other chapters. We may note that the early, home help and support services approved and subsidised by the Walloon Agency count as specific social services.

### **D. Commission of the French Community of the Brussels-Capital Region**

The financial aid provided by the Brussels Service, and described in earlier chapters, is intended to reduce the cost to people with disabilities and their families of rehabilitation and integration. Among services approved or recognised by the Commission, the support services described in earlier chapters count as specific social services.

### **E. German-speaking Community**

In addition to the federal and other schemes, the Office funds a short-term residential service to give families the respite

they need from caring for people with disabilities on an every-day basis.

## **X. Training of staff involved in rehabilitation and integrating people with disabilities**

### **A. Flemish Community**

The regulations on approval of the services responsible for implementing policies for people with disabilities lay down requirements regarding the qualifications and professional experience of their staff. In-service training for the staff of institutions responsible for the social integration of people with disabilities is provided by the institutions themselves, which are subsidised for that purpose.

### **B. Walloon Region**

The regulations on approval of the services responsible for implementing policies for people with disabilities lay down requirements regarding the qualifications and professional experience of their staff. The decree on organisation of the Walloon Agency entrusts it with a general co-ordination and information role. Among other things, this includes “promoting basic and further training of the staff of all services partly or wholly concerned with people with disabilities”. The Agency accordingly runs training courses for staff of residential and day centres, and support and home help services. It also circulates thematic data-sheets, which serve as a clearing house for practical suggestions on effective approaches to helping and rehabilitating adults with disabilities.

### **C. Commission of the French Community of the Brussels-Capital Region**

Approval of centres, firms and services by the Commission is subject to certain conditions applying to the qualifications of their staff. Functional rehabilitation centres, day centres and residential centres receive grants to cover training and supervision of their staff, amounts being determined by the type of

training provided. This training must form part of a general in-service training programme for all staff, must be related to the institution's aims and must help it to realise them.

#### **D. German-speaking Community**

The Office is at present organising the third series of training courses for the supervisory staff of sheltered workshops. In 2003, it will be providing extra training for organisers of sporting, cultural, creative and arts activities, showing them how to integrate people with disabilities into these activities.

### **XI. Information**

#### **A. Flemish Community**

The Flemish Fund is required to supply regular information on its own operations and regulations, and also to collect information on changing needs and the quality of the services provided. Its appointment of an information officer marked a first important step towards improved communication with users. The information officer is assisted by an information unit, which disseminates reliable information on an ongoing basis, and also deals with enquiries from organisations and individual clients.

The functions of ombudsman and information officer are combined in those of the guidance officer. One of the latter's main tasks is to interpret and relay signals from the field, so that any adjustments needed to improve the Fund's effectiveness as a service provider can be made.

Early in 1998, the Fund set up a website to serve as a contact point with the public (<http://www.vlafo.be>). This gives people with disabilities and help-providers a full range of useful, constantly updated information.

The Fund also produces a series of booklets, covering all the types of help available and describing how they operate. It regularly participates in fairs, colloquies and other events, as a way of getting closer to users and gleaning pointers for policy.

## **B. Walloon Region**

The decree on which the region's policy for people with disabilities is based states that the Walloon Government is to disseminate information on their rights and the services available to them. It also states that the Walloon Agency has a general co-ordination and information role. Among other things, this covers: promoting research, data collection and the introduction of social indicators; running information and motivation campaigns to increase public awareness; providing support, information and guidance for people with disabilities, and information for their families. Wide-ranging initiatives are taken in this area, including: numerous leaflets and booklets; communication, information and documentation services run by the Agency; a centre for advice and information on technical aids; information campaigns, colloquies, meetings, study-days, etc.

## **C. Commission of the French Community of the Brussels-Capital Region**

The Commission's decree states that the Brussels Service is responsible for "promoting the provision of information for people with disabilities by collecting and disseminating any documentation which may serve that purpose". With this end in view, the Brussels Service has arranged several information meetings for organisations or associations working for people with disabilities in the Brussels region, publishes leaflets on employment and vocational training centres, and a booklet "Help provided for people with disabilities by the Commission of the French Community of the Brussels Region", issues a widely-circulated annual report, displays and advises on technical aids at a special centre, has a stand at forums and provides on-the-spot documentation for students, families and professionals.

## **D. German-speaking Community**

The Office's activities in this sector are similar to those of the other Belgian agencies.

### **E. Federal state**

The federal state circulates information on issues for which it is responsible – and particularly on allowances for people with disabilities.

## **XII. Statistics and research**

### **A. Federal state**

The exact number of people with disabilities in Belgium is not known. Taking a count would mean defining the term “person with a disability” restrictively and would oblige the people concerned to be registered as such with an official body. Every agency involved in implementing policies for people with disabilities keeps statistics on its own activities. The federal ministries concerned, for example, publish statistics on social security and on allowances for people with disabilities.

### **B. Flemish Community**

The Flemish Fund’s “HERMES” programme collects the statistics needed to plan policy for people with disabilities. Numerous statistics can be gleaned from the various computer programmes used by the Fund.

The Fund subsidises scientific research, most of it done by universities, on questions relevant to the social integration of people with disabilities. A study and research unit, set up within the Fund itself and staffed by civil service scientists specialising in the social integration of people with disabilities, supplements the efforts made in this area.

### **C. Walloon Region**

The Walloon Agency keeps statistical data on people with disabilities who apply to it for help. It also has sub-regional coordinating committees responsible for: collecting the statistics available on the socio-economic profiles and situation of people with disabilities; studying, in the areas they cover, the services required by people with disabilities; helping to coordinate social and health services partly or wholly intended



for people with disabilities in the areas they cover; proposing ways of promoting an active policy in the areas they cover, particularly by drawing up sub-regional plans for co-ordination and deployment of services provided for people with disabilities.

#### **D. Commission of the French Community of the Brussels-Capital Region**

The Brussels Service keeps data on people with disabilities who apply to it for help. These data are collated and some of them published anonymously in the Service's annual report. The members of its multidisciplinary team must respect privacy and are bound by a professional code.

#### **E. German-speaking Community**

The Office keeps in regular touch with local authorities, for the purpose of collecting and updating data on the needs of people with disabilities. It also carries out regular research in this area. The University of Liège is currently doing research on the impact of measures for people with disabilities and the extent to which they facilitate social integration.

## I. General policy

Danish disability policy is not a defined and isolated political area. It is a coherent and integrated part of the values and norms on which the Danish society is based. The objective of Danish disability policy is equalisation of opportunities. In 1993 the Danish Parliament (the Folketing) made a unanimous decision in principle on equal rights and opportunities for disabled persons: the "B 43 Parliamentary resolution concerning equalisation of opportunities for disabled people and non-disabled people". The resolution states that:

The Danish Parliament appeals to all national and municipal authorities as well as private enterprises that, with or without public support, they

- follow the principle of equal rights and equality of opportunities for disabled persons compared with other citizens; and
- show regard for and create possibilities for expedient solutions in consideration of disabled citizens' needs in connection with the preparation of resolutions in which such consideration is at all relevant."

Thus, the Folketing has requested all public authorities as well as private enterprises to comply with the principle of equality and equal treatment of disabled persons. The same year the United Nations adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities, to which Denmark acceded. By adopting these rules Denmark has committed itself to actively support the integration of disabled persons into all areas of society. The objectives set in

the standard rules are in many ways consistent with the principle of equality of opportunities laid down in the B 43 parliamentary resolution.

At the general level, the Equal Opportunities Centre for Disabled Persons, an independent institution, is set up under the National Handicap Council, an institution under the Ministry of Social Affairs. It is the task of the Centre to collect and disseminate information and expertise about the conditions of disabled persons and the effects of different handicaps, both at the national and the international level. The Centre is available to both authorities and private individuals and organisations with expertise and information about the circumstances of disabled people. It is the task of the Centre through dialogue, co-operation and documentation to help implement the general objective – a society for all. Also, it is the task of the Centre to call attention to situations in which disabled citizens are not treated on an equal footing with other citizens. In order to do this, the Centre submits among other things, an annual report to the Minister of Social Affairs and the Folketing.

The Council was set up in 1980 and is an advisory body to the government and Parliament in matters of disability policy. The tasks of the Council are to monitor disabled people's living conditions and to take initiative and put forward proposals for policy changes in this area. It is a prerequisite that all central authorities consult the Council in matters of disability policy.

### **Principles and objectives of disability policy**

Three concepts – the environment-based perception of disability, the principle of compensation and the sector responsibility principle – are central elements in the principle of equalisation of opportunities and thus in the disability policy pursued in Denmark. The three elements indicate on which considerations and attitudes the objective of the principle of equality of opportunities is based and they are therefore important preconditions for understanding what the principle

of equalisation of opportunities means in Danish disability policy.

### **The environment-based perception of disability**

In Denmark we aim to understand the concept of disability as a dynamic concept in constant development and change. Thus there is no one fixed definition of the concept of “disability” and therefore no list exists of the disabilities that make a person eligible for special rights. However, there is widespread support for the use of “the environment-based perception of disability” and the clarification of the concepts contained in the UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

### **The principle of compensation**

The principle of compensation implies that society offers disabled persons a number of services and aids in order to limit or offset the consequences of their disabilities as much as possible. The compensation is to make good the consequences of the disability for the purpose of giving disabled persons as equal a basis as at all possible.

Compensation may be in the form of individual personal aids, parallel offers, or compensation can be joint initiatives, where society is organised so that regard is paid to the widest possible extent to people with disabilities. It is a fundamental part of Danish disability policy that compensation is free for the individual person and is granted irrespective of the person’s own and his or her family’s income or capital.

As is evident from the principle of compensation, equalisation of opportunities is not a matter of treating everyone in exactly the same way. A prerequisite for equal opportunities is a varied and individually adapted effort. Equal opportunities mean to secure real and equal opportunities for disabled citizens to take part in all activities in society, despite their different starting points. This can only happen if each individual sector of society takes on its responsibility for equal opportunities.

## **Sector responsibility principle**

The principle of sector responsibility implies that responsibility for the equalisation of opportunities for disabled people in a specific area in society is placed with the authority responsible in general for the area in question.

This principle rests on a basic view that in order for disabled people to obtain full participation in the life of a community, all sectors must be involved and assume their part of the responsibility for the principle of equalisation of opportunities to be implemented.

In order to ensure sector responsibility there must be a legal basis and economic willingness to compensate for disability in all places where there are obstacles – in the transport system, the educational system, the job market, and in areas such as housing, shops, information, etc. It is an important task for the players to work towards providing this basis.

## **II. Prevention and health education**

All sectors in the Danish society are concerned with preventing people from developing an impairment or becoming disabled. Different policies and laws in the fields of work, health and traffic aim to prevent people from being injured for instance at work and to secure safety at workplaces, homes, traffic etc.

Handicaps are the limitations to a person's abilities which are a consequence of the disability because the surrounding society is not equipped to meet the needs that people with disabilities have and the demands they make. Following this definition, preventing disabled person from becoming handicapped is a matter for society as a whole and as such must be taken into consideration by all sectors in society.

## **III. Identification and diagnosis**

Described in chapter IV.

## **IV. Treatment and therapeutic aids**

The Danish health care service is based on free and equal access to treatment irrespective of residence, age, health, life style and income. Everybody receives treatment based on a medical assessment. The Danish health care service consists of two parts: (1) the primary health care service, which comprises general medical practitioners, specialists, dentists, physiotherapists, etc., and (2) the hospital service. Each of these service systems is regulated by its own act, i.e. the Danish National Health Security Act and the Danish Hospital Service Act. Everybody living in Denmark is entitled to benefits from the health care reimbursement scheme. Benefits include free medical attendance by general medical practitioners and practising specialists as well as reimbursement of part of the cost of medicine, dental treatment, physiotherapy, chiropractor treatment and psychological assistance. Most of the Danish health care service expenditure is financed via taxes.

### **General medical practitioners**

General medical practitioners in Denmark play a key role in the Danish health care service. Citizens are free to choose a general medical practitioner and consultation is free. Disabled persons are subject to the same rules as those which apply to the rest of the population with respect to choice of general medical practitioner.

### **Specialists**

The specialists are also paid via an agreement with the health care reimbursement scheme based on the number of consultations and, like the general medical practitioners, they must have permission to set up a practice. Due to their disabilities many disabled persons need to consult specialists in connection with treatment/follow-up of their illness.

## **Physiotherapists**

The health care reimbursement scheme pays part of the cost of treatment by a physiotherapist while the citizen must pay the rest. To obtain treatment by a physiotherapist it is necessary to have a referral from one's general medical practitioner. Physically disabled persons who are to be treated by a physiotherapist because of their illness may be granted physiotherapy free of charge. Some county authorities also offer special groups of disabled persons horse-riding as a physiotherapeutic treatment if prescribed by a doctor. This service is closely attached to the provisions on free physiotherapy.

## **Chiropractors**

The health care reimbursement scheme pays some of the expenses for treatment by chiropractors. The remainder of the treatment expenses must be paid by the citizen. The chiropractor service includes diagnostics, prevention and chiropractic treatment of biomechanical functional disturbances and derived pain conditions in the spine, pelvis and extremities. The citizens may use the country's 250 chiropractors without having a referral from their general medical practitioner. Unlike physiotherapy, disabled persons cannot receive free treatment by chiropractors.

## **Other services provided by the health care reimbursement scheme**

The health care reimbursement scheme also offers a number of other services which are free for the citizens. Diabetic patients and overweight persons may be referred to dieticians. Rehabilitation expenses after accidents or diseases are also covered by the health care reimbursement scheme. Psychologist consultations may be paid for in a number of cases, e.g. after death in the family, rape and other violent events which require professional treatment if the citizen is to be able to function in future without having suffered permanently from the occurrence. Disabled persons can obtain free psychological assistance in direct connection with the discovery of the disability.

### **Cover of expenses for sign language interpretation and transport**

In special cases the health care reimbursement scheme will pay the cost of interpreter assistance and of transportation between the home and the place of medical treatment. If the individual doctor finds it necessary to use the assistance of an interpreter to be able to finish a treatment/examination the doctor may request such assistance without any expense for the citizen. This may be necessary both in the case of deaf/hard-of-hearing patients and patients who do not understand Danish.

Normally the citizens must themselves arrange for transportation between their residence and the place of treatment/surgery. Some groups of severely disabled persons may, however, obtain payment of the transport costs through the health care reimbursement scheme. This applies, for example, to citizens who are to be conveyed in a recumbent position.

### **Services for mentally ill persons**

The treatment of mentally ill persons takes place both at hospitals and in district psychiatry centres, which are cross-disciplinary facilities for outpatient psychiatric treatment. Unlike the psychiatric hospitals the district psychiatry centres have no facilities for patients to stay overnight or live there. The idea of district psychiatry is to treat persons suffering from mental disorders in their own environment so that they avoid hospitalisation. The psychiatric area has undergone a major change with the establishment of district psychiatry units. This development has taken place in parallel with the reduction of the number of hospital beds.

### **Home nursing**

All the country's municipal authorities have established home nursing schemes. The general medical practitioner sees to it that home nursing care is granted to citizens in need of treatment in the home because of short duration or chronic



illnesses or because the citizen is dying. The municipal authority pays for the bandages, dressing material, etc. that the home nurse needs in his/her work. The scheme is free for the citizens, and the citizens have a right to assistance from the home nursing scheme if the general medical practitioner prescribes it. Disabled persons too have a right to treatment under the home nursing scheme. When this is possible it may be a good alternative to treatment in hospital because it means that the patients does not have to leave home to be treated.

## **Rehabilitation**

Rehabilitation is an area involving several sectors. The hospitals handle the actual rehabilitation which is part of the whole treatment. The municipal authorities are mainly responsible for the maintenance training. During the hospital stay the rehabilitation is handled by physiotherapists and ergotherapists employed by the hospital.

When the patient has been discharged, there are a number of options for treatment of patients needing rehabilitation. Rehabilitation can take place on an outpatient basis at hospital, under the auspices of the municipal authority by therapists employed by the municipal authority or by practising physiotherapists based on a medical referral.

## **V. Education**

Education is one of the main routes to the labour market, to self-support and integration into society as well as to personal development. That is why the access of disabled persons to education is a high priority on the disability policy agenda. Effective efforts to include disabled people in the education system can prevent many of the exclusion mechanisms that disabled people would otherwise encounter later on in life.

### **The Danish education system**

Education is compulsory for nine years in Denmark. Most children receive this education in the municipal primary and

lower secondary schools (the *Folkeskole*), which offer education from the pre-school class to the tenth form (basic school education).

### **Basic school education**

All children, disabled as well as non-disabled, have a right to at least nine years' basic school education. Disabled children's basic school education is subject to the Danish Act on the *Folkeskole*, which applies to all basic school education in Denmark. Basic school education is the responsibility of the local authorities, and it is the local school authorities that make any compensatory measures available to disabled children, e.g. special education, special aids, specially planned teaching material or any other measure that is necessary to enable the pupil to follow the instruction.

The *Folkeskole* teachers must be qualified to teach all children, including disabled children. This makes great demands on the qualifications of the individual teacher, and continuing training will often be required when a disabled child is to be integrated into the ordinary *Folkeskole*. Approximately 10 % of the children in the ordinary *Folkeskole* receive some kind of special education or some other form of compensation.

Severely disabled children who need very extensive special education are offered education at specialised special schools. This education is provided either at proper special schools, at twin schools where an ordinary *Folkeskole* and a special school have been established in immediate connection with each other, or in centre classes which are special classes at ordinary schools

### **Youth education**

Having completed the basic school education young people may continue their school education by taking a youth education course leading to an upper secondary school leaving examination or a higher preparatory examination or by taking a vocational/technical education or training course, an open

youth education course providing individualised education, or a course at a production school.

Disabled pupils who wish to proceed to youth education after having completed their *Folkeskole* education are subject to the same rules as apply to all other pupils undergoing youth education. In most cases it is the individual school/educational institution which is responsible for offering disabled pupils the necessary compensation.

### *Production schools*

Production schools offer instruction in workshop subjects, and the teaching is very practically oriented. The Danish Production Schools Act contains a provision that compensatory measures may be offered but there is no requirement that they shall be offered. Nor can production schools which choose to offer handicap compensating measures obtain financial compensation.

### *Specially organised youth education*

Young people who are so severely handicapped that they do not have a realistic chance of completing a youth education course in the ordinary education system may instead receive youth education organised in accordance with the Danish Special Education for Adults Act. However, this Act does not contain any guidelines for the contents of such a youth education offer. It is up to the individual county authority to decide how the offer is to be provided, both in terms of duration and in terms of quality. All counties have such youth education offers, but the offers vary a great deal as to duration, contents and objectives.

### *Higher education*

Having completed the youth education, approximately 50% of a youth year group begins higher qualifying education. When disabled students have been admitted to higher education, they may apply to their educational institution for compensatory measures as it is the individual educational institution

which is responsible for granting handicap compensating measures.

### *Continuing and advanced training*

To meet the strongly growing need for continuing and advanced training the Danish Government introduced an adult education reform in 2000. The reform provides for support to cover the costs of living during adult education. However, the reform does not contain any general possibilities of support for handicap compensating measures.

One area of the continuing and advanced training system provides special possibilities for the access of disabled persons. This applies to the labour market courses (AMU), courses of shorter or longer duration taken with a special view to acquiring or upgrading practical skills in the labour market. It has been agreed that the accessibility of the educational institutions must be improved and that disabled persons' possibilities of attending classes must be ensured. Funds have been earmarked for providing improved accessibility and compensation in class.

### **Special education for adults**

In addition to the compensation offered within each area of education, disabled persons may receive compensatory special education in accordance with the Danish Special Education for Adults Act. The purpose of special adult education is to compensate for the consequences of functional impairments by learning how to use certain tools or methods in everyday life situations. In some cases special adult education will be a must in order to be able to handle everyday functions, but it may also be necessary as a form of compensation in relation to the education system and the labour market.

### *Education and economic support*

On reaching the age of 18 a young person can apply to the Danish State Education Grant and Loan Scheme (*Statens Uddannelsesstøtte*) for support to cover the costs of living

during education. A large group of disabled students does not have the possibility of supplementing the grants from the Danish State Education Grant and Loan Scheme with occupational employment. Instead these students may receive a rehabilitation allowance from their local authority. Within adult education too it is possible to obtain support to cover the costs of living. The support within adult education is called the State Educational Support for Adults and can be paid for education at the levels of primary school, lower secondary school and upper secondary school but also in higher education.

## **VI. Vocational guidance and training**

Described in chapters V and VII.

## **VII. Employment**

In Denmark, we talk about the spaciousness of the labour market; where there is room for everyone. The objective is to have as many people in employment as possible and as few people as possible on transfer income, early retirement pension for example. To most people it is important to have a job in order to have a basis of existence but also to have an identity and be part of the life in the community. This applies also to the group of disabled persons who may not have a full capacity for work in every respect. Therefore, as part of the spacious labour market many agreements today include so-called "social chapters" or social clauses. These clauses open up the possibility for the individual place of work to enter into agreements about jobs paying regard to an employee's reduced capacity to work, for example for an employee to work fewer hours and with less pay than set out in the collective agreement.

### **Possibilities of compensation for disabled people in employment**

There are several acts regulating conditions in the Danish labour market but no legislation serves as an actual protection

for disabled people if, for example, because of their disability they are not employed in the first place or if they are dismissed. As for public authorities in their capacity as employers an equality principle applies. This principle implies that disabled people must not be discriminated against when positions in the public service are to be filled (see preferential access).

Today, Denmark has laws that ensure disabled people compensation for their handicap so that they will be able to function in a job. This legislation can be found in the Act on Compensation for Disabled People in Employment etc. Act, which the employment centres administer, and also in the Danish Act on An Active Social Policy and the Act on Social Services, both of which are administered by the local authorities.

### **Schemes found in the Danish Compensation for Disabled People in Employment etc. Act**

In 1994, special handicap consultants were included in the staff appointed by the employment service. Their job is to help disabled employees familiarise themselves with the opportunities available for assistance towards their becoming employed or remaining in a job. The consultants' job is also to administer the code of practice concerning the Danish Compensation for Disabled People in Employment etc. Act.

#### *The "Icebreaker" Scheme*

The Icebreaker Scheme is a kind of in-service training scheme. The aim of the scheme is for newly qualified people with disabilities to gain work experience, making it easier for them to get a job later on. The Icebreaker Scheme was implemented because many disabled people did not have as easy access to work experience relevant to their studies as other students had. Through this scheme a disabled person is engaged by a firm on ordinary terms of employment. The employer can then receive a wage subsidy of 50% of the employee's pay for a period of 6-9 months.

### *Preferential access*

Disabled people may face barriers resulting from other people's ignorance of and prejudice against them. In order to dismantle these barriers, rules about preferential access for people with disabilities have been introduced. Preferential access means that on application for a vacancy with public employers disabled people must be summoned for a job interview if they meet the formal educational requirements for the job.

If, after the job interview, the public employer finds that the disabled person is as qualified as the other applicants, the job should be offered to the disabled person. In the event that the enterprise does not employ the disabled person, it will have to explain to the employment service why this person was not employed.

### *Personal assistance for disabled people in work*

Wage earners and self-employed persons with impaired vision or hearing or with another physical disability are able to get personal assistance in the form of interpreting or assistance with practical work functions. Granting a wage earner or a self-employed person personal assistance implies that the personal assistant only performs tasks of a purely practical nature for the disabled person, such as copying on a copier which the wheelchair user cannot get to, or lifting things down from bookcases. The personal assistant thus must not take over the tasks of the disabled person.

The personal assistant is employed by the same firm as the disabled person or in the disabled person's own business. The employer will have the cost of the personal assistant reimbursed. Assistance can be granted for a maximum of 20 hours per week unless the disabled person has two different disabilities, is deaf-blind for example. In that case assistance can be granted for the full number of hours for which the disabled person is employed. If the personal assistant participates in work-related travels, the employer will also have the costs reimbursed.

Personal assistance can also be granted to employees in sheltered jobs or in jobs with flexible working arrangements, i.e. jobs for which the employer is paid a wage subsidy.

### *Aids*

The general rule is that aids for disabled persons are granted by local authorities under the provisions of the social legislation. However, a pilot scheme has been started which gives the handicap consultants of the employment service the discretion to grant aids of a particularly urgent nature. So far, this scheme has proved very useful as it has turned out that the employment services have a fast administrative procedure and also a thorough understanding of the conditions on the job market.

All assistance granted in relation to the Danish Compensation for Disabled People in Employment etc. Act is granted irrespective of the size of the income and capital of the disabled person.

### **Schemes under the Danish Act on An Active Social Policy and the Act on Social Service**

Local authorities can also grant compensatory support to disabled people in work. Local authorities do this under the Act on an Active Social Policy and the Act on Social Services, which enable them to provide the following schemes:

#### *Aids or changes at a place of work*

If special tools, aids or changes at the place of work will enable the disabled person to perform particular work, it is possible for that person to receive assistance for this purpose. The local authority would for example grant assistance for specially designed tools, special work chairs, the installation of grab handles, widening of doorways, installation of ramps and lifts.

For such assistance to be granted, the person's working capacity must be impaired for physical, psychological or social reasons and the assistance must be essential for the



person to be able to retain or obtain employment. It is not relevant whether the person is employed in a job under normal conditions or in a job where the employer receives a wage subsidy. Self-employed people also have the opportunity of receiving assistance. This assistance is granted without regard to the disabled person's income or capital.

### *Social rehabilitation*

Rehabilitation includes job-orientated activities as well as financial support which helps a person with limited capacity for work to remain in or enter the job market. It is the local authority that decides on the granting of rehabilitation. The aim is to improve a person's opportunities to be self-supporting through entering the job market. The local authority can offer financial support for education, financial support for a work test, training for a job or training taking place in a specific firm or financial support for establishing their own business.

Rehabilitation is tailored to meet the individual person's capabilities, needs and wishes for future employment. Prior to the rehabilitation course, the rehabilitee and the local authority's rehabilitation officer draw up a job-orientated plan. The plan sets out the constituent parts of the rehabilitation plan and includes a time schedule which normally cannot exceed five years. When a person receives rehabilitation assistance for educational purposes it is possible for this person to study for one or two terms abroad. If required, the rehabilitee can take part in preparatory courses, work tests and the like prior to rehabilitation. In the course of preliminary rehabilitation the rehabilitee retains his or her previous basis of existence, for example sickness benefit or cash benefit.

### *Flexible working arrangements*

If a person's capacity to work is so reduced that the person cannot get a job or retain a job under normal conditions, it is possible to establish a job with a wage subsidy created for that person – a job with so-called flexible working arrangements. The special thing about a job with flexible working

arrangements is that it is possible in the terms of employment to pay regard to the person's reduced capacity for work and special needs. Such considerations could be that the employee has rest periods in the course of the working day, that the employee works more slowly than the other staff, or that the employee works for a reduced number of hours but receives full pay.

It is a condition of being employed in such a job that the same person does not receive a social pension. This scheme is relevant only when all other attempts at obtaining employment under normal working conditions and rehabilitation are exhausted. The capacity to work can be reduced both for physical, psychological, and social reasons.

### *Sheltered employment*

If a person's capacity for work is so impaired that he cannot be employed in a job without a wage subsidy or in a job with flexible work arrangements or a sheltered job with a wage subsidy, the person in question can be employed in sheltered employment, for example at a sheltered workshop.

Most people in sheltered employment have their early retirement pension as their major income seeing that the income from sheltered employment is often very low. This sort of employment is aimed in particular at people who can cope with production-orientated work, assembly and packing jobs for the further processing and finishing of the products. An offer of sheltered employment can be combined with other offers, such as special education.

## **VIII. Social integration and environment**

### **Accessibility**

Danish building legislation gives the Minister for Housing and Urban Affairs authority to issue building regulations by which all building work, by and large, is regulated. After the latest amendments were made to the Danish building legislation it

appears from the object provisions that one of the objects of the legislation is to promote accessibility for disabled people.

### *Building regulations*

Denmark has two sets of building regulations, one for small houses (single-family houses and summer houses) and one for other buildings. In the building regulations for small houses there are only a few requirements which directly have to do with accessibility for disabled people. It is a fundamental principle, however, that there is to be direct level access to the houses.

In the 1995 Building Regulations, which by and large regulate all buildings other than small houses, there are several requirements which provide for the needs of disabled people. There are for example demands for direct level access to buildings, demands that there is a lift if a building has more than two floors above ground level, and demands that there are handicap toilet facilities. Moreover, Danish building legislation has just been amended so that it is now possible to demand installation of an induction loop system.

### **Initiatives in the accessibility area**

The Ministry of Housing and Urban Affairs revised the *Bygherrevejledningen* ("guidelines to clients" – a complete survey of the rules in force for building work undertaken by the Danish State) so that from the summer of 2001 it will be a requirement that for all building work for the Danish State a person will be appointed to be responsible that the building in question is accessible for disabled people.

The Ministry of Housing and Urban Affairs has also taken initiatives to train a special corps of accessibility consultants. The purpose of having such accessibility consultants is to ensure that a number of persons are trained so that they will be able to map out in a qualified way the accessibility of cities, towns and buildings with a view to the subsequent offering of professional advice. In September 2000 a requirement was set out in the training of architects that future architects are to

have knowledge and know-how of accessibility for disabled people.

### *Transport*

The transport sector plays a central role for the equal treatment of persons with disabilities. Responsibility for the public transport service in Denmark is divided among state, county and municipal authorities. The authorities outsource to some extent parts of their tasks to private providers, and private companies may also obtain permission to provide transport services or to supplement the services provided by the public authorities. Lastly, private cars account for a major part of the passenger transport.

### *Parliamentary resolution on traffic and accessibility*

In 1987 the Danish Parliament, the Folketing, passed a resolution in the form of a political recommendation on improvement of traffic and accessibility for persons with disabilities. According to the parliamentary resolution, physical accessibility and the accessibility of information are matters of vital importance which require special awareness if persons with disabilities are to be ensured equal access to the transport system. In addition to the matters mentioned in the parliamentary resolution, compensation for higher travelling expenses caused by the disability may also be needed. These extra expenses might be travelling expenses for a personal attendant who is necessary to make the trip or extra expenses because it is not possible to use the ordinary means of public transport.

In recent years there has been a general improvement of the accessibility of short-distance traffic, e.g. through the introduction of low-floor buses and coaches. Accessibility is also being improved in connection with the continuous renovation of long-distance traffic – including purchases of new rolling stock. The replacements of the means of transport and the conversion of traffic equipment are expensive and carried out over a long period of time.

The national train traffic service has facilities, which ensure that wheelchair users can get help to use a lift to get from the platform to the train. It is also possible to join a scheme where the person with a disability who needs an attendant can obtain a discount on his own and the attendant's ticket prices. Many regional transport providers have similar special price schemes, often for blind persons or persons with severe visual impairment.

In addition to the ordinary public transport service, there are a number of services designed to provide transport for various purposes to persons who cannot use the ordinary public transport service due to a disability.

#### *Individual transport scheme*

County and municipal authorities are under an obligation to provide individual transport schemes to persons with restricted mobility. The scheme is statutory and exists in parallel with the public transport service. This scheme offers individual door-to-door transport to persons who because of restricted mobility are unable to use the ordinary public transport service.

#### *Subsidies for taxi transport*

There are a number of different schemes granting subsidies towards the cost of transportation to treatment at the doctor or at hospitals and transportation to training or educational establishments. The local social authorities may also grant subsidies for taxi transport to persons in need of individual transportation due to permanently impaired function where other schemes cannot be used.

#### *Cars for persons with disabilities ("disability cars")*

In some cases subsidies can be granted for the purchase of a car if the public transport service, the individual transport schemes or other schemes cannot cover the need for transport. This possibility exists when the person's freedom of movement is substantially reduced because of a disability if he or she has no car and if the person in question is in need

of transport in connection with employment, education or training. The possibility also exists if the access to a car would make the person's daily life much easier. The subsidy is not conditional upon the recipient being able to drive a car him- or herself. Consequently, a disability car can also be granted to a disabled child under 18.

### *Driver's licence*

Driving lessons by an instructor and a medical certificate are required to obtain a driver's licence. Subsidies are granted for both, and for the renewal of the driver's licence too if, for example, the person suffers from a progressing illness or if other health conditions make it necessary to renew the driver's licence regularly. If the driving lessons are to take place in the car specially adapted for the disabled person, a subsidy can also be obtained towards payment for the mounting and dismounting of pedals for use by the driving instructor.

### *Parking card*

People whose freedom of movement is greatly reduced because of their disability may obtain special parking cards. The parking card is issued to the person and not for the car, and it gives the right to park longer than under the general parking rules. The card is issued to persons with a disability car who are covered by the individual transport schemes or whose freedom of movement is reduced because of a disability.

## **Housing and other types of accommodation**

Like everybody else disabled persons have different wishes for their homes. Some persons with disabilities need to have their homes arranged and furnished in a special way because of their disability. The public authorities may subsidise construction of housing for elderly persons and persons with disabilities. County and municipal authorities are under a special obligation to provide housing for disabled persons, who are in need of care, attendance or treatment.

Common to all types of accommodation is that the support and assistance that the individual person needs is provided independently of his or her type of accommodation, and any pension awarded to the person in question is paid irrespective of the type of accommodation

### *Public rented housing*

Many rented dwellings are in publicly subsidised housing developments. Some of these dwellings have been arranged and furnished so that they can be used by people with restricted mobility. Those municipal authority's citizens who have restricted mobility have a preferential right to these dwellings.

### *Accommodation provided by county and municipal authorities*

Persons with disabilities who are in need of very extensive support and assistance often live in so-called county authority accommodation. This applies, for example, if the person concerned needs substantial assistance for general day-to-day functions or extensive care, attendance or treatment because of his or her disability. Also the municipal authorities can offer accommodation combined with substantial assistance. The objective of such accommodation could be to give the person sufficient strength to enable him or her to fend for himself or herself in the future.

## **Assistance for interior design**

### *Interior design*

The municipal authority provides assistance for special arrangement and furnishing of the dwelling where this is necessary because of permanently impaired function. The principle of assistance for adaptation of a dwelling is based on the idea that persons with permanent disabilities should be able to lead a life which is as close to normal life as possible and should not have to incur extra expenses due to their disability.

### *Assistance for moving*

The Services Act provides for assistance towards the cost of any move to another dwelling. This is only relevant if it is not possible to make the necessary adaptations in the person's present dwelling and if the municipal authority cannot refer the person to another suitable dwelling.

### *Housing subsidies*

Persons living in a rented dwelling and persons receiving social pension may obtain a subsidy towards their housing expenses. The housing subsidy is calculated on the basis of the household income, the housing expenses and the size of the dwelling. Persons with severely restricted mobility who live in a dwelling which is suitable for persons with restricted mobility may obtain a subsidy for a dwelling which is larger and more expensive than normal. This is due to the fact that more space will be needed for a wheelchair, technical aids or personal assistant carers who do not live in the dwelling.

## **Technical aids**

### *Aids*

Persons with permanent disabilities can be granted aids when the aid in question remedies considerably the consequences of that disability and thus makes the person's daily life easier or facilitates the performance of a job. There is no predetermined limit as to what can be defined as an aid as long as its purpose meets the provisions of the act. The assistance will normally be granted as a loan, as a cash benefit or be given to the person to keep. The granting thereof is not dependent of the person's age.

### *Durable consumer goods*

The local authority grants support towards purchases of so-called consumer durables if those items can to any considerable extent remedy the consequences of the disability. Support towards consumer durables is granted at 50% of the price of the product, which then becomes the user's property.



This implies that the recipients themselves pay for any repairs of goods and also their replacement.

## **Access to information and communication**

### *Telecommunication*

In connection with the extensive liberalisation in telecommunication, laws have been passed in Denmark ensuring that the special telecommunication requirements of disabled people are also provided for in a liberalised telecommunication market.

Deaf people are thus entitled to have a text telephone (the telephone apparatus) made available for them by the provider of the telecommunication service. For the purpose of the text telephone a relay service has been established, which is open round the clock and which deals with conversations between hearing people and people with impaired hearing. Private telecommunication companies run and finance the text telephone and the relay service as part of their obligation to supply communication facilities.

In parallel with the text telephone a special text telephone for deaf-blind people has been established. The telephone is based on Braille or on a much enlarged text displayed on a screen. The telephone for the deaf-blind is also part of the relay service.

Disabled people who cannot use a traditional telephone directory can have access to the manually operated directory service via a service named "the directory service for disabled people". The manual directory enquiry service is usually a very expensive service, but disabled people get a discount of approximately 75% of the normal rate.

### *Information technology*

Denmark supports the idea of introducing *Universelt Design* (Design for All), which gained widespread acceptance in large parts of the world in the course of the 1990s.

There is no specific legislation ensuring the implementation of universal design. However, during the 1990s the Ministry of IT and Research set up a number of action plans and guidelines aiming at this objective. The action plan for disabled people's use of IT called *Frihed til at vælge* (Freedom to choose) from 1996 lists a number of initiatives covering, among other things, the development of a Danish speech synthesis, the establishment of a centre for accessibility, and the accessibility to cash dispensers.

The report "Realigning to the network society" from December 1999 includes specific initiatives to raise the quality standard of public authorities' homepages through continuous quality control, including control that homepages are accessible to disabled people. This initiative is in the process of being realised under the heading *Bedst på Nettet* (Best on the Net).

In the report from the Government's ministerial committee on the disability area from November 2000 the initiative was taken that in connection with public authorities' purchases of IT solutions requirements would be made that regard for accessibility should be part of the contracts for the projects. Furthermore, the choice would also be for products which meet the accessibility requirements.

### **Sport, culture and leisure time**

Disabled persons' access to culture has been on the agenda for several years, and the Danish Government has taken a number of initiatives to improve the accessibility of the state's cultural institutions. However, cultural life flourishes in many different fora, and the state's institutions account only for some of the many different cultural activities. Consequently, disabled persons' access to culture is not a task that can be undertaken by the public authorities alone; it is an area where many parties are responsible and therefore must be involved.

Special activities aimed at persons with disabilities exist in the field of culture and leisure-time too. There is, for example, a national association (The Danish Sports Organisation for

Disabled Persons), which has a large number of sports activities aimed at different groups of persons with disabilities.

### *The Danish Ministry of Culture's action plan*

In October 1999 the Minister for Culture published an action plan *The Cultural Profile – An Action Plan for Disabled Persons' Access to Culture*. In August 2000 the Minister for Culture also published a request to the Ministry of Culture's institutions to make it free for disabled persons to bring an attendant.

Most recently the Minister for Culture has tabled a Bill Amending the Act on Museums. The Bill proposes that to keep and obtain subsidies museums must endeavour to provide the greatest possible accessibility for, among others, persons with disabilities. Accessibility here means not only physical accessibility but also the possibility of sign language interpretation and the possibility of touching exhibits so that they become accessible to blind persons.

### *Public libraries*

The municipal authorities are responsible for operating public libraries that make books, magazines, audio books and other materials available to the citizens. The public libraries are also central providers of municipal and state information as well as information about society in general. The libraries have audio books, books printed in Magna (large) print and other services aimed at different groups of disabled persons. The municipal authorities are also responsible for establishing library services for children and adults who because of, for example, a disability are prevented from visiting the library. Most of the public libraries have therefore established a system where persons with disabilities can have books delivered to and returned from their homes.

### *The Danish National Library for the Blind*

The Danish National Library for the Blind is a national library and the central provider of information and culture to blind, vision impaired and word-blind persons. The library arranges

loans of audio tapes and other materials direct to blind persons. Compared with the public libraries the library's task is to procure materials for the public libraries and provide advice. The library has a tape recording service that is made available, free of charge, to persons who because of a disability are unable to read printed text. The Ministry of Culture finances the library's activities. Further, blind persons in employment may have work-related texts recorded on tape, transcribed into Braille or receive them in electronic form – free of charge.

#### *Subtitling of television broadcasts*

Deaf persons can be informed through the use of subtitling or sign language interpretation in the public service channels' television broadcasts. However, it is far from all Danish-language broadcasts that are subtitled. In the Danish Act on Radio and Television Broadcasting from 2000 it is made clear that the public service channels are under an obligation to ensure that disabled persons' access to public service programmes is strengthened. This is to be done by utilising new technologies for, for example, subtitling etc. of Danish-language television programmes.

#### *Films*

The aim of the Danish Film Institute under the Ministry of Culture is to obtain a subsidy arrangement for the subtitling of Danish films for the benefit of deaf and hearing impaired persons. So far one film has been subtitled and two more are on their way. The Institute also grants subsidies to cinemas which wish to install an induction loop system.

## **IX. Social, economic and legal protection**

### **Social services**

In 1998, a comprehensive reform of parts of social legislation was carried out. The reform is an important step towards all disabled adults being given better chances of self-determination and improved opportunities of assistance and support

tailored to the individual person's needs. With this reform, support arrangements not previously available have been introduced and the old concept of institutions for adults with disabilities has been abolished. After the reform, all supportive services will be offered individually and irrespective of the type of accommodation, and can be combined independently of each other. Responsibility for granting and financing aids and other support lies in most cases with local authorities. More specialised assistance is provided by the county.

### *Personal help and support*

There are problems and needs which will only be dealt with if another person does it for the person with a disability. The public authorities may make persons available in various ways to help carry out tasks in the home.

### *Home help*

The home help is granted for a fixed number of hours as needed and gives practical and personal help with, for example, personal hygiene, cleaning, shopping and the like.

### *Training, etc.*

It is possible to obtain help to maintain a person's physical or mental skills through training, e.g. physio- or ergotherapy. This can be done at a clinic, a day centre or in the home of the person receiving training.

The municipal authority is under an obligation to provide support for elderly persons' needs for rehabilitation after illness etc. Persons who need rehabilitation after accidents or illness that requires hospitalisation will receive rehabilitation through the services provided by the Danish health care service. The county authority and the municipal authority coordinate the rehabilitation efforts when the person needing rehabilitation is discharged from hospital.

The municipal authority is also to provide offers of socio-pedagogical support for persons who because of a disability are in need of help, care or support. In addition, retraining and

help for the development of skills are to be offered. Socio-pedagogical support includes a broad spectrum of support services such as daily skills training and rehabilitation.

### *Relief of relatives*

A spouse, parent or other close relative caring for a person with a severe disability in the home may need an offer of substitute or relief assistance. The municipal authority provides substitute assistance in the home by sending staff from the municipal authority to replace the relatives. Relief assistance can also be granted outside the home. In that case the person needing care will stay in e.g. a nursing home on a day, night or full-time basis.

### *Personal assistance scheme*

A person having a particularly massive need of care, supervision and attendance because of a permanent disability may obtain a subsidy from the municipal authority for the engagement of a person to assist him or her personally. The person will obtain full cover of the cost of engaging help round the clock if there are no other provisions that will cover the need. To be covered by this scheme the person concerned must have a level of activity which makes intensive support necessary. The person must be able to administer the scheme as employer.

### *Attendance scheme*

For people who cannot get around on their own outside the home due to a disability, the attendance scheme can be a great help because it makes activities possible in which it would otherwise be difficult or impossible for the disabled person to participate. The attendance scheme gives people with disabilities the right to 15 hours' attendance a month. It is up to the disabled person to determine how to use the attendance scheme. It might, for example, be for shopping, cinema visits, family visits or a walk in the woods. The attendant's task is to follow along and provide help with, for

example, driving the car, finding goods in shops or help in connection with toilet visits etc.

### *Support and contact person schemes*

The Danish Services Act provides for the granting of contact persons as practical help for deaf-blind and mentally ill persons. The two contact person schemes are not identical. The contact person's tasks depend on the recipient's needs, which differ greatly from one person to another, and on whether the recipient is deaf-blind or mentally ill.

### *Extra costs caused by a disability*

Based on an assessment of their functional capacity persons with permanent physical or mental disability may obtain a subsidy towards extra costs caused by the disability. The objective of the provision is to compensate disabled persons for extra costs caused by their disability.

### *Children and young persons with a disability*

The disabled child should as far as possible remain in the home and be integrated into facilities in the immediate environment, possibly together with a support educator or some other support person. If the child's or the young person's special needs for support cannot be covered by extra help in the immediate environment, the child or the young person may be placed in facilities specially designed for disabled children and young persons. The municipal authority must on its own initiative give advice on all the services and subsidies that the family may possibly obtain for their disabled child.

### *Payment in money and benefits in kind*

The municipal authority is under an obligation to make help available if the child or the young person needs personal care or help and/or practical support for necessary tasks in the home which go beyond what the parents can handle. The municipal authority may provide the help in the home or offer relief outside the home for a number of days a week or month.

If the parents of a disabled child have extra costs due to the child's or the young person's disability, the public authorities may cover these extra costs. If one of the parents is the best to care for the disabled child or if one of the parents is to stay with the child at hospital for a long period of time that parent may obtain compensation for loss of earnings.

#### *Full-time institution*

Many children with disabilities are living at home together with their family, but there are also a considerable number who live in an institution because the family cannot give the children the necessary treatment or handle the task themselves. The county authorities are responsible for these full-time institutions for disabled children. In some cases the institutions are used as relief for a period, in other cases as a permanent residence for the children.

#### *Attendant for 16-18-year-olds*

16- and 17-year-olds, who are living at home with their parents but who are not able to get around on their own outside the home because of a disability may be offered an attendant for activities outside the home for up to 15 hours a month. The scheme is voluntary for the municipal authorities and is therefore not available throughout the country.

### **Economic security**

#### *Early retirement pension*

Persons who cannot support themselves due to long-term impairment of their capacity for work are entitled to a maintenance benefit from the Danish State in the form of early retirement pension. It is a condition for obtaining early retirement pension that a person's capacity for work cannot be improved by training, rehabilitation or treatment. The basic principle is that everybody should be able to lead an independent, active life with an attachment to the job market. Early retirement pension, therefore, is something that is not available until this attachment to the job market is no longer possible. The early retirement pension lapses when a person reaches the age of



65. From that point people are paid old-age pension, a pension which the Danish State pays to everyone who is over 65 years of age, irrespective of their capital or health situation. Old-age pension is, however, a smaller pension than early retirement pension.

#### *Sheltered job with a wage subsidy*

The condition for employment in a sheltered job with a wage subsidy is that the early retiree is under 65 years of age, receives early retirement pension, and cannot retain or obtain employment at reduced hours in the normal job market. The early retiree can either earn the wages from a job under normal conditions where the employer does not receive any wage subsidy or the pensioner can be employed in a sheltered job with a wage subsidy. A sheltered job with a wage subsidy is a job where special considerations are made for the employee's impaired capacity for work. It may, for example, be agreed that the employee has rest periods in the course of the day.

#### **Legal capacity and self-determination**

The right of self-determination is important to the entire disability field. However, there are a number of different rules that are aimed specifically at handling this field for persons with mental disabilities such as mental retardation or mental illnesses.

#### *Legal capacity and guardianship*

In 1997 a new Act on Legal Guardianship was passed. The basic idea is that a person with limited legal capacity should retain as much of his or her right of self-determination as possible. If a person is of unsound mind, e.g. because of mental retardation or mental illness, the person concerned may be deprived of his or her right of self-determination in designated areas. Guardianship can only be used for legal obligations such as the management of one's financial funds or the making of contracts. The right of self-determination in personal affairs like the question of what kind of dwelling,

assistance or activities you want is subject to special rules and cannot be excluded through the exercise of guardianship.

### *Coercion used in connection with care*

Municipal and county authorities are under a general obligation to help persons with severe disabilities. There is a general obligation to provide care, which is not written down as law. It is up to the person themselves whether they will accept the help.

For persons with specific substantially impaired function like mental retardation or dementia, the authorities may in special cases intervene in the personal liberty earlier than is normally permitted. Rules have been laid down which provide for, for example, the possibility of restraining the person concerned, removing the person to another place, and keeping an eye on whether the person concerned leaves his or her dwelling, if this is necessary to prevent the person concerned from being injured. It is always a condition that coercive measures are not used as substitutes for adequate care and that the intervention is aimed at preventing a serious risk of personal injury. It is furthermore a condition that the person receives social support in the form of practical assistance, socio-pedagogical assistance, treatment or daytime employment.

### *Crime and sanctions*

Persons with substantially impaired mental function are subject to other criminal rules than citizens in general. This means, for example, that mentally retarded or mentally sick persons who commit a crime are not subject to the general types of sanction such as a suspended prison sentence or imprisonment. If persons who are mentally retarded or mentally ill commit a crime they will be placed on probation with a condition of treatment. The probation order may contain a demand for placement in an institution subject to different degrees of supervision or a demand for supervision of the person's accommodation in his or her own dwelling outside an institution. Such an order is not subject to the same time-limits as ordinary criminal sanctions, and in the case of more

serious crimes an upper limit is not normally to be fixed for the duration of the order.

## **X. Training of persons involved in the rehabilitation process and in the social integration of people with disabilities**

Training of staff is important to have a qualified and professional service. In recent years continuing and advanced training of staff involved in the services for people with disability has been in focus.

### *Teaching and educational staff*

The Folkeskole teachers must be qualified to teach all children, including disabled children. This makes great demands on the qualifications of the individual teacher, and continuing training will often be required when a disabled child is to be integrated into the ordinary Folkeskole.

### *Social service staff*

As a consequence of the reform in social legislation in 1998 the staff in the social services has experienced a need to develop new qualifications and competences. Advanced training has been offered from the county and municipal authorities, the trade unions and other centres and institutions working in the field of developing rehabilitation and services for people with disability.

### *Architects*

In September 2000 the Minister for Culture set out a requirement in the training of architects that future architects are to have knowledge and know-how of accessibility for disabled people.

## **XI. Information**

Information about rehabilitation and integration of people with disabilities in general are collected and distributed from

different institutions, where The Equal Opportunities Centre for Disabled Persons and The Danish Council of Organisations of Disabled People play a decisive role.

The task of The Equal Opportunities Centre for Disabled Persons is among other things to collect and disseminate information about the circumstances of disabled people and to analyse and document trends of social significance to the development of the equal status of people with disabilities. The Centre therefore also collects and distributes information about rehabilitation and integration of people with disabilities. Every year the Centre makes an annual situation report concerning the appraisal of the equal treatment of disabled people. The situation report is directed to the Minister for Social Affairs and the Folketing.

The Danish Council of Organisations of Disabled People (DSI) has 29 national member organisations and is the umbrella organisation in the disability field. The members of DSI are non-governmental organisations of persons with disabilities (and their families). The DSI represent disabled people in negotiations with the national government and local authorities on issues of importance to disabled people. The DSI also provide information on the rehabilitation and integration of people with disabilities.

A number of public knowledge centres also contribute to collect, develop, systematize and communicate knowledge about the needs and development of services for specific groups of people with disabilities. The target groups are primarily professionals, who are working with services for people with disabilities. The local authorities and counties provide advisory and counselling services to people with disabilities.

## **XII. Statistics and research**

### **Statistics**

In Denmark people with disabilities are not registered and as such there is no statistical information about them, i.e.

Statistics Denmark ([www.dst.dk](http://www.dst.dk)) collects statistics on topics like population and education, labour market, social and health indicators, income and consumption.

### **Research**

Disability research within the field of social science often focuses on the relation between society and people with disabilities, and the aim is to provide better solutions to integrate and develop equal opportunities for disabled persons. The Danish National Institute of Social Research is committed to do research on people with disabilities and other institutions such as the Institute of Local Government Studies – Denmark do investigate problems of interest to the public sector and its users, including people with disabilities.

## I. General policy

### 1. Principles

People who use sign language and who require interpretation or translation services because of disability shall be guaranteed assistance by an act of parliament. In Finland the Constitution Act ( 731/1999) contains an explicit prohibition against discrimination. Section 6(2) of the act states that without acceptable grounds no one may be afforded a different status on account of sex, age, origin, language, religion, conviction, opinion, state of health, disability or any other reason related to the person. Sign language is recognised as the native language of the deaf. 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.

The Finnish Action Programme on Disability Policy "Towards a Society for All" was set out in 1995. Promotion of empowerment, full participation in society, equal opportunities, and independent living are crucial aims stated in the programme. 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 intellectual disabilities is based on a separate law, The Act on Special Care of the



Mentally Handicapped (519/1977) which came into force in 1978. Accordingly, Finland is divided into seventeen districts for special care, which organise the services needed by persons with an intellectual disability. The most vital services include housing service, work and day activities and leisure activities, family care and institutional care. The special care of persons with an intellectual disability has undergone a big change in the 1990s. 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 intellectual 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 1383/2001; 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 prenatal 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. 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.

The Social Insurance Institution allocates discretionary budget funds to the prevention of diseases and R&D work on rehabilitation.

### **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 training in rehabilitation are included. The health care system also provides personal aids for pupils of the comprehensive school and upper secondary school. The task of the education administration is to provide technical aids needed by schools and classes e.g individually fitted desks.

Under the Services and Assistance for the Disabled Act the municipality provides home adaptation and technical aids which are made to or fitted into the home.

The State Accident Office is responsible under the Military Injury Act (28.2.1948/404) for provision of technical aids needed to compensate the injuries acquired in Finnish wars or during military service.

The Social Insurance Institution provides as vocational rehabilitation those expensive and technologically advanced technical aids that are needed to improve or sustain the working capacity and the means of earning a living of severely disabled clients. In this respect a person with a severe disability is a person who, due to an illness, impairment or injury, cannot manage studies or work without these technical aids or whose coping would otherwise involve unreasonable difficulties.

#### **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 authorised 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 addi-



tion, 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**

The Rehabilitation Allowance Act has been amended in 2002 such that a young person between 16 and 20 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. In 2001 the level of the rehabilitation allowance was raised to ensure the possibility of vocational training instead of getting a pension.

### **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 education and 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.

The Act was amended in 2000 by a Decree (1139/1999) stipulating the goals and extent of coaching and rehabilitative guidance.

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.

Special vocational education is arranged by 12 vocational educational institutions with activities in about 50 municipalities 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 or 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.

In the case of disabled persons, the labour administration must promote the vocational planning, access to the labour market and remaining in the work of people with disabilities. Employment services organised and developed by the state are available to disabled persons. In the labour administration the term "disabled person" means an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognised physical or mental impairment.

The labour authorities prefer to integrate disabled persons into mainstreaming training and employment programmes offered of all employment offices around the country. In addition, the vocational rehabilitation services comprise vocational guidance, job placement services, guidance to training, the labour market training and various support measures such as health examinations, rehabilitation examinations,

work and training trials, training trials, on-the-job trials, work testing and training arranged by work clinics and support for special arrangements at workplace. The vocational rehabilitation services are offered by multi-service employment offices and these services are free of charge. The labour market training for adults is provided by vocational adult education centres and other vocational institutions. The labour administration purchases the labour market training for adults from several providers. During training, the students receive an income corresponding to their unemployment benefits. The employer is granted support for rearrangement of working conditions of disabled persons. Such support for working conditions can also compensate for the assistance provided by another employee to improve the coping of a disabled employee.

In the labour administration, special attention has been given to promoting the employment of people with disabilities on the open labour market and increasing the vocational training opportunities of unemployed disabled people. An employment subsidy can be granted to an employer for a maximum of two years to employ a disabled jobseeker. The disabled has a contract of employment with the employer and receives a pay. The purpose of subsidized employment is to maintain and improve the labour market skills and opportunities of obtaining a permanent job. The support is granted to unemployed persons for the purpose of self-employment and on-the-job-training. The scheme of subsidized employment measures has been revised in order to increase possibilities of combining training, rehabilitation and subsidized employment. In this case, a maximum period of these measures for disabled persons is two years.

### **3. Sheltered employment**

A renewal of acts stipulating the prerequisites of employment of disabled people entered into force in April 2002. The aim is to enhance availability of work for the disabled persons and to increase their employment rate closer to the state of the average employment rate in Finland.

The activities supporting the employment of persons with disabilities comprise arranging special supportive measures to promote their job placement, in case the person concerned has difficulties in finding employment by means of labour service or public employment promoting measures. Employment is a part of the local authorities' measures to promote employment. Furthermore, municipalities can arrange work and day activities (sheltered workshops) for persons with disabilities who can not enter the open labour market.

#### **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 new Land Use and Building Act (132/1999) (in force since 2000) declares that the aim of land use planning is (among others) to create a living environment that fulfils the needs of elderly and people with disabilities (section 5). This is confirmed in more detail by "the National Land Use Guidelines" issued by Government in 2001.

A local detailed plan has to include an explanation of the effects of the plan on different population groups, including people with disabilities (Land Use and Building Decree (859/1999), section 25).

The Ministry of the Environment issued in 1997 the regulations and guidelines for barrier-free building (the Finnish National Building Code, F1). It includes demands for access routes, lifts and ramps, sanitary facilities, assembly rooms

and accommodation facilities. The regulations for Housing Design (G1; 1994) define the requirements for lifts in residential buildings.

Elderly and disabled people are eligible for a special home repair grant when their income is below a set limit. The grant may cover up to 40 % of the cost, and as much as 70 %, when the repairs enable the person to continue living at home instead of being taken into an institution.

## **2. Transport**

The prohibition on discrimination in the Constitution, and the related provision requiring action to eliminate discriminatory practices also apply to transport. The obstacle-free access principle applies equally to vehicles and other equipment, passenger terminals, the walking environment, information, services and traffic system planning. Furthermore the rights to personal mobility of people with disabilities are defined in several statutes.

The general goals of transport policy defined in “Towards Intelligent and Sustainable Transport” place much more emphasis on the goal of social equality and thus the rights of people who are disadvantaged in relation to transport. The Act on Passenger Transport stipulates that when municipalities plan their transport services, they must take into account the needs of children, old and disabled people.

The Ministry of Transport and Communications has been working to promote an obstacle-free environment through various research and development projects. Financial aid from the government and more public awareness have helped speed the introduction of low floor buses, for instance. New projects under way include municipal plans for better service transport and demand-response mass transit, the establishment of obstacle-free travel centres, and the production of easy-to-understand passenger information. The aim is to promote obstacle-free transport as an element in general overall improvement of mass transit.

Obstacle-free transport is further promoted under the Services and Assistance for the Disabled Act. Municipalities are required by this Act to arrange special transportation for people with severe disabilities who are unable to use public transport. 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. In practice, this transportation has mainly taken the form of a taxi service.

### **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 at work and in education if they are not funded through some other system. The care and training equipment needed in rehabilitation are included.

### **4. Communication**

Interpreter services in sign language or using other methods of augmentative and alternative communication shall be arranged by the municipality for a person if he/she is severely disabled aurally, aurally and visually or has a severe speech impairment. Interpreter services are provided to clarify communication needed in work, studies, social participation, recreation or any other corresponding purposes. The acknowledgement of the position of sign language in the provision of fundamental rights in the Constitution Act of Finland is a step towards linguistic equality.

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.

Certain telecommunication services especially designed for persons with disabilities have been funded by the Slot Machine Association. These services include text telephone service for people with impaired hearing.

## **5. Sport**

In 1998 the Finnish Parliament amended 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. Information on the obstacle-free status of sports facilities has done much to help increase the number of centres suitable for people with disabilities.

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. Disability organisations also offer cultural and leisure activities for their members. On 3 October 2001, the Ministry of Education set up a working group on "Culture for All" to consider the matter. Its brief includes consideration of ways in which cultural activities specifically for people with disabilities and the accessibility of culture can be promoted in public cultural institutions. The working group must also make a recommendation for how promotion of culture for people with disabilities can be organised within the government administration.

An important role in support for cultural access by people with disabilities is played by the desire to ensure access to cultural services by the entire population. This means, for instance, ensuring obstacle-free access to these services. In this respect the planning of facilities for buildings is the responsibility of the local authorities, as laid down in the building legislation, for instance. Local disability organisations are usually also actively involved in the planning of facilities.

One good example of cultural services for people with disabilities is library services. The Finnish library network consists of more than 1,000 library units and mobile libraries. The home services of libraries vary from one municipality to another. Libraries offer some 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 transport services, interpreter services, service housing and related services necessary in daily life, home alterations, equipment and facilities.

The Constitution Act ( 731/1999) contains an explicit prohibition against discrimination. Without acceptable grounds no one may be afforded a different status on account of sex, age, origin, language, religion, conviction, opinion, state of health, disability or any other reason related to the person.

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**

Social protection includes both services and benefits for persons with disabilities. 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 a special financial or other burden on the family. The allowance is granted either for a fixed period or 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 20 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 encouraged to study and gain access to the labour market instead of living on a pension.

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 five years when the person is trying to work. The person is paid a disability allowance for the period the pension is dormant however for a maximum of two years.

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 inhabitants of a municipality. 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 services, assistance and support 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;
- primary 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 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 TV 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.

Digital technologies offer a variety of opportunities to overcome barriers and enlarge possibilities to information and communication. Finland has committed itself to the EU's initiative eEurope to make the design and content of public web sites accessible to people with disabilities.

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 ( 523/1999) shall be observed. 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 812/2000 stipulates the client's rights and responsibilities, as well as confidentiality and delivery of information subject to confidentiality.

## **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 and registers

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 congenital malformations 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 1980s, when it was estimated at 10% 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 in 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, Kuopio and Lapland. 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. A key role is played e.g. by the Rehabilitation Foundation and Finnish Association on Mental Retardation. The R&D activities of the National Research and Development Centre for Welfare and Health related to people with disabilities focus on accessibility and inclusion, new technology applications and services, assistive technology, client centered services and the service system. The Social Insurance Institution carries on research in order to develop the application practice concerning different benefits.

### **XIII. Latest developments**

#### **1. A legislative reform to promote the access to employment for people with disabilities**

Laws concerning employment and social services have been revised with the aim of promoting the employment of people with disabilities. The amendments entered into force on 1 April 2002. The Social Welfare Act has been supplemented with new provisions on services supporting the access to employment and on rehabilitative work for people with disabilities. The amendments to social security legislation are aimed to increase the security of people with disabilities when participating in working life.

The equal right of people with disabilities to employment has been defined as one of the central objectives of Finnish labour policy. The labour administration bears the main responsibility for employing people with disabilities. The task of the social welfare administration is to supplement the supportive

measures of the labour administration in employing the disabled persons with the lowest employability. Furthermore, the social welfare system has to arrange rehabilitative work for persons with no chances of being employed on the regular labour market.

## **2. Quality recommendations for providing services**

In the Finnish service system municipalities, numbering 450, arrange the services needed by citizens. The municipalities arrange services taking account of the local circumstances and needs, and central government steering is relatively limited. This system has both its advantages and disadvantages. One of its strengths is that the decision-making concerning services takes place close to the clients. It enables finding individual solutions that make use of the resources of the local community. A problem, on the other hand, is the differences between municipalities in providing services.

In order to promote the equality of citizens the government e.g. monitors the availability of services and informs about good practices. Furthermore, municipalities are advised to pay attention to the quality of services. Particular quality recommendations have been prepared for the services for older people and for mental health services in support of municipal quality control. Recommendations for the quality of housing services and for assistive device services for people with disabilities are being prepared; these are designed to help persons with disabilities to get services of a higher quality.

## **3. Development of interpreter services**

Although the law entitles interpreter services, this service is not always available since the need for interpreter services among people with speech disabilities is often unidentified and sign language interpreters are not available in all localities. To remedy these defects a development project has been started to increase regional responsibility for the development of interpreter services in sign language and for persons with speech disabilities. In addition, interpreter services are

organised on a regional basis by means of developing the interpreter centres.

#### **4. Supporting the families of children with disabilities or long-term illness**

The Ministry of Social Affairs and Health started in 2001 a three-year project regarding the targeting of services for children and young people with disabilities or long-term illness. Altogether 16 local trials are under way throughout the country with a view to finding various models for targeting services to families. The services and other types of support selected by the families are co-ordinated into an efficient service package that meets the needs of each family. The co-operation of various service units and client families will be intensified and the partnership will be strengthened during the project.

#### **5. New assistive technology (ITSE) project**

The purpose of this government-funded initiative is to improve older and disabled persons' independent living and communication by utilising new assistive technology.

The specific aims are to:

- improve knowledge and promote expertise of the staff who work in the social and health services;
- develop new models and practical designs for the social and health services;
- disseminate knowledge of new technical developments and services to the staff and users in relation to high technology;
- develop a local and national net of experts with knowledge of the high technology.

The ITSE-project began in the spring of 2001 and will continue until the end of 2003. Nationally, the ITSE-project is co-ordinated by the National Research and Development Centre for Welfare and Research (STAKES). At present, local activities undertaken as the ITSE project in Finland include eighteen

local projects, which are in progress or planned, and cover 350 municipalities.

More information about the project can be found at [www.stakes.fi/ITSE-hanke](http://www.stakes.fi/ITSE-hanke)



## Progress in policy on disabled persons in the Federal Republic of Germany

### I. Fundamentals of the reform policy

Policy on disabled persons in Germany has been characterized in the past four years by the most wide-ranging legislative reforms since the 1970s. With the Act to Combat Unemployment among Severely Disabled Persons (*Gesetz zur Bekämpfung der Arbeitslosigkeit schwerbehinderter Menschen*), the Ninth Book of the Social Code (*Neuntes Buch Sozialgesetzbuch*), and the Act on Equal Opportunities for Disabled Persons (*Gleichstellungsgesetz für behinderte Menschen*), a paradigm change has been completed in policy on disabled persons which has noticeably improved the conditions in which disabled persons now live.

The need for reforms in this important area in terms of social politics and social policy becomes clear in the interparliamentary coalition request for a resolution: "The integration of persons with disabilities is an urgent task facing the political sphere and society", which the German Federal Parliament adopted unanimously on 19 May 2000.

The resolution of the German Federal Parliament seizes on the profound change in the self-perception of disabled persons and the basis of policy on disabled persons: "The political efforts no longer concentrate on care of and welfare for disabled persons, but on their self-determined participation in life within society and on the elimination of the obstacles standing in the way of their equal opportunities."

By adding a second sentence to Article 3 para 3 of the Basic Law (*Grundgesetz*) in 1994, the German Federal Parliament “also created an obligation for the political arena and for society to actively strive to achieve the integration of persons with disabilities in the family, at work and in everyday life. Meeting this obligation is an urgent political and legislative task, not lastly against the ethical background of historical experience in Germany.”

The resolution considered that there was a need for “legislation to comply with the right of persons with a disability to support and solidarity as a part of accepted and universal civil rights” as a precondition for achieving the goal of “enabling persons with a disability to live a self-determined life”.

Disabled persons are no longer to be, and indeed no longer wish to be, the object of welfare in bureaucratically administered contexts, but instead the subject of a self-determined everyday life. They no longer define themselves merely as recipients of social benefits. Therefore, social policy legislation is closely linked to the call to realize the concept of equal opportunities for disabled persons, or, as stated in the first paragraph of the Ninth Book of the Social Code “to promote their self-determination and equal participation in life within society.”

Self-determination and participation instead of mere welfare is the guiding principle pursued in policy on disabled persons. It is pleasing that this trend and the results of the policy have found broad majorities in the Federal Parliament and the Federal Council, as well as extensive support within society.

This success is largely based on a new policy understanding. This is a matter not only of policy for disabled persons, but in particular of forming policy with them. Using their skills in the legislative work was, and is, the key to success.

Disabled persons themselves know best what is right and important for them. As experts in their own field, they have experience and expertise, and they can provide important information and proposals as to how regulations and measures should be designed, so that they have the best chances

to participate in all areas of society. For this reason, the associations and the organisations of disabled persons were involved in the legislative procedure not only when there were already draft Bills, but indeed right from the beginning when it was necessary first to discuss the potential content.

This took place not only in the shape of hearings, but also in constructive discussions of problems and wishes; proposals were discussed and open questions were clarified. During these constructive discussions, the reforms were developed together. This co-operation has continued until all legislative procedures were completed, and still continues.

The focus of policy on disabled people was implemented with the following three pillars:

- the Act to Combat Unemployment among Disabled Persons;
- the Ninth Book of the Social Code – Rehabilitation and participation of disabled persons; and
- the Act on Equal Opportunities for Disabled Persons;

which are described below.

## **II. Act to Combat Unemployment among Severely Disabled Persons**

The Act to Combat Unemployment among Severely Disabled Persons of 29 September 2000 completed an urgently needed change of course in labour market policy for severely disabled persons.

In Germany, public and private enterprises of a certain size are obliged to employ disabled persons in a specific proportion of their posts (obligatory posts). If an employer does not comply with this duty, they must pay per month a compensatory levy for each obligatory post not occupied, of €105, €180 or €260 depending on the degree of compliance with the obligatory quota. This money is used for special benefits to promote the participation of severely disabled persons in working life and for benefits for accompanying assistance at work.



The number of obligatory jobs that were not occupied grew from roughly 271,000 in October 1980 (old Federal Länder) to roughly 526,000 in October 1998. At the same time, the number of unemployed severely disabled persons rose in this period to roughly 194,000. The specific unemployment rate reached an unbearably high level in 1998, at roughly 18%, whilst at the same time the employment ratio of severely disabled persons in companies and administrations had hit a trough at 3.8%. The unemployment of severely disabled persons had thus become a social challenge.

Long-term participation in working life is, particularly for disabled persons, one of the most important if not the most important precondition for their participation in life within society – and hence a central key to ensuring equal opportunities. Whilst in the final analysis it is the employer who decides who is appointed and who is dismissed, the creation of a framework that is vital to make employers willing to employ is the task of the political arena and of society. They are responsible for ensuring that the constitutional mandate contained in Article 3 of the Basic Law “No one may be prejudiced because of his disability” is indeed implemented in day-to-day life. One may only expect employers to be sufficiently interested in (continuing to) employ people with disabilities or threatened by disability if the educational, legal and social benefits system effectively supports them in creating and retaining “employability”.

The Act to Combat Unemployment among Disabled Persons has tackled these matters. New tools and measures of active labour policy for severely disabled persons have been combined in this act.

The core goal of the statute is to bring into the limelight the competencies and abilities of disabled persons at work and in their careers by creating a better framework for employers. The necessary funds and channels are being provided for this, such as:

- redesigning the system of the obligation to employ and the compensatory levy;
- reorganising and improving the promotional benefits to employers in recruiting and employing disabled persons;

- the expansion of the claims and rights of disabled employees and their representatives;
- the creation of a legal right on the part of disabled persons to have the cost met of necessary assistance at work;
- expansion of in-company prevention;
- the establishment and expansion of an across-the-board network of specialist integration services for mediation and work-supporting care for disabled persons.

The goal pursued by the act, namely to reduce unemployment among disabled persons, noticeably and in the long term, was linked to a specific mark: unemployment among these persons is to be reduced by 25% by October 2002 as against the starting number of 189,766 unemployed disabled persons in October 1999.

All parties who bear responsibility for the employment of severely disabled persons, representatives of the trade unions and employers' organisations, including the crafts, the organisations and associations of disabled persons, the Federal Government, the Länder, public employment services and integration offices, as well as the rehabilitation organisations, had agreed in the legislative procedure to implement the provisions of the act in order to achieve this goal in joint social responsibility.

The previous efforts have been vindicated. The labour market for severely disabled persons has been sustainably set in motion. It was possible by the end of August 2002 to reduce unemployment among these persons by roughly 37,000. It has therefore so far been possible to reduce the unemployment of disabled persons by almost 20%.

### **III. Ninth Book of the Social Code – Rehabilitation and participation of disabled persons**

The second pillar of policy on disabled persons, the Ninth Book of the Social Code – Rehabilitation and participation of disabled persons – (SGB IX), which entered into force on 1 July

2001, is the social policy pillar of the Federal Government's overall concept on policy on disabled persons.

The social benefits of the rehabilitation and participation of disabled persons are not assigned in the Federal Republic of Germany to a single independent social benefits organisation, but entrenched as partial tasks among the other tasks of a large number of social benefit organisations. In the past this created the unequal benefits of the individual organisations, in terms of both content and degree, difficulties for the persons concerned to find out which benefit organisations are competent in this system in each matter and delays in approving benefits, in particular if several social benefit organisations were competent.

With the Ninth Book of the Social Code, for no fewer than seven completely different social benefit areas – funded partly by contributions, partly by taxes – largely uniform provisions were created. This brought to an end the impenetrability of the law on rehabilitation. Provisions were combined which applied uniformly to several social benefit areas and were to be found in many different statutes and ordinances. The law on rehabilitation is now more comprehensible and more readable. With the now completed inclusion of all organisations providing benefits for rehabilitation and participation (organisations of social assistance and public youth assistance) in the area of rehabilitation organisations, a new quality of co-operation has been achieved. This benefits above all those disabled persons who need the support of several rehabilitation organisations.

The Ninth Book of the Social Code makes citizen-friendly social policy apparent. One of its central starting positions is: Social services must follow the citizen and not vice versa.

The goal of social benefits in accordance with section 1 of the Ninth Book of the Social Code is to promote self-determination of people with disabilities or threatened by disability and their equal participation in life within society. This goal is to be achieved quickly, effectively, economically and in the long term with medical, vocational and social benefits. In accor-

dance with the goals set, these benefits are summarized as “benefits for participation”.

The Ninth Book of the Social Code is characterized by its orientation towards those concerned and towards self-help. It places disabled persons in the limelight. Participation and self-determination take the front seat. People with disabilities or threatened by disability are enabled to determine their own concerns themselves as far as possible and on their own responsibility. In doing so, they are given the support and solidarity which they need in order to achieve equal participation within society, by means of the special benefits for medical rehabilitation and for participation in working life and in life within society. Disabilities are to be avoided, compensated for or overcome. The participation of the associations of disabled persons and the representatives of disabled women is governed by many places in the code.

The Ninth Book of the Social Code improves the financial situation of disabled persons. For instance, the previously prescribed examination of needs, to determine benefits for social assistance, for medical rehabilitation and for participation in work is dispensed with. This also applies to benefits for participation in working life in the working field of workshops for disabled persons and to assistance for disabled persons with extremely severe disabilities who are cared for in special partially residential facilities below the threshold of the workshop. Hence, with these benefits disabled persons are now treated in the same manner, irrespective of which rehabilitation organisation is responsible for providing the benefits.

Furthermore, a demand made for many years by disabled persons was met by changing the provisions regulating the possibility of the organisations of social assistance to have recourse to parents obliged to pay maintenance to adult children who receive integration assistance for disabled persons or assistance for care in a fully residential institution. In these cases there is no longer a check on the income and assets of the parents, and the maintenance claim of adult children against their parents is only transferred to the organisations

of social assistance in the amount of a uniform flat-rate amount of €26 per month. If the adult disabled children or children in need of long-term care have not yet reached the age of 27, the parents may claim the previous hardship arrangement for themselves instead of the payment of €26 per month, by filing the relevant application. In this case, they must however subject themselves to the income and asset check as before.

Improvements have also been made to payment for employment in a workshop for disabled persons: all persons employed in a workshop for disabled persons now receive a work promotion allowance in addition to their wages amounting to €26 per month if their wage together with the work promotion allowance does not exceed €325. If the wage is higher than €299, the work promotion allowance is the difference between the wage and €325.

A further focus is on expanding the rights of disabled persons to express wishes and to make choices. Both in selecting and in implementing the benefits, the justified wishes of those concerned must be complied with and the individual personal circumstances respected. A justified wish is for instance if a single mother or father selects a rehabilitation facility to which they can take their child, or if they ask for a part-time measure because they wish to look after their child or are in part-time employment.

It also includes that those entitled to benefits may receive monetary benefits instead of benefits in kind if they wish to organise their rehabilitation on their own responsibility. If the benefit called for can be provided just as effectively and economically, the wish is to be complied with if the benefit need not be provided in a rehabilitation facility.

The benefit form of the so-called personal budget is also new. The personal budget is a kind of implementation as a monetary benefit. Because little experience has been gathered with personal budgets in Germany, these are to be tried out by means of model projects in order to ascertain which benefits are suitable for implementation by means of a personal

budget and how budgets are to be managed in concrete terms in order to meet the relevant needs. The approval of personal budgets is however not dependent on the implementation of pilot projects.

The Ninth Book of the Social Code facilitates and accelerates access to the necessary benefits. This purpose is served primarily by a new procedure to clarify competences with short periods for decisions and reports, and the establishment of joint service units of all rehabilitation organisations at district level. The joint service units are an offering to comprehensively help people irrespective of organisations and providers, in particular to inform them of the preconditions for benefits and the benefits of the rehabilitation organisations, to help clarify the need for rehabilitation and when the benefits are taken to participate, and hence to remove bureaucratic obstacles for those seeking advice. If the disabled persons agree, the associations of disabled persons, including the associations of independent welfare, the self-help groups or the representatives of disabled women, are involved in providing advice.

The Ninth Book of the Social Code accommodates the special needs of women in many ways. Certain problems specific to women are more difficult to solve for disabled women. Disabled women are more frequently unemployed and participate less frequently in rehabilitation measures. They have for a long time been calling for their circumstances to be accommodated, in particular if they have children. This demand was for instance tackled by developing offers of benefits to participate in working life near to home and that could be used on a part-time basis in order to ensure equal rights in working life for disabled women.

#### **IV. Act on Equal Opportunities for Disabled Persons**

The third pillar of the new policy on disabled persons of the Federal Republic of Germany is the Act on Equal

Opportunities for Disabled Persons, which entered into force on 1 May 2002.

With this statute, the ban on discrimination contained in the Basic Law over and above social law is implemented across the whole public law area. The act serves to ensure the equal rights of disabled persons in all fields of life and to put them into practice in everyday life. It is a matter of eliminating the obstacles standing in the way of equal opportunities.

In this legislative procedure, the competence of disabled persons was used in that two members of the Forum of Disabled Lawyers, which had previously created an important basis by creating its own draft bill, also played an active role in designing the draft bill.

The core of the Act on Equal Opportunities for Disabled Persons is the creation of comprehensively understood barrier-free environments. Barrier-free environments are conditional on comprehensive access and unrestricted use of all designed environments. Disabled persons are to be enabled to participate in all areas of life, such as accessing buildings and means of transport, in the usual way, without particular difficulties and without help from others.

The goal of general barrier-free environments includes, in addition to removing spatial barriers for wheelchair users and persons walking with difficulty, also designing the living environment in a high-contrast manner for sight-impaired persons. Furthermore, it involves the development of barrier-free communication such as using sign language interpreters or barrier-free electronic media. In addition three ordinances entered into force in July 2002 which obliged federal authorities to ensure barrier-free environments in the broadest sense of the word.

Hearing- or speech-impaired persons have the right when defending their own rights in administrative procedures with all Federal authorities to communicate in German sign language with signs supporting spoken language or via other

suitable communication aids. The authorities are to meet the cost of this.

With the ordinance on barrier-free documents in the Federal administration, all blind and sight-impaired persons have a right when asserting their rights in administrative procedures to be provided with documents in a form which is perceptible for them. This right includes written notices, contracts under public law and forms. Modern electronic information processing makes it possible to send these documents as e-mail if blind and sight-impaired persons have Internet access and a computer with a Braille line or speech output. Information can also be provided where necessary using a diskette or CD-ROM, as Braille print or where necessary in large print.

Finally, the ordinance to create barrier-free information technology for the Federal administration contains the preconditions for barrier-free offerings on the Internet and the time of implementation. On principle, disabled persons are to be able to use the information of all public Internet presentations and offerings of Federal facilities without restriction.

The new tool of agreed goals will play a major role in equal rights policy in future. Hence, enterprises and associations of disabled persons recognized by the Federal Ministry of Labour and Social Affairs may decide on their own responsibility how and in what period the concept of barrier-free environments is realized *in situ*. Those directly involved are able to agree arrangements creating barrier-free environments which are adjusted to the respective circumstances and needs. In this way, agreed goals are to flexibly facilitate provisions and accommodate the principle of proportionality.

When such agreements are concluded, the law is filled with life. Disabled persons will be able to contribute their goals and ideas here as a partner in negotiations with the business community independently and on their own responsibility. This is for them the clearest evidence of the paradigm change from an object to a subject.



The Federal administration takes on a model role in implementing the Equality Act. The Federation has entered an undertaking to build new buildings for civilian purposes, as well as large alterations or extensions of the Foundation (more than €1 million) free of barriers. For barrier-free design, the generally recognised rules of technology are to be accommodated, such as the appropriate DIN norm on barrier-free environments.

Particular significance attaches to the gradual implementation of barrier-free environments in local rail passenger transport, and in transport by air.

The public transport organisations are to design their new vehicles and transportation facilities such that disabled persons are able to use them independently and without particular obstacles. In the local transport plan, after hearing the commissioners or auxiliary councils for matters relating to disabled persons, it should be determined how barrier-free environments can be achieved as far as possible, for instance at stops and in motor vehicles. The railways are obliged to draft programmes to design rail facilities and vehicles. Airport operators and airlines must particularly accommodate the concerns of disabled persons with the aim in mind of creating barrier-free environments.

Financial assistance from the Federation to the Länder for investment to improve the transportation situation in the local authorities is now provided only for barrier-free projects.

Over and above the possibility created by the Ninth Book of the Social Code to implement the individual claims of disabled persons in accordance with which an association can assert the right of individual disabled persons in court with their consent, the Act on Equal Opportunities for Disabled Persons provides that the associations recognized by the Federal Ministry of Labour and Social Affairs may take legal action directly as an association in order to assert the equal rights of disabled persons. This 'association action' is not to be filed here in addition to actions by individual disabled per-

sons, but particularly in cases in which individuals have no possibility to file an action.

The Act on Equal Opportunities for Disabled Persons first of all closes a circle of important legislation enabling disabled persons in Germany to determine and organise their lives and the assistance which they consider to be necessary for themselves. Expansion and further development of the legal, social and political preconditions necessary in order to meet these social and political preconditions are integral elements of the concept to realize individual self-determination in social solidarity. Such a concept consistently transposes the fundamentals of the civil citizens' society in the activating social welfare state.



## I. Introduction

Hungary is a European country with an area of 93,030 sq.km. The population is 10.3 million, one quarter of which live in Budapest and its suburbs. There are large differences in the level of urbanization, the western part of the country being ahead. 62.6% of the population live in towns, 37.4% in rural areas. Out of 3,092 municipalities 1,680 have a population of less than 1,000 persons. The proportion of different occupations in the labour force is as follows:

Industrial occupations	31.8%
Construction	5.1%
Agriculture, forestry	15.0%
Transport, communication	9.0%
Commerce	9.5%
Community, social and personal services	27.0%
Other	2.6%

33.9% of all 3.65 million workers are white-collar workers. 18.9% of the population is over 60 years, with this proportion constantly increasing.

The decision-making force of the country is the parliament, which has one chamber with 386 seats. The government has 13 ministries.

Hungary has 19 counties and the capital. These 20 territorial entities follow the decisions of the government. However, they have a rather large independence in decision-making. Responsibilities of the municipalities are increasing. Community services are provided by them; however, some

services are only provided by towns. Such services are extended also for neighbouring villages. Financially disadvantaged municipalities get help from the government.

## **II. Early development of rehabilitation**

In Hungary, similarly to some other countries, organised rehabilitation originated by establishing services for a few groups of severely disabled persons, whose situation concerned other members of the society. These were the blind, the deaf, the crippled and the mentally retarded children. This development was parallel with the rapidly growing industrialisation and the changing family structure at the end of the 19th and the beginning of the 20th centuries. Services were mainly provided in the capital and in a few larger cities. Later on rehabilitation services have also been created for tuberculosis patients. The initiative in the case of this group was more hygienic than humanistic. Almost parallel with the development of services two organisations of disabled persons, the Union of Blind and the Union of Deaf have been established creating legal fields for the activities of disabled people themselves.

The first – and so far the only – comprehensive decrees on rehabilitation of war veterans were issued in 1915. These were Decrees No 3300-1915 and 3301-1915 of the Royal Hungarian Prime Minister on Medical After-treatment, on Crippled and Paralysed Warriors and on Care Institutions of War Veterans. They were comprehensive from a rehabilitation perspective, but included only servicemen and no civilians. According to our knowledge these are the first decrees of rehabilitation in history. Therefore it is especially painful that after the war the whole well-established system collapsed.

The right to culture and the obligatory education of disabled children were declared by Act No 30-1921. This was followed by the gradual establishment of new special schools and special classes in elementary schools.

Act No. 6-1933 and joint regulations newly declared free health care and free orthotic and prosthetic supply of war veterans, helped their vocational rehabilitation and officially recognized their organisation.

In spite of these early efforts the development of organised, comprehensive rehabilitation services in Hungary has started only recently.

### **III. Legislation in rehabilitation**

The most important citizens' rights – like rights to employment, culture, health care and establishment of organisations – are declared by the Constitution, dated 1949, modified in 1997. This applies also to persons with disabilities. The New York Agreement on the Rights of Children, dated 1989, came into force in Hungary in 1991. According to this, children with mental or physical disabilities are entitled to receive services and assistance for a self-supporting life, for equal participation in the community and for human dignity. The government according to available means supports these activities. Act No.31/1997 regulates the provisions made by the state, the municipalities, legal entities and persons for the protection of the children and prosecution of their rights, for the prevention and warding off of their endangerment.

According to Act No. 26/1998 full enforcement of the rights which ensure equal chances for persons with disabilities are ranked among the duties of the state. By virtue of law people with disabilities are equal in dignity and rank with other members of society, but can assert their legitimate rights only with great difficulty or not at all, therefore their placing at an advantage by all possible means is justified. The state is obliged to provide for the proper functioning of a rehabilitation system compensating people with disabilities for their disadvantages. When planning or taking decisions, it lays stress on the particular requirements of the persons with disabilities, with special regard to the built environment, communication, traffic, care services, appliances, public health,

rehabilitation, education-training, employment, culture and sport.

Similarly, the basic legislation contains the fundamentals of rehabilitation. Act No. 154/1997 on health care, according to reorganisation of the bureaucracy, declares the right of all citizens to health services, including prevention, health care and rehabilitation. Prevention is interpreted in its broader meaning; prevention of disease and disability. Primary health care provides the basic rehabilitation services (1992). Municipalities are responsible for arranging primary health care. Most of the health care is provided free of charge for those enrolled into the social insurance scheme. However, co-payment (e.g. pharmaceuticals, assistive devices) or full payment is required for some services. Decrees and directions of the responsible ministries give more detailed instructions, for example on the health care work in children's homes. Besides health care, these centres for severely disabled children should provide creative activities, education and rehabilitation programmes.

The basic act of education is Act No. 79/1993, modified in 1995. According to this, education is obligatory between the ages of 6 and 16 years. Expert committees decide modifications of the age limits or enrolment into special education. Education may be completed within schools or as private pupils by the parents' choice. Children with disabilities have the right to receive special education services. They may be integrated into normal classes, special corrective groups or special classes at schools, or, if necessary, they may attend special schools or special boarding schools. The main requirement of vocational counselling is to find a profession according to the interest and the abilities of the candidate and also according to the programme of the national economy. The Hungarian legislation on vocational training of children with disabilities corresponds with international standards (ILO).

The basic law for vocational rehabilitation is Act No. 22/1992, the Code of Labour. The fundamental decree of vocational rehabilitation dates to 1983 and was modified in 1996.

Disadvantageous discrimination is not tolerated for any reason. Vocational rehabilitation is basically the responsibility of the employer. A list of posts suitable for employment of persons with changed working capacity should be created and a committee of vocational rehabilitation established. Only in case of unsuccessful vocational placement is it possible to refer the persons with disabilities to the municipal council for further consideration of vocational rehabilitation. Rehabilitation funds were reestablished in 1993 based on a 5% quota system of employment of persons with disabilities, on government support and on private contributions. The employment of persons with disabilities at adapted workplaces may be supported by these Funds on a competitive basis. The rehabilitation funds together with other funds have been involved in the labour market funds during the reform of public finances (1998). Further directions issued in 1983 regulate the activities of the social employment institutions and the system and organisation of sheltered employment. Persons with disabilities may participate in these forms of employment.

Act No. 81/1997 is the fundamental law for the creation of disability benefits. Disability pensions are paid on the basis of loss of general working capacity. (The disability or the percentages of the loss of professional working capacity are not evaluated.) Those who had accidents at work or suffer from occupational diseases, as well as war veterans, have additional advantages compared to other disabled persons. The present system of disability pensions acts against the interest in vocational rehabilitation.

The social rights declared by the Constitution are regulated by Act No. 3/1993, which is also called the Social Law. The main goal is the creation of social security for all, the definition of the responsibilities of the government and the municipalities, as well as the provision of guarantees. The law covers also persons with disabilities and refugees. The three main forms of social support are financial assistance, support in kind and personal care. The trend in provision of personal social care is the development of a pluralistic system including private



non-profit and profit-making institutions, e.g. church directed services as well as community-based services. The sharing of day care centres (or clubs) for elderly and disabled persons and the different forms of home social assistance are increasing. The social institutes provide rehabilitation activities and training for participation in normal everyday life, including employment. The tasks of the so-called social homes are mainly nursing care. Rehabilitation activities are practiced only by a few specialised social homes for various diagnostic groups.

Other fields of social support and rehabilitation are regulated by other decrees and directions; e.g. on preferential supply of persons with disabilities with cars, and on conditions of financial assistance for transport, or on preferential customs rates for the importation of cars or assistive devices by or for persons with disabilities. The aim of Law 78 (1997) on the design and protection of the built environment is to improve housing conditions for people with disabilities, to promote their transport without any difficulty.

To ease the disadvantages of persons living with disability, to lay the foundations for their equality of opportunity and to shape the attitude of society, on 16 March 1998, Parliament – in harmony with the Constitution and the generally recognised rules of international law – adopted Act No. XXVI. of 1998 on provision of the rights of persons living with disability and their equality of opportunity.

The aim of this act is to define the rights of persons with disabilities and the instruments for the exercise of these rights, further to regulate the complex rehabilitation to be provided for such persons, and as a result, to ensure equality of opportunity, independent living and active participation in the life of society for persons with disabilities. The state, the organisations of society and their members must create conditions in which persons living with a disability are able to live a fuller life and the burdens arising from their disability can be eased.

According to the act on provision of the rights of persons living with disability and their equality of opportunity, persons living with disabilities are entitled to the following rights:

### **Environment**

The person with disabilities has the right to a man-made environment that presents no obstacles, can be perceived and is safe.

### **Communication**

Persons with disabilities, their family members and helpers must be ensured the possibility of access to information of public interest, as well as to information related to the rights to which disabled people are entitled and the services provided for them. Information is accessible if the person with a disability can perceive it and if it ensures for him or her the possibility of appropriate interpretation.

### **Transport**

The transport systems more specifically public transport and passenger traffic facilities – including signals and information installations – must be made suitable for safe use by persons living with disability. Mobility for persons substantially impeded in transport may also be ensured by operating a network providing transport, from the place of departure to the destination. Provisions must be made for the creation of parking spaces of suitable number and size in public parking areas for the use of persons with disabilities impeded in transport, in keeping with the separate regulation.

### **Health care**

Persons living with disability must be provided – in conjunction with the disability – with regular and efficacious health care needed for the improvement of their condition and to prevent its deterioration. Persons caring for persons with disabilities must be given the possibility of special training and further training. In the course of health care for persons with disabilities, efforts must be made to ensure that the care

promotes rehabilitation and social integration and does not strengthen the sense of illness.

### **Education and training**

It is the right of a person with a disability to take part in early development and care corresponding to his or her condition and depending on age, to kindergarten training, school training and education and development preparation for such education, in keeping with the provisions of the act on public education. The kindergarten and school providing the kindergarten training and school training and education or a child with disabilities shall be chosen by the parent on the basis of the opinion of the expert and rehabilitation committee.

### **Employment**

Persons with disabilities are entitled to integrated employment or, in the absence of such employment, to sheltered employment. The employer providing employment must ensure the workplace environment to the extent required to perform the work, in particular ensuring the suitable modification of tools and equipment. Applications can be made to the central budget for support to cover the costs of such modifications. If employment of the person with a disability cannot be ensured within the frame of integrated employment, as far as possible the right to work must be ensured for him or her through the operation of special workplaces. The central budget extends normative support to such sheltered workplaces.

### **Place of residence**

Persons with a disability have the right to choose a form of residence – family home, residential home, institution – corresponding to their disability and personal circumstances.

### **Culture and sport**

It must be made possible for persons with disabilities to visit educational, cultural, sports and other community facilities. The use of sports and leisure facilities must be made accessible

to persons with disabilities in order to create the possibility for participation in sports.

### **The right to rehabilitation**

Persons with disabilities have the right to rehabilitation. The exercise of this right is ensured by rehabilitation services and care. The government shall set up a public foundation to carry out the state task.

In the interest of achieving the rehabilitation of persons with disabilities, the public foundation shall provide the following services:

Persons above the age of 18 years with a serious disability are entitled to disability support to cover in part the additional costs arising from the disability, as set out in a separate act. The monthly sum of the disability support shall be equivalent to 80% of the minimum old-age pension at the given time.

In the interest of laying the foundations for the measures needed to create equality of opportunity for persons with disabilities, parliament shall draw up a National Disability Affairs Programme (hereinafter: Programme). The contents of the Programme must be taken into account when making decisions in the areas of planning for health, employment, education and transport, in regional development and in other state planning. The act entered into force on 1 January 1999.

Transport systems, public transport and passenger traffic facilities – including signals and information installations – already operating at the time of the proclamation must gradually, but by 1 January 2010 at the latest, be brought into compliance with the conditions set out above.

The network providing transport regulated in the present act must be built up gradually, but must be completed by 1 January 2010 at the latest.

The objective and staffing conditions for the special education of persons with disabilities regulated above must be created gradually, but must be completed by 1 January 2005 at the latest.

The conditions set out above for the employment of persons with disabilities in special workplaces must be created gradually, but must be completed by 1 January 2005 at the latest.

Institutions providing long-term residence for persons living with disability must be altered gradually, but by 1 January 2010 at the latest, in such a way that care for persons with disabilities capable of independent living with personal help are housed in residential homes forming small communities, furthermore that humanised, modernised institutional care must be provided for persons living with serious disability who are in need of such care.

Public buildings already existing at the time of proclamation of this act must be made obstacle-free gradually, but by 1 January 2005 at the latest.

On 10 December 1999, the Parliament of Hungary passed the National Disability Affairs Programme (Parliamentary Resolution No.100/1999 (XII.10.) OGY) to be the basis on which to create equal opportunities for persons with disabilities.

The programme is designed to specify measures which must be included in planning criteria in the policy areas of health care; employment; social affairs; education; transport; regional planning and development; and other central planning activities, in order to grant the disabled equal opportunities for self-determination; self-sufficiency; and active participation in social life. These measures must be implemented in compliance with the overall programme objectives by no later than the deadlines stipulated in the Equal Opportunities Act.

The Programme contains a comprehensive body of principles, in addition to strategic objectives and tasks, which call for a concerted government effort to ensure the provisions of the Equal Opportunities Act are met. At the same time, local municipalities, NGOs, disabled people themselves, and society as a whole must be actively engaged in implementing the Programme.

The Programme's overriding political goal is to gear the orientation and scope of policy measures to the capacity of the

national economy, so as to minimize social disadvantages and inequities arising from mental and physical disabilities, and thus to make people with disabilities useful and productive members of society.

The Programme's core principles must be observed and enforced, which will underpin all policy measures, assist people with disabilities in becoming equal members of the community and ensure that their rights are respected.

These core principles are:

- the principle of prevention;
- the principle of normalization;
- the principle of integration;
- the principle of self-determination;
- the principles prohibiting discrimination and prescribing preferential treatment;
- the principle of rehabilitation;
- the principle of the protection of personal rights.

The various forms of aid (including financial assistance services special conditions and support in kind) and provision for people with disabilities are aimed to improve their situation and living conditions; to help them live a more fulfilling life; to ease the burden of their disability; to enable them to reduce the disadvantages arising from their condition; to ensure that the right of self-determination and human dignity are recognized; to strengthen social integration, and to provide equal opportunities in access.

Strategic objectives of the Programme are:

1. Objectives related to rehabilitation;
2. Actions required to make favourable changes in public attitude towards people with disabilities;
3. Actions to improve the quality of life of people with disabilities;
4. Promotion of disabled peoples' active participation in social life, and
5. Actions required to create equal opportunities.

The passage of the Equal Opportunities Act has established a framework for the rights and equal opportunities of people with disabilities. In order to enable them to assert these rights and make use of these opportunities, steps must be taken in the environment, communication, transport, health care, education and training, employment, sports and leisure activities, social provision.

## **IV. Rehabilitation services**

### **1. Medical rehabilitation**

Medical rehabilitation services have a top to bottom organisation scheme in Hungary. First the National Institute for Medical Rehabilitation was established. Its Department of Organisation and Methodology has been assigned to support the establishment of rehabilitation medicine services at county and community levels. This work started in 1975. Currently 17 out of 19 counties in Hungary have rehabilitation medicine units in their county hospitals, totalising about 700 beds. The level of services still rather varies, depending on the size and location of the unit and on the previous training and experience of the consultant in charge and other members of personnel, etc. The best units work on a European level. Hopefully this network will be completed in the near future and the level of work standardised. In addition to the interdisciplinary rehabilitation medicine departments for people with physical impairments, there are specialised rehabilitation medicine units in cardiology, pediatrics, psychiatry etc. There is no organised rehabilitation training in the curricula of physicians, and the postgraduate rehabilitation medicine training and the specialisation were also created recently. Consequently the described development was almost inevitable. Most of the services are covered by the national health care system.

Some elements of medical rehabilitation are part of the work of general practitioners. Some municipalities established health centres, somewhat similarly to the Finnish system. In

recent years experimental projects were initiated to provide rehabilitation services in the community as part of the primary health care system. Community nurses, social workers and family physicians (general practitioners) have been trained, their training containing mainly practical information. The Hungarian WHO Liaison Office aided this development. The follow-up is in progress. On the other hand, translation and edition of booklets and videos have started, each dealing with specific rehabilitation medicine problems and tasks of a smaller group of chronic diseases or disabilities. These aim to help the work of primary health care.

Health care and medical rehabilitation services for persons with certain chronic illnesses are also provided by polyclinics. These highly specialised polyclinics are usually integrated into university clinics or into county hospital units.

Hungary has many spas. These are partly used as part the rheumatological services, partly as holiday resorts. Only a few of them – but an increasing number – provide rehabilitation services for people with more severe disabilities. This later development is also supported by new legislation. Some of the spas are used as holiday centres through the summer months and provide rehabilitation services during the rest of the year.

Specialists of the National Health Service, usually in hospitals and polyclinics, prescribe medical and technical aids. Polyclinics are to be found everywhere in the country within a distance of 50 km. General practitioners are authorised to prescribe simple aids, mainly for repeated use, like shoe-inlays, aids for incontinent and ostomy patients, etc. Some of the more expensive and foreign aids, however, are only prescribed by special clinics or services (e.g. some hearing aids, electric arm prostheses and electric powered wheelchairs).

Aids – except prostheses and some orthoses – are not provided free of charge. Patients usually pay 15% of the total price of the device. Victims of industrial accidents, war veterans, families with poor social status and persons with constant need of aids are provided all technical aids free of



charge. Repeated provision of different aids for the reduced price is allowed only after various specified time intervals, usually after one year.

Most technical aids are produced at the factory of aids and its county branches. Some cooperatives and private technicians also produce aids. Some aids are imported. The aids on the official lists are evaluated and approved by the National Institute for Hospital and Medical Engineering. This institute cooperates in its evaluation work with various national institutes representing different disciplines. If a patient needs an individually produced aid, which is not only a special adaptation of an existing aid on the official list, the price will be calculated and its respective percentage has to be paid by the patient.

The establishment of so-called "Prosthetic and orthotic teams" at county level started in 1975. These teams do not deal only with prosthetic and orthotic fitting, but also with the provision of other aids for mobility-related impairments. On the other hand, they do not deal with the large number of simple medical aids, which are prescribed by polyclinics. These teams usually employ a physician, who is the head of the team, a physiotherapist for training the use of the aid, an orthopedic technician for technical control and necessary adaptations or small reparations, and finally an administrative worker. The establishment of these teams decreased the number of complaints related to the provision of technical aids.

## **2. Education**

Pedagogical rehabilitation is based on special education services. The first institution for training children with disabilities was established in 1802 and the services have gradually developed.

The enrolment of a child in the special education system is the responsibility of the so-called Transferring Committees and the Education Counselling Services. Children with the most severe disabilities, who are incapable of succeeding in any

form of school education, are taken care of by the health care children's homes, where they may get help in developing some of their individual skills.

At present, somewhat more than 3% of all primary school children participate in the special education system, i.e. about 35,000 children. The system has different types of services, special boarding schools (usually for children with multiple or very severe disabilities), special schools of various types and special sections or classes operating in public primary schools. There is also a possibility to have corrective education beside participating normal schools (e.g. for children with speech impediments – some 10,000 children receive such help) or for children who, due to their disability, study at home as private students.

The system is often criticized for its tendency to act against integration, being a segregated system. This is especially true for children with physical impairments, who often cannot learn in regular schools because of the still existing architectural barriers. The new Law on Education created better chances for the integration of children with disabilities in public schools; the conditions, however, have to be established in the future.

On the other hand, the special education system made many efforts to integrate pupils into normal social life. The children are prepared for vocational habilitation or rehabilitation through practical instruction and training as part of the training programme. This aim is also supported by the auxiliary extended education, which helps young people with learning difficulties to enter work by developing their practical, vocational skills. A number of special schools also have direct contacts with sheltered workshops and with organisations of and for persons with disabilities. Integrated forms of education, both in kindergartens and in primary schools are also increasing.

Mobile special teachers provide specialised services and counselling for the teachers and the family of children with disabilities who are integrated into regular schools and

classes. Finally, higher levels of education – secondary schools, high schools or universities – are open for hearing, mobility or visually impaired students.

### **3. Vocational rehabilitation**

The legislation on vocational rehabilitation has not created the expected interest – neither of the disabled employee students, nor the employer. The basic idea behind the legislation was that the shortage of the labour force and some economic regulations would create the interest of the employers to maintain the employment of those with changed working capacities and that they would initiate the rehabilitation process of those who could not fulfil the requirements of the earlier job without risking their health condition, e.g. because of a chronic illness. This did not come true in general, many employers placed their disabled workers into auxiliary jobs with less income and less social prestige. This happened in spite of the fact that the enterprises received various forms of financial support if they employed persons with changed working capacities or developed facilities for vocational rehabilitation. In the present situation of almost 14% unemployment – which has emerged rapidly – the interest in vocational rehabilitation has further decreased. Employers and Work Force Offices cannot cope with the unemployment of non-disabled workers, the retraining facilities and other compensation mechanisms are still underdeveloped. On the other hand, many unemployed persons seek disability pension (if they can find a possible reason), for it provides a long-term compensation and financial safety in comparison to the temporarily available unemployment benefits.

Employees, who lost 50% of their working capacity (or 15% of their working capacity because of a work accident or an occupational illness) and therefore need to be transferred to a new job, receive wage compensation by during the period of retraining or new vocational training. Those whose working capacity decreased 25% or more as a consequence of a work

accident or occupational disease, receive the compensation after the training period as well, if the new earnings are less than 80% of the previous income.

The interest of the disabled person is usually to get the disability pension (that under special circumstances may reach 100% of the previous average income, but usually much less) and if possible, work in a part-time job afterwards.

There is also a favorable new development in vocational rehabilitation in Hungary. The Hungarian Federation of Associations of Physically Disabled Persons and its member organisations established cooperatives or small enterprises for vocational rehabilitation and employment of their (usually severely) disabled members. These enterprises may receive financial benefits or tax reduction.

Vocational rehabilitation during the reorganisation of the country's production needs constant and careful attention and assistance.

#### **4. Social rehabilitation**

Some aspects of social rehabilitation services can be shortly summarised as follows. Social security for people with disabilities was shortly discussed under vocational rehabilitation.

Personal social care has three main forms in Hungary. The most traditional is the institutionalized care in special homes. In spite of a constant and slow increase in the number of places in the homes and a rapid growth of other, community-based forms like day care centres and home social assistance, the waiting list is not decreasing. The cause of this is not well examined and understood. On the other hand, the day care centres are never fully utilised. The caregivers of the home social assistance services are partly paid, partly voluntary workers. The churches also play a growing role in this respect.

This is illustrated by some figures (data of governmental and municipal services):

	1975	1980	1985	1990	1995
Places in social homes	30,576	33,767	37,706	40,857	47,490
Waiting list	4,127	4,132	4,851	4,148	8,622
Places in day care centres	18,011	23,939	30,183	40,758	41,233
Clients in day care centres	16,491	21,057	27,608	36,980	41,316
Clients receiving assistance at home (incl. meal services)	22,282	35,146	63,236	84,720	151,418

Communication of persons with disabilities is helped by some benefits, mentioned in the legislation. However, state-organised services are still missing. Only a few institutions or organisations could solve the transportation of their members. There are a few specialized transportation services and the public transport enterprise of the capital has a few accessible buses. Housing is in an even worse situation, legislation still being in preparation. Accessible new flats are available in very limited number and in a few cities only.

Holiday centres – the majority run by trade unions – are theoretically not discriminative against persons with disabilities, however, most of them are not or not fully accessible. The possibilities have improved in recent years. Organisations (like the Red Cross, churches or voluntary organisations) started to support summer camps for young people with disabilities or for families with disabled members. Sport and creative activities are usually organised by organisations of persons with disabilities.

The oldest Hungarian organisation of persons with disabilities is the Union of Blind and Partially Sighted (1918) that was shortly followed by the establishment of the National League of the Hearing Impaired. The National Federation of Association for People with Physical Disabilities and the Parent's Association of Mentally Retarded Children were established in 1981, followed by the Association of Chronically Ill People. These are the five major organisations,

smaller ones (like the Association of Persons with Cystic Fibrosis, etc.) have been formed recently. Altogether there are more than 60 organisations.

It is very unlikely that these organisations would unify in one union of persons with disabilities, however, co-operation among them is increasing. Some 22 of these organisations are members of one umbrella organisation providing co-operation.

All organisations are actively protecting and representing the rights and interests of their members, e.g. in obtaining a friendlier environment, benefits or other types of financial support, education, health and social services or employment. They may organise training courses, establish private enterprises as mentioned earlier. Some organise summer holiday camps or cultural activities, or have good lending libraries. The twenty amateur theatre companies of deaf people have annual competitions, both they and the choir and the orchestra of the Union of Blind have won high reputation with open performances not only in the country but also abroad. Popular art groups have significantly increased in the country and also among groups and institutions of people with severe mental disabilities. The second Art Festival of Persons with Disabilities and their Friends was held in 1994.

Sports activities are also organised by the organisations of persons with disabilities. Hungarian participants have increasing success at the Paralympics and at international competitions of persons with disabilities. This was recognised for example by hosting the World Championship in Sitting Volley Ball in 1986 at Pécs.

All these activities helped a great deal in both the social recognition and self-confidence of persons with disabilities in recent years.

## **V. Co-ordination**

Co-ordination in rehabilitation still needs to be improved. Main activities of rehabilitation are supervised by the Ministry

of Public Welfare, the Ministry of Labour and the Ministry of Culture.

Some other ministries, governmental offices, and the organisations of persons with disabilities also have duties. There is no official co-ordination between these organs and none of them has the right to supervise the activities of the others in the field of rehabilitation. Plans to set up a co-ordinating body have not yet been realised. Ad hoc, bilateral or even restricted multilateral agreements on co-operation are not substituting a powerful national co-ordination.

## **VI. International co-operation**

Hungary is co-operating at international level with different organs at different levels. At present, there is co-operation with the WHO in community-based rehabilitation programmes. One result of the co-operation with UNESCO was that Hungary has signed the Florence Agreement on duty free exchange of aids for people with disabilities. The Hungarian Society for Rehabilitation of the Disabled is affiliated member of Rehabilitation International (RI). The Hungarian contribution is also well marked by RI meetings held in Hungary. In 1994 the 6th European Regional Conference of RI was held in Budapest. Several bilateral co-operation with European countries help the exchange of information in rehabilitation.

## **VII. Education and research**

Systematic education of rehabilitation medicine was started only in the 1970s. There is no department of rehabilitation medicine at university, but the subject is included in the training programme of some clinical disciplines and may be chosen as an alternative curriculum. Specialization – as a second specialization after any basic clinical discipline – was established in 1978. Education of rehabilitation has reached an acceptable level at the Barezi GuwAv Training College of Special Education.

There are a few fields where there is a great shortage of trained personnel, such as physiotherapists. In some other fields training is still missing. Such fields are the training of qualified occupational therapists (the training is in preparation) and of vocational counsellors for persons with disabilities. On the other hand, the training of conductors – as a model of multi-purpose therapist – arose international interest. The conductors, the therapists of conductive education, have some knowledge of physical-, occupational- and speech-therapy and pedagogy.

In recent decades research projects have been performed on the extent of disability in Hungary. Examples are the “2 per thousand examination” in the medical field, or “The Budapest study of disabled children” in the field of special education. Both studies had a one-year longitudinal follow-up which gave some information on the use of the services by chronically ill or disabled persons. Other studies had the aim of revealing social causes of disability or disabilities in the elderly population.

Research projects were also conducted on situation analysis of vocational rehabilitation and social security, or others for possible introduction of community-based rehabilitation services in primary health care services. Research-based development of early pediatric neurorehabilitation created international interest. The aim of the study of the family helping centres was to assist families having one or more disadvantaged persons – as the smallest functioning entity of the society – instead of assisting different persons. Due to favorable results family helping centres have been widely established in the country.

In conclusion, the system of rehabilitation in Hungary has many advantages and many disadvantages. The diversity of the situation is a good reason for additional efforts and dedicated work to help further improvement.





## I. Italian legislation for disabled people

Italian Commitment for the protection and social integration of disabled people was accomplished through extensive and complex state and regional legislation that sets forth a detailed outline of their rights as citizens. This legislation has been developed above all to fulfil the need for assistance of disabled people and their increasing need to participate in society as of the 1960s.

The basis of current legislation is Framework Law 142 of 5 February 1992 entitled "Framework Law on support, social integration and the rights of disabled people".

Law 104/92 was based on the United Nations Programme for disabled people and focusses on the following:

- guaranteeing full respect for the dignity and right to freedom and independence of disabled people, while supporting full integration in the home, the school, the workplace and society;
- preventing and removing any conditions that hinder development of a human being;
- encouraging functional and social recovery of any persons with physical, psychic and sensorial disabilities by guaranteeing the services they require and providing juridical and financial support;
- preparing actions specifically to overcome social alienation and exclusion.

This legislation also endorses the following principles regarding the rights of disabled people:

- prevention and early diagnosis of disabilities and systematic research into their causes;
- prompt action from therapeutic and rehabilitation services and keeping disabled people in the family and society, while ensuring their integration and participation in social life;
- providing health- and welfare-related information for the families of disabled people with disabilities to ensure they fully understand the situation, including in relation to the possibilities for recovery and integration;
- co-operation from families, society and disabled people in decision-making and social and health actions, thereby improving their potential;
- primary and secondary prevention during all stages in the growth and development of children and minors to avoid or promptly counter any disabilities or to reduce and overcome the damages caused through disability;
- territorial decentralisation of services focussing on prevention, support and recovery for disabled people to ensure co-ordination and integration with other territorial services;
- appropriate psychological and psycho-pedagogical support for disabled people and their families, personal or family support services, technical tools and aids involving financial and integration actions when necessary and for the amount of time they are strictly necessary;
- permanent initiatives to provide information and ensure the participation of society in general, including those with support from the authorities and associations, for the purposes of prevention and care, rehabilitation and social inclusion for disabled people;
- the right for disabled people to choose the services they require, including outside the area in which they live;
- overcoming any forms of alienation and social exclusion by implementing the services set forth in this law.

This law involved fundamental innovation for social policies regarding disabled people in Italy, thereby creating the

premises and conditions for full affirmation of civil rights and participation in the social life of disabled people.

Framework Law 104/92 marked a complete inversion compared to previous legislative actions on this subject, which were almost exclusively based on assistance and specific sectors. Italy had previously undergone a gradual process involving acknowledgement of partial rights for disabled people. However, this occurred in a fragmented manner and took into account specific categories of disabled people or specific needs and rights (economic support, health, education, employment, mobility, etc.).

Introduction of this law in Italy ensures clear definition of a disabled person, identification of the rights for disabled people without any limits, indication of the objectives to fulfil to ensure complete integration for disabled people, setting of the competences and tasks of the authorities and acknowledgement of the role and value of associations.

More specifically, Law 104/92 involves actions and innovative services in two particular areas – prevention and protection for disabled people with severe impairments.

The following actions focussing on prevention receive particular attention:

- health-related information and education on the causes and consequences of disabilities;
- information and education focussing on accident prevention;
- services focussing on prevention of genetic illnesses that may cause disability;
- establishment of a personal medical card.

The following actions focussing on disabled people with severe impairments receive particular attention:

- personal assistance services;
- communities or similar residential services;
- daytime rehabilitation and education centres;
- actions to ensure integration in schools;

- actions to encourage the use of collective transport;
- actions to encourage the use of individual transport;
- allowances for vehicles used by disabled persons;
- benefits for exercising the right to vote.

Framework Law 104/92 fully acknowledges a disabled person despite the extent of his/her disability and takes into consideration the development of a disabled person from birth to participation in the family, at school, at work and during leisure time.

In addition to affirming complete respect for the dignity of disabled people, this law repeats the need to remove disabling situations and to prepare actions that avoid alienation. The World Health Organization definitions for disability and handicap state that disabled people are considered such when their impairments cause difficulties and may lead to social alienation. People are not called “severely disabled” but “disabled people with severe impairments”, thereby using an expression that indicates an advanced and dynamic outlook of the psychic, physical and relational condition of a disabled person and thereby overcoming the old and pseudo-scientific static conception of disability.

In addition to provisions regarding prevention, care, rehabilitation and support, Framework Law 104/92 outlines actions and services to ensure social integration (custody with people and families, daytime rehabilitation and educational centres, housing communities and homes), for which local authorities are responsible.

Working parents and families are provided special benefits to ensure that disabled people receive care and assistance, including daily and monthly permits of leave, the chance to move to workplaces nearer their homes and extended maternity leave up to three years. Disabled workers may also be required to work shorter days and receive monthly permits of leave.

This law redefines and covers all the provisions implemented to protect the dignity of disabled persons at the national level

to involve all the social institutions within an integrated division. This therefore marks the passage from a social security state to a welfare state, thereby preparing the structural conditions at the legislative level to offer appropriate and specific replies to the various needs of disabled people.

Finally, to the purposes of this law, the relative ministry is also required to report the level of implementation of policies specifically for disabled people in Italy.

## **II. Integration in schools**

Any disabled person – with any disability – has the right to enrol and attend any school or university in Italy.

Integration of disabled pupils in ordinary schools began in the 1970s when the use of different classes and special schools was abolished and has now become consolidated through state and regional legislation supported by strong and constant financial commitment and a tried and tested administrative, organisational and teaching structure that have led to positive results and systematic implementation of projects and experiments at various levels.

The right to university education is also guaranteed via specific structural funds, tutors and economic benefits (Law 17/99).

A specific law on compulsory education was implemented about 20 years ago (Law 517/77) and the process involving educational integration has now extended to all schools (the possibility to attend nursery, infant and upper high schools).

The initial difficulties and problems have been overcome through increasingly appropriate provisions and resources (staff, organisational structures and financial aid), thereby ensuring success after success. Continuous legislative and – above all – administrative measures, innovative methods and teaching and society-based policies from the government and local authorities have led to considerable improvement in the educational system.

The ordinary education system is responsible for almost all disabled people of school age and provides appropriate structures and resources to support implementation of personalised education.

Integration in ordinary schools aims to ensure development of the potential to learn, communicate, relate and socialise in disabled people. For the purposes of the law, school attendance may not be affected due to difficulties in learning or any other difficulties deriving from a disability. Any pupils that are unable to attend school for health reasons for a period of at least thirty days are guaranteed education through specially established structures within hospitals.

### **Methods adopted for integration in schools**

Education for disabled children is provided through actions and services co-ordinated by the school authorities and local authorities (Regional Council, Provincial Council, Local Health Authorities and Town and City Councils), which are required to provide the necessary forms of support.

Operational strategies to ensure integration in schools for every disabled child are based on specific procedures that involve the health and social services in the relative area, school staff and the family, which must be informed, involved and provide full co-operation. The family is required to participate with teachers and other people involved in the children's education.

The process to ensure integration in schools involves the following stages:

- identification of a disabled pupil and relative functional diagnosis by the local health authorities;
- outline of a dynamic functional profile for the pupil with support from health and social workers, teachers and family members;
- preparation of a personalised education programme by teachers.

Various forms of support and teaching methods are provided to ensure equal opportunities, including the presence of specialist teachers, IT tools, flexible teaching organisation and educational and methodological experimentation.

Specialist teachers are the main means of support and a qualified resource that ensures the necessary technical, psychological, pedagogic and organisational support for personalised education and offers opportunities for the learning needs of the whole class.

Integration of disabled children in schools is currently an integral part of the ordinary system of education and is supported by a network of organs operating at various levels of the education authorities,<sup>1</sup> initial training structures for specialist teachers<sup>2</sup> and research and investigations at the local and the national level.<sup>3</sup>

### **Problems and prospects**

Following the positive results achieved over the last twenty years, the decision to guarantee disabled children the right to education in ordinary schools in Italy is now considered irreversible not only from a cultural viewpoint, but also with regards to education and social policies.

The efforts made have led to progressive involvement in the entire educational organisation of other state and peripheral authorities and, above all, territorial authorities to guarantee the same opportunities for exercising the right to education

1. In addition to specific offices within the Ministry of Education, a National Observatory has been established to study, monitor and make proposals regarding integration in schools for disabled children. Specific technical and consultation organs have been established within Local Education Offices at the provincial level, whereas workgroups comprising teachers, social and health workers and parents will operate within individual schools.
2. Permanent initial training courses and in-house training for specialist teachers have been organized until specific training on the subject of integration in universities for all teachers is established.
3. Investigations, research and monitoring of progress in the process for integration in schools are systematically effected by local authorities and public bodies.



for all disabled people and at any time. Implementation of specific education agreements between schools and the local authorities have proved particularly effective in ensuring the right to education for all disabled children in a number of areas.

The process involving integration in schools for disabled children can only achieve the best possible and definitive results in the long term thanks to the complex and dynamic nature and numerous variables involved. Certain specific achievements resolve ongoing problems; however new individual, group, training and social needs come to the fore, thereby leading to new objectives.

The most serious problems currently do not involve the possibility of access to the ordinary system of education for disabled children, but merely a number of aspects regarding the quality of the service and education offered, which must be improved in relation to the integration of pupils with very serious disabilities.

### **III. Integration in the workplace**

Demand for training and work from young disabled people has progressively increased following integration in schools, thereby ensuring the conditions that led to the achievement of many results, especially when training services focussed on high levels of qualification or created personalised training courses for specific jobs – in other words finding the most appropriate jobs for disabled people. A new kind of entrepreneurship involving the establishment of social co-operatives specifically for the purpose of employing disabled people was also promoted – especially following approval of Law 381 of 8 November 1991, which formally acknowledged such businesses.

Demand for employment for disabled people has progressively increased over the last few years. The special lists for compulsory employment contained the names of 264,073 unemployed disabled people on 30 June 1998, whereas

191,953 people were employed in public and private companies with at least 35 employees and 15,000 were employed in social co-operatives or were independent professionals or freelancers.

According to figures produced by ISTAT, 754 type (b) social co-operatives were operating in Italy at the end of 1997 and employed 11,165 people, 5,414 of which were disabled people (thereby ensuring a ratio between disabled and able-bodied persons of 48.5%). Co-operatives employed 15 people on average, with an average of 7 disabled people. Most co-operatives (52.2%) employed less than 15 disabled people, whereas 12.1% employed over 50.

Most type (b) social co-operatives have been established to provide temporary employment for disabled people and subsequently ensure they are hired by standard companies. However, although the main objective of such co-operatives is to find outside work for disabled people, they may also employ them permanently within their own co-operative or find jobs in other co-operatives when workers are unable to find other employment.

A survey carried out on a number of type (b) social co-operatives involved in a Trento Employment Agency Project highlights the potential of this active labour policy tool – 87 of the initial 115 disabled people who joined the co-operatives involved in the project between 1992 and 1997 were fully integrated at the time of the survey and 43 (53%) of these had found permanent employment, most of whom (32) with other companies and almost all for at least two years.

Other experiences involving integration in the workplace currently underway in Italy are also supported by European Community action plans. Activities carried out in a number of regions following establishment of S.I.L. Offices (Servizi Inserimento Lavorativo – services for integration in the workplace) promoted by local authorities to help young disabled people find employment are particularly worth mentioning.

These S.I.L.s have implemented a number of actions:

- promoting initiatives to provide information and gain support from the general public;
- outlining and managing projects and technical proposals regarding insertion in the workplace;
- assessing the feasibility of insertion for individuals and mediating entrance into the workplace of disabled people;
- supporting and verifying each experience and the overall project for integration in the workplace.

The work of these S.I.L. offices obviously forms part of the overall projects implemented to support disabled people and they co-operate in a synergetic manner with the network of local agencies throughout the country.

Projects and experiences regarding integration in the workplace for disabled people are also involved in programmes implemented by territorial authorities, associations, trade unions and business organisations.

In 1999, a new Law (Law 68) covering reform of the compulsory employment system was extended. This Law involves new tools (assessment of the ability to work) and actions (agreements, incentives for employers, etc.) to improve professional qualifications and ensure integration in the workplace for disabled people working alongside able-bodied persons on the basis of personalised plans.

#### **IV. Integration in society**

The process of integrating disabled people in Italy not only involved integration in schools and the workplace, but also actions to encourage independence in everyday life and relationships and participation in society, cultural activities, sports and leisure time.

In addition to financial and social support provided to the purposes of the law, public and private organisations work throughout Italy to provide services in the fields of rehabilitation, prostheses and IT. Extensive work has been effected to improve access to everyday places, beginning with the home

and surrounding area using funds established to eliminate architectural barriers in private buildings (Law 13/89) and public areas, buildings and services (Decree by the President of the Republic 503/96).

Significant results have also been achieved in relation to more extensive use of public transport – in other words trains, planes and ships. Ferrovie S.P.A. (Italian Rail) has effected work in the more important railway stations providing access to trains via lifts and escalators and car parks with appropriate access routes and adapting public toilets. Trains provide seats reserved specifically for disabled passengers, staff provide assistance and special fares are applied. There are also special reception areas for disabled people in central stations providing information on the services available, which may also be contacted via a national toll-free number.

Air companies guarantee assistance for disabled people both on the ground and during flights. A number of airports have information centres called “sale amiche” (friendly lounges), which deal with any travel-related matters for disabled people.

Projects and initiatives have also been implemented on ferries and cruise ships to guarantee access and mobility for disabled passengers. Private transport companies receive tax benefits for buying adapted cars and contributions for customising vehicles. The companies responsible for motorways and service station companies have implemented various projects to ensure easier access and mobility for disabled people.

In order to encourage disabled people to travel, a telephone service providing information on suitable tourist structures throughout the country has been implemented. The Tourist Department is also working on a project entitled “Italia per tutti” (Italy for everyone), which aims to provide online information and access to services and structures in tourist areas. A campaign on the possibilities and opportunities of disabled people to enjoy independent holidays was also promoted through the mass media.

More specifically, a television spot promoting a positive image and thereby inverting the traditional image of disability was shown on national television, highlighting the leading role that a disabled person can play when managing his/her own leisure time.

The extensive and detailed legislation produced by Regional Councils and local authorities and diversified – although at times inadequate – offer of territorial services for disabled people with serious conditions is also of particular importance.

## **V. Integrated system for social projects and services (Law 328/00)**

This Framework Law establishes a new system for social projects involving increased economic resources, valorising social service professions, voluntary work and non-profit organisations and developing co-operation among trade unions and associations.

Projects involving assistance to cover all the needs of disabled people may be directly organised in the area concerned. The general public can now be offered higher quality services through Zone Plans and Regional Social Plans, thereby ensuring that social services are no longer considered a means of repairing damages but of promoting well-being and subsequently implementing the concept of welfare already enacted throughout Europe.

One of the most recent and significant actions implemented involved establishment of offices to support severely disabled people without families (the so-called “Dopo di noi” project – “when we have gone”). The state has earmarked specific regional funds to fulfil the needs of such people directly in their own area.

## **Legal status guarantees for people with disabilities**

### **An overview**

The legal status guarantees for the disabled are regulated by the following legal acts of the Republic of Lithuania:

In 1991, the Seimas (Parliament) of the Republic of Lithuania enacted the Law on Social Integration of the Disabled, which regulates the determination of disability, medical, professional and social rehabilitation of people with disabilities, adaptation of the environment, education and training and establishes legal, economic and organisational guarantees of labour, professional and social integration. While implementing provisions of this law, in 1991 the Government of the Republic of Lithuania approved a state programme setting out the lines of medical, professional and social rehabilitation/integration of people with disabilities for 1992-2002.

The legal status of people with disabilities is regulated by a number of Lithuanian laws of general nature, starting with the fundamental law – the Constitution of the Republic of Lithuania, while specific areas are covered by individual laws or regulations and special norms established in the laws of common nature. When the process of integration of people with disabilities started, an error was made: a wrong direction was taken in attempting to establish the legal status of people with disabilities in special laws designed specifically for them. Thus a problem was artificially created: in several situations the general laws did not apply (e.g. education, employment of people with disabilities etc.).

At present various areas of life of people with disabilities are regulated by approximately 70 legal acts. The provisions of the Law on Social Integration of the Disabled were integrated in the basic legal acts regulating health care, pensions, allocation of compensation equipment, prosthetisation and orthopaedic aid, transport privileges, labour relations, education, sport, social services, granting of funeral benefits, compensation for lost bank deposits, utility services, tax privileges, adaptation of environment etc.

In 1992 the Government of the Republic of Lithuania approved the Concept of Reorganisation of Privileges, which established principles for the reorganisation of the system of material guarantees and privileges for persons with disabilities.

Provisions establishing tax privileges for people with disabilities and for enterprises run by public organisations of people with disabilities as well as for undertakings employing them were established in the Law on Value Added Tax (1993), the Law on Income Tax of Legal Persons (1990), the Temporary Law on Natural Persons' Income Tax (1990) and the Procedures for the Issue of Patents (Licences) to Natural Persons approved by the Government in 2000.

In 1994 the Seimas of the Republic of Lithuania ratified the ILO Convention on Professional Rehabilitation and Employment of People with Disabilities. Thus the Republic of Lithuania assumed an undertaking to provide people with disabilities with an opportunity for taking and holding an appropriate job and making a career and to strive for social integration of people with disabilities.

Additional employment guarantees have been established for people with disabilities in the Law on Support for the Unemployed (1990), the Law on Employment Contract, the Law on Safety and Health of Employees (1993) and the procedure concerning part-time work approved by the Government in 1995.

Provisions for pension security and income compensation in case of temporary incapacity for work have been established

in the Law on State Social Insurance Pensions (1994), the Law on Social Pensions (1994) and the Law on Social Insurance of Sickness and Maternity (2001).

The Law on Social Services (1996) establishes the types of social service rendered in the Republic of Lithuania, the conditions of organisation, provision and receiving of such services, relations between providers and recipients of social services, and principles of financing of social services.

The Law on Special Education (1998) establishes the structure of the special education system and the basic provisions concerning early and pre-school education, general education, supplementary education, vocational training, further and higher education, and adult education for persons with special requirements.

The Law on Health System of the Republic of Lithuania (1994), the Law on Health Insurance of the Republic of Lithuania (1996), the government resolution concerning the procedures of compensation for the acquisition of orthopaedic appliances, the procedures for the provision with compensation equipment approved by the Ministry of Social Security and Labour (1996) and other legal acts establish provisions for medical treatment, provision with medicines, prosthetic/orthopaedic items and compensation equipment, and medical rehabilitation.

The Law on Transport Privileges enacted in 2000 establishes the categories of persons entitled to privileges in using passenger transport, types of privilege, compensation for passenger transport costs, and procedures and sources of compensation for lost income of carriers in relation to privileges. A MSSL order "Concerning Approval of Procedures for the Compensation for Transport Costs, Special Vehicles' Acquisition Costs and their Technical Adaptation Costs to People with Impaired Movement Function" (2000) establishes the procedures for payment of relevant compensations.

The order issued by the Ministry of Health and MSSL "Concerning the Approval of the Procedure for the



Establishment of Long-term and Permanent Incapacity for work (Disability)” (2000) regulates the establishment of disability groups I, II and III, conditions of payment of compensations for costs related to special vehicles and/or transport costs, time limits for establishing disability, and the list of documents necessary for the establishment of disability.

Today’s problems in such areas as rehabilitation, provision with compensation equipment, provision of social services, adaptation of environment and dwellings the or education arise from gaps in the laws regulating health care, social services, education and science etc., since there is a lack of clarity in the identification of groups of persons entitled to certain services and of cases in which such services are to be provided; no uniform financing system and financing sources has been established.

The formation of the legal framework initiated the resolution of the most urgent problems of people with disabilities. However, for both objective and subjective reasons (economic situation, lack of knowledge and experience, seeking privileges) these attempts were not always successful. During the last three years there has been a transition from the increase in the number of privileges (which stimulated a dependent’s disposition and encouraged pensioners to seek official disability) towards consistent application of rehabilitation (medical, professional, social) and social services and environment adaptation, education, employment and other measures.

In 2001 the Government of the Republic of Lithuania approved a Concept for Determination of Disability and Social Security Measures for the Disabled. The purpose of the concept is to amend the disability determination procedure in order to create conditions for a more fair and effective implementation of social security measures for people with disabilities, seeking enhancement of their capacity for work, independence and social integration.

An interdepartmental co-ordination commission has been set up for the implementation of the reform of determination of disability and social security for people with disabilities. The

commission has drafted and the government has approved an action plan for the implementation of the reform. The action plan set out the main measures, time limits and responsible bodies. Interdepartmental working groups have been formed for the implementation of each measure; they draft relevant legal acts and their implementation measures. It is proposed that the legal acts should be enacted by 2003 and implemented by 2005.

In order to use the rehabilitation potential more effectively, a draft national programme for social integration of people with disabilities for 2003-2012 has been elaborated. The draft programme contains statistical data on people with disabilities residing in Lithuania and an analysis of the current situation in the area of social integration (legal framework, determination of disability, public awareness, individual health care, medical, professional and psychosocial rehabilitation, employment etc.). An evaluation of and conclusions on policies and development of social integration of people with disabilities in Lithuania is provided; the programme implementation strategy, financing sources, monitoring and management are outlined. It is proposed that the co-ordination of the programme's implementation would be assumed by the Council for the Matters of the Disabled under the Government of the Republic of Lithuania. The Government is going to approve the National Programme for Social Integration of the Disabled for 2003-2012 in the near future.



## 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 1998-2002"). 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 its 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, four-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 in starting 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 1998-2002) 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 1998-2002 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 both from the Ministry of Health and the Ministry of Social Affairs, the Ministry of Children and Family Affairs, the Ministry of Education and Research, the Ministry of Local and Regional Government, the Ministry of Cultural Affairs and Church 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 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.

## **II. Prevention and health education and III. Identification and diagnosis**

### **Policy**

The White Paper No. 8 1998-99, the Plan of Action for Persons with Disabilities 1998-2002 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 1998-2002 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.

“These principles were strengthened when the Norwegian Patient’s Act went into force 1. January 2001. Pursuant to this act the patient has a right to require health care. A patient who needs long-term, co-ordinated health services is entitled to have an individual plan for the treatment, care-services and rehabilitation.

The Human Rights Act of 1999 gives The International Covenant on Economic, Social and Cultural Rights the status of Norwegian law. According to this covenant the States

Parties recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.”

## **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 of 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.

Out of a total of 187,612 children in day care centres in 1999 3,281 (1.74 %) were admitted in pursuant to the section 9 of The Day Care Section Act, and 5,333 children (2.74 %) received extra support services. Research has shown that almost all children with disabilities are in a day care centre. The ministry very seldom receives questions revealing problems in the field.

The states grant system for day care centres has money earmarked for children with disabilities. In spring 2002 the Ministry of Children and Family Affairs carried out an investigation in order to see how these grants are used in the communities.

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 reorganisation 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 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 Psychological 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 access 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 educational 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.

### *Vocational training and integration*

Active labour market measures is an important part of Norwegian labour market policy.

The policy of integration and normalization implies that disabled persons as far as possible shall be given training and work experience in an ordinary work setting, both in the public and the private sector, rather than in segregated sheltered work. The aim is to integrate vocationally disabled persons more fully in the ordinary labour market. For those with special needs due to strong physical, psychological or social problems, programmes in sheltered sector exist as an alternative.

Developments in the labour market, a need to decrease administrative costs and greater focus on user perspectives are however making new demands on the services. A new structure of labour market measures was, therefore, established in 2002, intending to integrate into the ordinary labour market (4 measures), and one measure providing permanently supported placement.

The integrating measures (1-4) are having vocationally disabled and ordinary job-seekers as the target group. Vocationally disabled can be given higher subsidies than ordinary job-seekers. Permanent placements are restricted to vocationally disabled on disability pensions.

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The integrating measures (1-4) are described in this chapter. Providing permanently supported placement is described in chapter V.

### 1. Wage subsidies

To help motivate employers to take on unemployed and occupationally disabled people for ordinary jobs with normal pay and working conditions. Up to 50 % of the wage costs may be covered for a period of maximum 18 months.

### 2. Work practice

Evaluation and job training for individuals with uncertain occupational goals or opportunities. For occupationally disabled people the work practice is taking place at ordinary places of work for up to 3 years or at sheltered workshops for up to 10 months with the possibilities of extending the period. The participants receive practical job training, individually arranged qualification measures, social training and personal counselling.

### 3. Educational programmes

Educational programmes are the most important measure and offer courses within a wide range of topics, with a duration up to 10 months. Most of the courses are at secondary school level and aim to qualify job-seekers for vacant positions in the ordinary job-market. Other courses may motivate for further education in the ordinary school system. For occupationally disabled people there is no formal limit with regard to the length of education within the ordinary educational system. However, the chosen education must be adjusted to the individual action plan of each participant.

### 4. Temporary employment

Temporary employment provides practical experience for unemployed people and occupationally disabled people as temporary workers in public and private enterprises, with a duration of up to 2 years for occupationally disabled people.

In addition, the following measure is worth mentioning:

*The tri-partite agreement on "A more inclusive working life"*

In October 2001, the government and the social partners in Norway entered an agreement aimed at achieving a more inclusive working life. The agreement seeks to reduce the utilisation of sickness benefits and the sickness absence rate, and take better advantage of the human resources represented by older employees. The agreement runs for 4 years and the objectives are to reduce the sickness absence by at least 20% over the period 2001-2005, to ensure that a higher share of employees with impaired functionality are in employment and to increase the average actual retirement age.

## **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 markets.

*Legislation to promote equal opportunities (including quota systems)*

In accordance to The Working Environment Act, physical access to the workplace, sanitary installations, technical arrangements and other equipment have 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 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. Permanently supported placements**

Employment co-operatives establish permanent workplace aimed mainly at persons with learning disabilities. Employment is to be based on the production of goods and services for the ordinary market.

### **4. Work at home**

The LMA has no special schemes to provide for technical aids to give disabled persons opportunities for work at home, but specialised 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 disabled people can participate in working life, for instance from their private home if they want, 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**

### **Principles**

As mentioned in 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.

### **Social and economic security systems**

#### *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. 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 e.g. 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 1998-2002" 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 co-operation 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.

### *6. 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 programme concerning different aspects of the quality of life of persons with disabilities. Data on people with disabilities have also been collected from different private research institutes.

## **XIII. Latest developments**

### **The Norwegian Report 2001:22 "From user to citizen – a strategy for the dismantling of disabling barriers"**

A public committee has evaluated the rights of persons with disabilities in a report called "From user to citizen – a strategy for the dismantling of disabling barriers" in 2001.

Disabling factors refer to a gap or discrepancy between the ability of the individual and the demands of society with regard to functional ability in areas that are vital in order to establish and maintain independence and a social life. When

the concept disability is applied to persons, it refers to people whose practical living is limited due to the gap or discrepancy between reduced abilities and the demands of society/ the environment.

The committee's mandate was extensive, consisting of a broad spectre of issues. Among other things, the committee has evaluated different strategies and means to promote the goal of full participation and equality. The committee described the institutional and structural framework that disabled people encounter in different areas and in different phases of their lives. The committee has given an evaluation of whether or not the rights of disabled people are sufficiently safeguarded, and whether or not the use of rights in legislation represents a good means for achieving these goals.

The consequences of a lack of adaptation are that many more people experience barriers in life than what the disability itself should lead to. To put it bluntly, society itself is disabling. A lack of adaptation creates demands for individual measures and special solutions.

## **Summary and conclusions of the commission's report:**

### **Adaptation, accessibility and universal design**

The Norwegian society of today has not been designed for everybody. Its design is influenced by the fact that it is the non-disabled citizen that has been used as its model. The consequences of not taking the diversity of the population into consideration is a society where many are prevented from making full use of their abilities, and where many disabled people encounter man-made barriers. These man-made barriers can often be compensated for through special adaptations. This means incurring extra costs, which could have been avoided.

Universal design represents a strategy of design and planning which introduces equality as an important element in the

physical design of society. Products, buildings, outdoor areas and means of communication shall be designed in such a way that the solutions can easily be used and are suitable for everybody. These solutions provide equality for all in basic design so that unnecessary additional arrangements shall be avoided.

### **Democratic rights**

Very little attention has been directed towards the barriers disabled people encounter with regard to active political participation. There has been little focus on the fact that the lack of adaptations in the environment pose a democratic problem: Concepts such as citizenship and political rights are almost absent from the political documents in which guidelines are drawn up for policies relating to people with reduced functional abilities.

The abilities and opportunities for minority groups to participate in an open and educated dialogue may be regarded as a test of conditions for freedom of expression in any given society. Access to information is of vital importance if full participation and equality are to be realised.

### **Economic living conditions**

One of the main objectives of welfare policy is to provide security to those groups that need it most. Everybody should receive a fair share of the material resources in our society, and these resources should be distributed in a better and a fairer manner than is the case today.

People with functional limitations have far worse economic living conditions than the average population. The difference between people with functional limitations and others is greater among elderly people than among younger people, but there are also younger people with reduced functional ability whose living conditions are difficult. Households which include a disabled person had on average approximately 15 % lower income than households without disabled persons in 1995, and the average income for people with functional limi-

tations is only three-quarters of that of the population in general.

Many people with functional limitations have a greater need for health, nursing and care services, dental services and medicines, and as a result they have higher costs of living. The average monthly costs for medicines are considerably greater among recipients of basic and attendance benefit than for the population in general.

The lack of participation in the labour market is the greatest barrier to having an income sufficient to live on. Approximately half of all persons with functional limitations are not part of the workforce, and many have benefits as their sole source of income. Income resulting from benefits is far lower than income resulting from work. Education is an important prerequisite for employment. Education in general and higher education in particular is of far greater importance as a factor in whether or not people with functional limitation obtain work than other criteria. Factors such as age and education provide some of the explanation as to why people with reduced functional ability are less likely to be working, but also factors relating to the labour market and the social security system, such as mechanisms which exclude are important key factors.

Another important barrier is the lack of compensation for additional expenses linked to functional limitations. The National Insurance Scheme covers some of the additional expenses, but several surveys show that many recipients of basic and attendance allowance are not fully compensated for their additional expenses.

## **Strategies and planning**

The Commission's review of the living conditions of disabled people reveals that in most areas of life, there is a huge gap between political objectives and reality. Despite improvements in some areas, we have not managed to put a new value base into practice. Equal participation and equal oppor-

tunities are hardly ever introduced as important premises in generic planning and decision-making processes or in the actual design of initiatives. The Commission concludes that it is necessary to apply new and more compulsory means, and proposes an overarching structure whose aim is to change the position of disabled people in society, by utilising political channels and mechanisms

The Commission proposes a strategy consisting of three different components:

### **1. Mechanisms to close the gap between objective and reality**

The first element aims to develop a system to ensure that matters are brought onto the agenda and that implementation is supervised. The proposal involves a set of political mechanisms that can strengthen efforts to close the gap between ideals and reality. To prevent a substantial section of the population from still encountering disabling barriers and being discriminated against, other more mandatory strategies need to be applied than the ones traditionally used in Norway.

The current legislation does not sufficiently safeguard the needs of people with reduced functional ability. The Commission therefore proposes:

#### *An act relating to anti-discrimination for the disabled*

Anti-discrimination legislation should prohibit both direct and indirect discrimination against disabled people with equality as its objective. The aim of such an act would be to ensure that we achieve a society, which is equally as accessible to disabled as it is to non-disabled people, and in this way to minimise the need for specialised solutions. The act would be mandatory in order to strengthen the effect of currently existing legislation, especially in cases where other acts are unclear and inaccurate with regard to the rights of disabled people. The act would apply to both the private and public sector.

The Commission proposes that a legal Commission be established to design and formulate such an Act as soon as possible and no later than the end of 2002.

### *Strengthening of the existing legislation*

The Commission holds the opinion that there is a clear need to strengthen existing legislation, and to ensure that strategies which have already been incorporated, such as stipulation of conditions relating to the granting of permits, licences and dispensation are used. The Commission therefore proposes that the ministries be required to review existing legislation in order to evaluate the need for additions and clarifications. Based on the weaknesses and deficits found in the review and to especially ensure that buildings, products and services are made accessible to all. The Commission proposes that user participation be made a statutory right, and that the legislation must contain stronger and more clearly defined individual rights of people with functional limitations.

### *The supervising authority on disability rights*

To prevent discrimination against people with functional limitations, and to safeguard their general and special rights, the Commission proposes the establishment of a supervising authority on disability rights. The establishment of this authority is in line with developments internationally, where several countries, with good results have established similar bodies. The authority's main task is to ensure that the UN Standard Rules, laws and regulations are adhered to, the authority should be authorised to mediate and to file lawsuits on behalf of other individuals and to provide legal advice/guidance in individual cases of fundamental importance. The authority should document the type and extent of discrimination, and ensure that cases of discrimination against disabled people are brought onto the agenda.

The Commission wants a strong agency with authority and weight. It is proposed that the overall responsibility for the authority shall lie with a governing board, while the day-to-day running of the authority be left to an interdisciplinary

secretariat. The director should be appointed for a fixed term. Primarily, the Commission would like the authority to be organised directly under the Storting (Parliament) in the same way as the Office of the Auditor General. If this is not possible, the Commission proposes that the authority be made subordinate to one of the co-ordinating ministries. The government should appoint the board of the authority.

### *Research*

The Commission finds that there is a lack of information in a number of areas, and that the degree of research carried out in areas of interest to disabled people has been far too limited. In particular, there is a lack of research focusing on the environment and on conditions which create barriers. The report shows that there has been a high level of consensus on measures that need to be implemented with regard to research. The Commission therefore proposes that the Ministry of Education, Research and Church Affairs assign to the Norwegian Research Council the duty of implementing the following measures:

There is a need to develop a better co-ordinated effort similar to the initiative entitled Research on the Disabled. The Research Council must ensure that research on disabled people is included in all programme areas, and report on how this can be safeguarded. Forums must be set up that ensure co-ordination and collaboration within this area of research, as well as measures to ensure the recruitment of students. Another model is the one applied to the area of child research.

The Commission also proposes the establishment of an information centre whose task will be the collection and dissemination of knowledge and the updating previous and current research and development work.

### *The organisations of disabled people*

Closing the gap between objectives and reality requires continuous feedback from people who are affected by the barriers. The organisations of disabled people have an important role as



watchdogs vis-à-vis the authorities. Based on knowledge and first-hand experience, they possess a competence, which makes them key partners in finding solutions in the effort to reach the goal of universal participation and equality in society. User participation is a central principle in policy for disabled people. Public administration should acknowledge that these organisations have experience and competence of vital importance. Through the grant scheme for organisations of disabled people, the state is allocating funds to strengthen their work.

The Commission proposes that the funding to the various organisations for disabled people is increased considerably in order to strengthen their opportunities for participation and interaction with the authorities

#### *Municipal councils and local action plans*

The Commission is of the opinion that all municipalities throughout the country must establish mandatory meetings between representatives of organisations of disabled people and politicians/public administration, but the Commission is divided on the issue of whether or not municipal councils on disability should be established by law.

## **2. Three key areas of priority main objectives**

Most of the barriers disabled people encounter are man-made, and they result from the fact that society has not been planned or designed with the diversity of the population in mind. Financial estimates, which have been carried out in connection with the Commission's work shows that it is very costly to remove existing barriers. The costs of requirements and advance planning in respect of new investments are minor by comparison. The requirements that are not being made today will contribute to additional costs tomorrow.

The Commission is of the opinion that we are about to enter a new era. We can no longer accept that society is designed with an ever-increasing number of disabling barriers, whose removal we will later have to pay dearly for. Therefore from now on, political directives must be laid down, stating that all

areas shall be planned and designed based on stated national access standards.

The Commission has prioritised three areas of importance to participation and equality. The areas are all characterised by the fact that they represent major man-made and excluding barriers, but in a relatively short period of time, great progress could be made. The Commission proposes that mandatory action plan be established, combined with national access standards, economic incentives, and binding deadlines.

*The first area of priority: Access to transport for all*

Main objective:

Public transport with its adjacent infrastructure (means of transport and terminals) shall be accessible by 2012.

This objective involves creating an infrastructure, which will enable everybody to travel by public means of transport by 2012. It will not be possible to achieve comprehensive options of transport before 2012 due to the fact that the transport-stock has a long life span, and older models are seldom replaced with new ones.

The cost involved in the adaptation of public means of transport is considerable. In addition to the allocation of investment and maintenance funds, the Commission proposes that means be set aside for a Special Priority Fund for adaptation of existing means of transport and terminals. This is the solution chosen by Sweden. An annual allocation of NOK 300 million a year for a period of five years is proposed. The national standard on access to public means of transport shall form the basis for applications for funds from the Special Priority Fund, and the first year for applications will be 2004.

*The second area of priority: Complete access to buildings and outdoor areas*

Main objective:

All buildings housing publicly elected bodies shall by 2005 be accessible to persons with a sensory impairment, persons

with orientation impairments and persons with mobility problems. Elected members of a public body should be entitled to access to such premises from the first day of service.

All buildings where services to the public are being provided shall by 2006 be accessible to all disabled people.

Kindergartens, schools and universities should by 2007 be accessible to all, but disabled students are already entitled to access the facilities from their first day at kindergarten, school or university.

Buildings and premises in which people work shall by 2008 be accessible to all employees and visitors.

*The third area of priority: Complete access to information and to information technology*

Main objective:

- Equal access to public information by 2005;
- The objective involves ensuring that all citizens can receive all public information through the desired medium;
- Equal access to technology by 2005.

The objective means that all information technology is either made accessible while being developed or is adapted so that it is accessible to people with functional limitations.

### **3. Priority measures**

The third element of the strategy consists of a list of prioritised measures that are important in order to achieve the overarching objective of full participation and equality for all disabled people. The measures have been consciously chosen to supplement the other elements of the strategy, and are linked to the Commission's evaluation of deficiencies in the various areas. The Commission has put emphasis on the fact that these are measures that can be implemented immediately, independently of the other components of the strategy.

### *Financial analyses and consequences*

Making a standard cost-benefit analysis directed towards disabled people is problematic. Finding quantitative figures for the benefit side is especially difficult, but for costs as well, it has proved difficult to find concrete figures for various measures. Nor can all things be measured in an ethically responsible manner in connection with costs and benefits. Financial analyses of such matters should instead concentrate on the requirements for standards, which should be financed in the most cost-effective way.

### **White paper**

The Ministry of Social Affairs has now started a process preparing a White Paper as the follow up of the Commission's work. A white paper will be presented to the Norwegian parliament – Stortinget – early in 2003.

The Norwegian Government has decided to establish a legal commission in 2002 to study the need for an act relating to anti-discrimination for disabled people.



## I. General policy

### 1. Principles

In Poland, the legislation concerning people with disabilities is based on the principle of non-discrimination, integration and equal opportunities. The principle of public consultation is respected in the process of shaping legislation and establishing priorities for action. Actions taken in favour of persons with disabilities are carried out in conformity with the subsidiarity principle.

### 2. Aims

The rights of all citizens in Poland are guaranteed under the Constitution of the Republic of Poland of 1997. The constitution establishes, as one of the general principles on freedom, rights and responsibilities of human being and citizen, the right to equal treatment under the law and to equal treatment by public authorities. Article 32 of the constitution contains the general anti-discrimination provision, which states that "no one shall be discriminated against in political, social or economic life for any reason whatsoever."

The anti-discrimination provision, i.e. that which recognises as inadmissible "discrimination of any kind in employment relations, in particular based on sex, age, disability, race, nationality, convictions, especially political or religious, as well as union affiliation," is also contained (since 1996) in the Act of 1974, the Labour Code.

For equalisation of opportunities of persons belonging to vulnerable groups, including persons with disabilities, the constitution provides certain special rights.

In June 1997, Poland ratified the European Social Charter, accepting, *inter alia*, all provisions particularly related to persons with disabilities, i.e. Articles 9, 10 and 15.

### **3. Field of intervention**

The specific needs of persons with disabilities have been addressed in legal acts pertaining to almost all aspects of organisation and functioning of the society, among which are regulations on education, public health, social assistance, construction, transport communication and physical culture. A separate legislation also exists that regulates in detail key areas of interest for citizens with disabilities such as vocational and social rehabilitation and employment.

### **4. General directives**

On 1 August 1997, the Parliament of the Republic of Poland passed the Resolution – Charter of Rights of Persons with Disabilities, which invokes rights guaranteed under the Constitution, the Universal Declaration on Human Rights, the Convention on Children’s Rights and the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities. In this document, apart from defining the rights of disabled persons to an independent, self-determined, active life free from discrimination, a catalogue of ten rights is included. At the same time, the document indicates the most important areas requiring intense action from the Polish Government and self-governmental authorities in order to bring the rights of persons with disabilities into full effect.

In July 1991, the Polish Government created the position of Plenipotentiary for the Disabled in the rank of State Secretary in the Ministry of Labour and Social Policy; this action reflects the significance the government attaches to the issues of persons with disabilities. On 1 January 1999, the position was

elevated and named the “Government Plenipotentiary for the Disabled.”

Pursuant to the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons of August 27, 1997, the National Consultative Council for the Disabled was created. The Council is an advisory body to the Government Plenipotentiary for the Disabled, constituting the forum for cooperation for the benefit of disabled people among state administration bodies, territorial self-governments and NGOs. Thus, it is a body that may play a significant role in raising public awareness to problems of persons with disabilities.

## **5. Definitions**

The Act on Vocational and Social Rehabilitation and Employment of Disabled Persons of August 27, 1997 contains a definition of a “disabled person”. This is the only act entirely dedicated to persons with disabilities.

A disabled person is a person whose physical, psychic or mental status permanently or temporarily impedes, limits or makes impossible the fulfilment of his/her social roles (and in particular ability to perform work), provided that his or her disability has been legally confirmed.

## **II. Prevention and health education**

### **1 - 5. Aims; Prevention of impairment, disability and handicap; Health education**

The state public health policy, including promotion of health, health education and primary prevention, is implemented on the basis of many legal acts. The most important of which are:

- the Act on Universal Health Insurance (of 1997, with subsequent amendments, in force since January 1, 1999);
- the Act on Health Care Establishments (of 1991, with subsequent amendments);
- the Act on Protection of Mental Health (of 1994, with subsequent amendments).



The National Health Programme (NHP), begun in 1990, defines basic activities for health education and preventative procedures aimed at counteracting the many threats to health and disabilities. This programme is continuously updated and annually evaluated against expected effects and health benefits.

The following strategic goals of the NHP are monitored:

- increasing the physical activity of the population;
- improving the manner in which the population nourishes itself and health quality of food;
- reducing the level of tobacco smoking;
- reducing and altering the structure of alcohol consumption as well as reducing health damage caused by alcohol;
- limiting the use of psychoactive substances and reducing associated health damage;
- increasing effectiveness of public health education and health promotion activities;
- promoting mental health and preventing mental disorders;
- reducing the exposure to harmful agents in working and living environments;
- improving sanitation conditions in the country;
- reducing the accident rate, particularly road accidents;
- improving the efficiency and effectiveness of first aid in life-threatening emergencies;
- increasing the accessibility and efficiency of primary health care;
- preventing the occurrence and effects of pre-term births and low birth weight;
- improving early diagnostics and active medical care of persons at risk of developing ischaemic heart disease;
- improving early diagnostics and increasing effectiveness in treating malignant tumours of neck of the uterus and breast;
- creating conditions enabling the integration or return of disabled persons to active social life;

- increasing the effectiveness of infectious diseases prevention;
- intensifying prevention of dental caries and other dental problems of children, youths and pregnant women.

The goals defined in the NHP are achieved by implementing various detailed programmes and informing the public on healthy behaviour, on dangers to public health and on how these threats may be avoided. National government agencies, voivodship institutions and territorial self-government organs, NGOs and the public all participate in the achievement of the goals set out in the NHP.

Tasks devoted to promotion of health and preventative measures result from World Health Organization recommendations as well as European Union directives and priorities on public health.

### **III. Identification and diagnosis**

#### **1. Identification of impairment; diagnosis**

The Act on Universal Health Insurance guarantees the insured full access to diagnosis of all types of illnesses that may lead to disabilities. The primary health care provider delivers health care in this area. The primary health care (family practice) physician decides whether consultation with a specialist is warranted, with the exception of the following specialists: gynaecologist and obstetrician, dentist, dermatologist and venereologist, oncologist, psychiatrist and ophthalmologist. Patients also have direct access to specialists who treat addiction to alcohol, stupeficient and psychoactive substances, and if they are infected with HIV, if they are persons suffering from tuberculosis or if they are disabled soldiers.

All those insured, with a health insurance physician's referral, may take advantage of medical rehabilitation, provided as part of health care to prevent disability, to remove the disability, or to limit or mitigate its effects. A legal confirmation of a disability is not required to take advantage of medical reha-

bilitation. Many national public health programmes also include tasks on confirming the existence of an impairment and diagnoses are carried out as part of these programme.

## **IV. Treatment and therapeutic aids**

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

Early diagnosis, which is the basis of many public health programmes in Poland, contributes significantly to success in treating and preventing disability. While treatment and medical care for disabled persons is just as accessible as for other persons entitled to receive health care, action is nevertheless being taken to broaden the scope and form of services available through frequent physician house calls to chronically ill or disabled persons, physical therapy delivered at the patient's home, collection of laboratory samples at the disabled person's home, etc. In most voivodships, disabled persons with significant limitations on mobility due to damage to limbs or spine or due to somatic illness are covered under nursing care at home.

Persons requiring 24-hour care and nursing as well as rehabilitation reside in care and treatment establishments or use outpatient rehabilitation centres.

Persons with temporary or permanent disabilities are entitled to orthopaedic and auxiliary appliances appropriate to their dysfunction (as determined by a physician) free of charge or for partial payment. Two resolutions of the Ministry of Health of 10 October 2001 define the rules and manner in which this assistance is awarded.

### **4. Assessment of disabilities**

Specialised physicians are responsible for the assessment of disabilities for persons requiring medical rehabilitation or those currently availing themselves of such rehabilitation. The treating physician writes the rehabilitation referral. In cases of

persons at risk of partial or total inability to work, when treatment extends beyond the defined by the law time, the authorised physician of the Social Insurance Institution refers the person to medical rehabilitation as measure for pension prevention.

The physician, as part of an initial medical examination required in the hiring process, also decides whether the person may undertake concrete work at a given position. A medical examination is likewise required in the case of an employee who returns to work after more than 30-day period of inability to work caused by an illness.

Teams for the assesment of disability mentioned in section VI.1, on the other hand, establish social and vocational rehabilitation needs of disabled persons.

## **V. Education**

### **1. Aims**

The Act of September 7, 1991 on the Educational System sets out the most important rules on education in Poland, including education of people with disabilities. Subsequent amendments to this law introduced provisions defining and improving the organisation of education for pupils with disabilities. The school system reform implemented in September 1999 also addresses special education.

Pursuant to the above-mentioned act, the educational system should ensure in particular:

- the exercising by Polish citizens of their right to education and exercising rights of children and youth to up-bringing and care appropriate to age and attained development;
- adaptation of contents, methods and organisation of teaching to psychophysical abilities of pupils and also the opportunity to use psychological and pedagogic assistance and special forms of didactic work;
- opportunity for disabled as well as socially maladapted children and youth to learn in all types of schools, in accor-

dance with their individual development and educational needs and predispositions;

- care for pupils with severe or adjoint dysfunction by enabling an individualised educational process, learning forms and programme as well as rehabilitating lessons.

## **2. Mainstream education**

Education of disabled children and youth may be carried out in mainstream schools, integrated schools or classes and special schools or classes. Integration of individual disabled pupils (e.g. with hearing or sight impairments, behavioural disorders, chronic illnesses, mobility impaired or socially mal-adapted) in mainstream kindergartens, primary schools, grammar schools and secondary schools, in which very often educational programmes of mainstream schools are used for teaching them, is designed to provide educational opportunities among groups of peers. Only children with severe and moderate mental handicaps are provided an educational programme founded on a separate basis.

Integrated schools or kindergartens are units in which all classes are integrated. The number of pupils (wards) in an integrated class should be between 15 and 20, of which 3 to 5 are pupils (wards) with disabilities.

In public kindergartens and mainstream schools, special classes are also organised, in which teaching and upbringing programmes as appropriate to the type of special institution or selected programmes of mainstream institution may be applied. In these classes, the number of pupils should correspond to the number of pupils in appropriate special schools.

In the 2000/2001 school year, the number of disabled children and youths in mainstream kindergartens and schools was close to the total number of disabled children and youths in integrated or special classes of kindergartens and schools.

### **3 & 4. Special education; Education and rehabilitation**

Children and youth with developmental disorders and deviations that require special organisation of learning and work methods fall under special education.

Apart from the Act on the Educational System, ministerial ordinances to that act also regulate the functioning of special education. Additionally, the Act of August 19, 1994 on Protection of Mental Health requires the inclusion of mentally handicapped children and youth (regardless of the degree of disability) in learning and rehabilitating and upbringing lessons, as well as medical, vocational and social rehabilitation.

Assessment and qualification procedures for placement in appropriate education and care systems are applied to children with developmental disorders and deviations as well as children with behavioural disorders. Assessment teams conduct these procedures, operating (in accordance with the Act on Educational System) in public psychological and pedagogical counselling centres as well as other public specialist centres. Pupils in possession of an assessment establishing their need for special education may take advantage of learning in special schools or classes that may also be organised by a health care establishment, resort establishment or public assistance institutions.

Depending on the special educational needs as well as the type and degree of disability of children and youth, the following special institutions may be established and operated:

- kindergartens (for children 3 years of age until school education begins, though not beyond 10 years of age);
- six-year primary schools (for pupils up to 16 years of age);
- grammar schools (for pupils up to 21 years of age);
- classes adapting for work, organised for grammar school pupils, who after completion of the first form are not likely to complete school in the expected timeframe;
- basic vocational schools (for pupils up to 24 years of age);

- secondary schools, that are vocational schools, general education schools, specialised schools, technical schools (for pupils up to 24 years of age);
- post-secondary schools;
- special educational-upbringing centres and special developmental centres.

In the above institutions, indispensable medical and social rehabilitation may also be delivered. Moreover, educational-upbringing institutions and re-socialisation centres (based on the Act on Social Assistance) may also be organised for socially maladapted children and youth with behavioural disorders or at risk of addiction.

Classes at special schools are characterised by a lower number of pupils (from 2 to 16), depending on the pupil's type of disability.

It is possible for public and non-public schools and institutions to participate in providing special education. Establishing and operating special kindergartens lies in the local government's (gmina's) mandate. On the other hand, the powiat (the local higher level self-government) is responsible for establishing and operating special schools, special educational- upbringing centres and special developmental centres.

Pupils are entitled to receive psychological and pedagogical assistance. This assistance facilitates the psychophysical development and the effectiveness of the learning process by correcting deviations, addressing and correcting deficits in completing the learning programme as well as eliminating the causes and manifestations of disorders, including behavioural disorders. In kindergartens, this is organised in the form of specialised therapeutic lessons. In schools and institutions, this may be organised in the form of remedial and specialised lessons (socio-therapy and other lessons of a therapeutic nature). Currently, markedly more children and youth are educated in special institutions than take part in integrated forms of education.

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

For over ten years, efforts have been made to increase the number of persons with disabilities engaged in studies. In state institutions of higher education, however, persons with disabilities still make up a small fragment of the total student body (only about 0.3%). The following factors should lead to an improvement in this situation:

- systematic increase in the number of disabled persons with secondary school diplomas;
- introduction of financial support for disabled students in the form of special scholarships as well as the possibility to apply for partial or total remission of student loans in some clear statutory cases;
- development by educational institutions of long-range programmes for adaptation of institutions and facilities to the needs of disabled persons as well as conducting special training for students and higher schools' staff aimed at eliminating information barriers and propagating the idea of integrated education; work is also being conducted on adapting examination procedures to the various needs of persons with different disabilities.

Adults with disabilities who do not possess a secondary education may pursue it in continuing education centres, which are mainstream institutions designed for persons experiencing any number of difficulties completing secondary school intended for youth.

## **VI. Vocational guidance and training**

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

Persons with disabilities seeking employment may avail themselves of the assistance of professional vocational counsellors employed at poviats (local) labour offices.

Teams for the assessment of disability are also responsible for the selection of appropriate training for persons with disabili-



ties, including specialist training, as well as appropriate employment that takes into account the psychological and physical capabilities of a given individual. The legal basis for the operation of these teams is the Act of August 27, 1997 on the Vocational and Social Rehabilitation and Employment of Disabled Persons.

These are multidisciplinary poviats teams for the assessment of disability which operate as the first instance at the *poviat* (local) level, within the poviats centres for family assistance, and the *voivodship* (regional) teams for the assessment of disability acting as the second instance at the regional level.

This assessment is used to meet goals set out in the aforementioned act and serves as the basis for awarding reductions and entitlements based on separate regulations. In the assessment, the team states one of the three degrees of disability (severe, moderate, and minor) as well as provides indications established in consultation with, *inter alia*, a physician and a vocational counsellor.

From 1 January 2002, amendments to the act introduce, *inter alia*, an expanded catalogue of indications included into the assessment as well as the possibility for the teams to assess on disability of children under 16 years of age.

The authorised physician of the Social Insurance Institution is responsible for the assessment of inability to work and, possibly, to independent existence as well as judgement on the advisability of professional re-qualification due to the inability to work in the present occupation. The assessment of the authorised physician serves as a basis for decision on benefits foreseen in the Act of 17 December 1989 on Retirement and Other Pensions from the Social Insurance Fund, including training benefits for persons referred to professional re-qualification.

## **2. Guidance**

Pursuant to the Act of 14 December 1994 on Employment and Counteracting Unemployment, *poviat* (local) labour offices, assisted by information and vocational planning centres at

voivodship (regional) labour offices, conduct vocational guidance. This guidance is based, among other things, on the principle of "equal access to vocational guidance services regardless of nationality, sex, religion or belief, membership in political and social organisations or other circumstances," which should be understood to include disabilities. Therefore, disabled persons use vocational guidance provided by mainstream employment services. The Act of August 27, 1997 on Vocational and Social Rehabilitation and Employment of Disabled Persons also discusses this issue.

### **3. Vocational training**

Under Polish legislation, unemployed or job-seeking disabled persons have access through the same channels as non-disabled persons, under conditions outlined in the Act of December 14, 1994 on Employment and Counteracting Unemployment, to vocational training initiated by mainstream services of *poviat* (local) labour offices, which is financed by the Labour Fund.

Moreover, persons with disabilities registered at the *poviat* labour office as unemployed or job-seekers without work may take part in extracurricular training aimed at learning a vocation, re-qualification or increasing qualifications financed by the State Fund for Rehabilitation of Disabled Persons (PFRON) based on the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons. These provisions also apply to persons with disabilities during a period of notice if an employment contract is to be terminated for reasons connected with the employer and if in the effect of acquired disability persons have lost their ability to perform work in their previous occupation.

Training of persons with disabilities may also be organised by employers entitled to obtain from PFRON resources partial refunding of the costs of training of disabled persons, under conditions established in a contract as well as upon fulfilment of requirements set out in the act.

## **VII. Employment**

### **1. Principles**

On 1 July 1991, a quota-levy system was introduced, on the one hand, to encourage employment of persons with disabilities and, on the other hand, to obtain financing for rehabilitation, especially vocational, of disabled persons as well as for supporting their employment. This system still continues to function (currently based on the Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Disabled Persons). Funds originating from contributions of employers that do not meet indicators of employment of disabled persons established in the Act are collected by the State Fund for Rehabilitation of Disabled Persons (PFRON). PFRON transfers most of these funds to poviats self-governments to meet the mandate set out in the above-mentioned act. Under the Act, at least 65% of PFRON resources in a given year are designated for the employment and vocational rehabilitation of people with disabilities.

In January 2000, the Polish Government adopted the National Strategy for Increase of Employment and Development of Human Resources in the Years 2000-2006, in which the need to strengthen equal opportunity policies for the most vulnerable groups on the job market, especially disabled people and women, was emphasised. The strategy outlines the most important directions for action in this area.

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

Employment of persons with disabilities on the open labour market may be supported mainly in the form of assistance optionally awarded from PFRON, based on an employer's application. This assistance may include:

- partial reimbursement of employer incurred costs of organising a new or adapting an existing workplace for a person with disabilities, and also periodic refunding of wages and social insurance contributions;

- partial, periodic reimbursement of wage costs of a newly hired person with a severe or moderate degree of disability as well as social insurance contributions – for employers employing up to 24 persons.

Additionally, an employer employing less than 25 persons (calculated on the base of full-time position equivalents) receives, mandatory, partial financing of social insurance contributions for severely or moderately disabled employees. This assistance is provided jointly from PFRON resources and the state budget.

### **3. Sheltered employment**

Sheltered work establishments and vocational activity establishments form the sheltered employment market in Poland.

Sheltered work establishments constitute the basic form of sheltered employment. These are production, trade or service enterprises that create work conditions for persons who, due to their disability, cannot find work under normal conditions on the open labour market. These enterprises function as independent business entities that fully compete with other business entities; persons with disabilities make up an average of 58% of the work force of such an enterprise.

The specific nature of sheltered work establishments lies in the adaptation of workstations, facilities and premises to the needs of the disabled employees, as well as in the provision of appropriate medical and rehabilitative care.

An enterprise with the status of sheltered work establishment (upon fulfilment of conditions set out by the act) may take advantage of assistance (concerning placement in employment of persons with disabilities referred by the poviats labour office) granted optionally under the same rules as those on the open labour market (see section VII.2).

Other forms of assistance optionally awarded to sheltered work establishments include, in particular:

- co-financing of the repayment of interest on bank credits drawn by the employers;

- loans for investment, modernisation or restructuring of the establishment;
- co-financing or reimbursement of wages of the disabled employees who have a confirmed psychiatric illness, mental retardation or epilepsy;
- co-financing, with the purpose of maintaining existing jobs in the establishment.

Vocational activity establishments provide another form of sheltered employment. These may be formed by local governments (gmina or powiat), foundations, associations or other social organisation whose statutory activity is the vocational and social rehabilitation of persons with disabilities. The vocational activity establishment constitutes an organisationally and financially distinguishable institution employing persons with severe disabilities who account for over 70% of employees. The costs of creating and operating a vocational activity establishment may be financed by PFRON based on the Act of 27 August 1997. Persons with disabilities employed in vocational activity establishments may obtain assistance from the Activity Fund created at the establishment.

The form of obligatory support for sheltered work establishments and vocational activity establishments is the partial financing of social insurance contributions; this assistance is granted from PFRON with simultaneous support from the state budget.

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

Persons having difficulty travelling to the premises of the work establishment may perform work at home, in a system of homeworking. Increasingly popular in Poland, especially for disabled persons, is the concept of tele-work. One of the target programmes financed from PFRON resources enables persons with disabilities to obtain essential skills needed for these tasks, including the European Computer Driving License as well as purchase of equipment needed to perform work at home, away from the enterprise's (employer's) premises.

The person with disabilities him/herself is responsible for selecting the place and type of employment. Disabled persons registered in the poviats labour office as unemployed or job-seeker without work may use job placement services or obtain a loan from PFRON resources to commence an economic or agricultural activity. Persons with disabilities already conducting a business or running their own or leased farm may obtain assistance for continuation of that activity from PFRON in the form of co-financing of the repayment of interest on bank credits.

## **VIII. Social integration and environment**

### **1. Principles**

The purpose of social rehabilitation, in accordance with the definition in the Act of 1997 on Vocational and Social Rehabilitation and Employment of Disabled Persons, is to enable disabled persons to participate in social life. This is carried out above all through:

- developing personal resourcefulness and abilities to fulfil social roles independently as well as stimulating social activity of persons with disabilities;
- eliminating barriers, especially architectural, town-planning, transportation, technical, in communication and access to information;
- shaping appropriate social attitude and behaviour conducive to the integration of persons with disabilities.

The basic forms of social rehabilitation are the following: participation in occupational therapy workshops, rehabilitation stays, groups of physical exercises that improve psychomotor co-ordination, recreational, sport and other groups of social activities appropriate to the needs of disabled persons. Local self-governments, who co-operate with NGOs in this regard, are responsible for ensuring the social rehabilitation of persons with disabilities.

## **2. Accessibility**

Two acts on construction of 7 July 1994 that came into force on 1 January 1995, the Act on Country Planning and the Act on Building Law, contributed to the improvement of the accessibility to public buildings and places. These acts introduced the obligation to consider the needs of persons with disabilities not only in implementing new investments, but also in modernisation of existing objects and facilities. These regulations refer to public use objects (including those of collective habitation) and multi-family dwelling-houses.

Full accessibility to objects and facilities can be achieved by meeting the requirements of the executive ordinance to the Building Law, i.e. the Ordinance of 14 December 1994 on technical conditions that buildings should fulfil and their situation, which has been in force since 1 April 1995.

Other legal acts also require the provision of conditions that disabled persons require in order to use, e.g. public roads and associated construction equipment, as well as sports facilities.

Pursuant to the Act on Vocational and Social Rehabilitation and Employment of Disabled Persons, it is possible to obtain from PFRON co-financing of the costs of eliminating architectural barriers in existing public buildings.

### **3 - 6. Transport; housing; technical aids; communication**

The Act of 20 June 1997 – Law on Road Traffic-foresees a special solution for vehicles transporting disabled persons as well as for disabled persons using the roads by themselves, including those driving vehicles with a disabled parking card.

The right of persons with disabilities to move about freely and to use means of public transportation is provided under the Act of 15 November 1984 Transport Law, *inter alia*, in the regulations that oblige the provider to facilitate the use of means of transportation, check points, stops and platforms by persons with disabilities, including those using wheelchairs.

Persons with disabilities are entitled (based on the act of 20 June 1992 on the right to use mass transit at reduced rates) to

discounts in fees for use of mass rail and bus transit, with the exception of municipal mass transit (discounts for use of municipal mass transit lies in the local self-government mandate).

Thanks to implementation of target programme financed by PFRON, it is possible to provide assistance to disabled persons in:

- the purchase of an electric wheelchair or purchase or adaptation of a car;
- the purchase of essential technical equipment.

Persons with disabilities may use financial assistance from PFRON resources for the elimination of architectural barriers in their place of residence.

It is possible to take advantage of income tax reduction for expenses incurred to meet needs arising from a disability, that is for:

- adapting mechanical vehicles to needs arising from a disability;
- adapting and equipping flats and residential buildings to needs arising from a disability;
- purchase and repair of personal equipment, devices and technical tools essential to rehabilitation as well as assisting in performance of every day actions;
- paying guides for blind persons as well as those with a mobility-limiting disability;
- keeping a guide dog by a blind person;
- paying a sign language interpreter.

Additionally, legal regulations on communication and telecommunication as well as subscription fees for use of radio and television receivers foresee rights to which persons with impaired mobility capacity and hearing or sight impairments are entitled.



## **6 - 7. Sport; Leisure time and cultural activities**

The Act of 18 January 1996 on Physical Culture provides that citizens, regardless of age, gender, religion or beliefs, race as well as the type and degree of disability, have the right to equal access to various forms of physical culture. Moreover, the act regulates the operating rules and tasks of various entities with respect to the process of physical education, engaging in sports and active recreation as well as conducting rehabilitation of mobility.

Those elements of rehabilitation of persons with disabilities that contribute to social integration are afforded large significance. Among these are integrative sport and recreation events (athletic meetings, school olympic games, competitions and other sporting events) that are almost exclusively financed from public funds. Persons with disabilities also engage in sports for which records are maintained and participate in sport competitions, including those on the highest levels, such as Polish National Championships, European Championships, World Championships and Para-Olympic Games.

Children with disabilities and young people with disabilities participate in summer and winter sports camps, which increase participant interest in sports, provide an opportunity for full participation in social life and teach healthy habits and lifestyles.

As part of the promotion of sport for persons with disabilities, instructional, informational and promotional materials are developed and produced on physical culture. Training, conferences and symposia are also organised that promote the active engagement of persons with disabilities in sports.

Legal provisions of the Act of October 25, 1991 on Organising and Conducting Cultural Activities foresee the state patronage of cultural activities. This involves support and promotion of the creative process, cultural education, cultural actions and initiatives as well as protection of cultural heritage.

In practice, this enables institutions to promote culture and disseminate cultural activity by conducting cultural education of persons with disabilities, to organise artistic events and programme for and with the participation of persons with disabilities as well as promoting the artistic expression of persons with disabilities. Action is also taken to increase access to cultural institutions for persons with disabilities and art schools for young people with disabilities. It is important to emphasise the significant role that NGOs play in organising sport, recreation and cultural activities for persons with disabilities.

## **IX. Social, economic and legal protection**

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

Persons with disabilities in Poland are guaranteed social, economic and legal protection resulting from the rules defined in the Constitution of the Republic of Poland that are developed in provisions of legal acts, as well as legal regulations of lower standing.

A disability serves as a basis to apply for local self-government assistance pursuant to the Act of 29 November 1990 on Social Assistance. The type and form of this assistance depends on the individual situation of the disabled person.

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

Persons with disabilities are entitled to benefits in money (temporary, targeted or permanent) from social assistance, as well as to social benefits awarded in accordance with provisions of other acts, *inter alia*, unemployment, family, nursing, child care, sickness, postnatal or guardian benefits. For most benefits, an income criterion applies; in justified cases, however, emergency financial support may be extended in the form of temporary and targeted benefits even if personal or household income is higher than the income criterion set by the law.

For families with disabled children, a permanent benefit from social assistance is available for a person that must care for the child and therefore cannot remain employed.

The following benefits based on disability are obligatory (if the income criterion and other conditions set out in the Act on Social Assistance are met): social pension, compensatory permanent benefit and permanent benefit. Beneficiaries of such assistance and those persons in their support, also have a right to health services in public health care establishments in accordance with rules set out in regulations on providing retirement benefits to workers and their dependants.

For persons requiring permanent care of another person due to their own disability, care services are provided free of charge or at partial cost depending on the financial situation of the person or the family.

### **3. Legal protection**

Polish law protects persons with disabilities from discrimination. They have the right to participate in all areas of social life and are entitled to the rights and freedoms of citizens. In order to protect the rights of persons who are not fully capable of exercising their legal rights, a guardian or custodian is arranged. In situations in which persons are not capable of personal action, e.g. physical dysfunction effectively renders action impossible, they arrange representatives that protect their interests.

### **4. Social services**

Assistance in the form of social services for persons with disabilities is delivered based on provisions of the Act on Social Assistance, first and foremost at the place of residence (in the form of social work, shelter, meals, essential clothing, care services, placement in a local support centre or sheltered flat) in order to keep the person in his/her natural surroundings as long as possible. In special cases, assistance is delivered in the form of 24-hour residential care addressing the needs of residents at standard levels and is carried out in care institutions that also provide medical and rehabilitation services.

As part of social work, specialist counselling, especially legal and psychological, is provided. Assistance in arranging administrative issues and other vital questions or maintaining contact with surroundings is also provided. This may involve, *inter alia*, obtaining and use of communication and information transfer devices or in adjustment of living quarters to limitations resulting from a disability. This assistance is provided regardless of the financial situation of the recipient.

A disabled person who requires the assistance of other persons in daily activities is entitled to care services covering assistance in meeting daily vital needs, basic hygiene, or nursing prescribed by a physician (e.g. conducted by a nurse or physical therapist). Social organisations or private agencies may be contracted to perform these services.

At the end of 2001, due to the introduction of new legal regulations, the opportunity to form family assistance homes was created. Placement of persons in social assistance homes is a solution used when all other existing possibilities of providing social services in natural surroundings have been exhausted.

The NGO sector, including associations, foundations, church organisations, other social organisations, physical persons and corporate bodies support the social assistance activities of national and local governments' units by offering a broad and varied range of forms of assistance for different social groups, including people with disabilities. The NGO sector also operates social assistance homes. Units organising social assistance are obliged to enter into co-operation with non-governmental organisations, to which they may contract social assistance tasks and which they may support financially.

## **X. Training of persons involved in the rehabilitation process and in the social integration of people with disabilities**

### **1. Principles**

In Poland, the education and continuing training of professional staff involved in the rehabilitation and social integration

of people with disabilities is recognised as the fundamental prerequisite for good implementation of these tasks. This staff makes up middle and upper personnel.

The education of mid-level staff takes place in post-secondary schools or secondary technical schools for which the Minister of National Education prepares programme guidelines for general and vocational education, the latter of which is prepared in co-operation with the appropriate minister.

High-level personnel are those with higher (university) education. The educational programme for these studies deals with subjects that will enable students to become familiar with methods and manners of conducting rehabilitation of persons with disabilities. Further, in order to attain certain specialisations, the completion of a post-graduate programme is required.

The issue of disabilities as well as the continuous updating of the manner in which the needs of disabled persons are met are dealt with in most areas of professional education at various levels of learning, also at the level of higher studies, including technical.

**2 - 8. Training of health care personnel, teaching and educational staff, vocational and guidance staff, vocational integration staff, social services staff and social and educational support staff, staff active on the sport, leisure and holiday sectors, architects, town planners and professionals specialising in construction, public facilities and transport to deal with the problem of people with disabilities**

Physicians attain specialisation in medical rehabilitation as part of post-graduate studies. Physical therapists are educated in five-year masters programmes or three-year bachelors programmes. Vocational medical schools have physical therapy departments (educating physical therapy technicians), occupational therapy departments (educating occupational therapy instructors) as well as massage departments (educating massage technicians).

Mid-level social assistance personnel and social workers are educated in post-secondary schools in four vocations (including care worker for persons with disabilities).

In the years 1998-2000 the process of training vocational counselling staff in vocational guidance for disabled persons was supported by PFRON resources. This enabled the training of vocational counsellors – the leaders of job clubs. A wide range of materials needed to provide vocational guidance to persons with disabilities were purchased, including equipment and tests to examine the aptitude of disabled job applicants. A handbook for vocational counsellors on the evaluation of employment potential of various occupations with respect to different types of disabilities was also produced.

Pursuant to the Act of 1974, the Labour Code, it is the employer's obligation to facilitate employee attempts to increase their professional qualifications. Therefore, the employer is responsible for organising training or sending to be trained personnel that are already engaged in activities aimed at assisting persons with disabilities. Often, such training is organised by units that supervise the work of a given institution, by professional or vocational organisations or by trade unions.

It is also worth mentioning the training that non-governmental organisations assisting persons with disabilities provide for their members and volunteers as well as families of persons with disabilities.

## **XI. Information**

The issue of disabilities is present daily in the actions of all mass media, both on a regional and national level. Some public television programmes are transmitted with translation into a sign language. Publication activities of NGOs working on issues of disabled persons, often supported by the State Fund for Rehabilitation of Disabled Persons (PFRON), also demonstrate a high degree of engagement.

Great significance is attached to widening the use of the Internet as a means of increasing disabled persons' access to information; the Internet can be used not only in school education but also as a means enabling access to distance learning and training, as well as tele-working. This was emphasised in the document entitled: "ePoland – The Action Plan for the Information Society Development in Poland for the Years 2001-2006," approved by the Council of Ministers in 2001.

## **XII. Statistics and research**

Information on the number of persons with disabilities may be obtained from the National Census as well as from interview survey conducted by the Central Statistical Office. The last National Census was conducted in 1998; the next one is planned for May 2002. In April 1996, while conducting the sample Health Interview Survey of the Population of Poland, the Central Statistical Office investigated the issue of disability. The results of this Survey showed that there are legally 4.372 million persons with disabilities of the age of 15 and over in Poland.

Cyclical (quarterly) Labour Force Surveys (LFS) provide more current data on the number of legally disabled persons in the age of 15 and over. This survey for the fourth quarter of 2001 shows that there are 4.312 million persons with disabilities in the age of 15 years and over, including 731,000 that are economically active (of which, 619,000 persons declared that they are employed). There are 2.823 million persons with disabilities aged 15 to 64 years; among this group 647,000 persons claim to be economically active, that is they have declared that they are either employed (538,000) or unemployed.

In Polish public education statistics, the issue of the education of persons with disabilities is systematically researched. Annual surveys are conducted on participation of disabled persons in the educational system (according to the form of education as well as to the type and degree of disability), from pre-school to university level. The survey also addresses

certain other aspects of the situation of disabled persons engaged in studies, e.g. using the scholarship system.

The Committee on the Rehabilitation and Social Adaptation (formed in 1988 as part of the Polish Academy of Sciences) coordinates scientific research activities in rehabilitation. The committee initiates research conducted in three commissions in the following scientific disciplines: medicine, psychology, sociology and bioengineering. The committee also co-organises scientific meetings serving as forums for the exchange of experiences and evaluation of accomplishment in the rehabilitation area.





## 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 disabled people 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 NGOs;
- 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 Acts Nos 17/95, dated 9 June, 102/97, dated 13 September,

18/98, dated 28 April, 142/99 dated 31 August and 7/2000 dated 4 May – which completely re-published and re-numbered the instrument), as implemented by Legislative Decrees Nos 194/96 of 16 October and 230/2000 on “protection of maternity and paternity”, affords all women 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 Decrees No. 48510 of 31 July 1968, No. 74/70 of 2 February 1970, No. 498/72 of 9 December 1972, and 503/99 of 20 November.

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:

- develop the physical and intellectual potential of children with disabilities;
- help them to acquire emotional stability;
- develop their powers of communication;
- alleviate the limitations and impact of their disability;
- further their integration into family, school, and social life;
- develop independence at all possible levels;
- prepare them for suitable training and their entry into working life.

Joint Order No 105/97 of 1 June laid down the pedagogical support to be provided by specialist teachers on the basis of explanatory proposals concerning pre-school education, the 1st/2nd and 3rd cycles of elementary education and secondary education in keeping with the guidance of the co-ordination team, the head of which is appointed by the Regional Director of Education. The head of the team is responsible for running the team according to the guidance received. The team operates at local authority level. Its function is to provide assistance and support to school management and pedagogical co-ordination bodies, to manage specialist resources assigned to schools under its operation and, in co-operation with the schools, to deal with communities, institutions and services.

Legislative Decree No. 6/2001 of 18 January laid down guiding principles for the organisation and curricular management of elementary education, the assessment of learning and the national curriculum development process. It also laid down that pupils with special educational needs of a permanent



nature shall receive special education according to regulations to be issued.

Legislative Decree No. 7/2001 of 18 January, concerning the general and technological branches of secondary education, laid down similar guidelines.

Statutory Order No. 21/2002 of 10 April approved the Secondary Education Examination Regulations (appended to the Order). Part 6 of the Regulations defines examinations for candidates with special educational needs, for which the authorisation of the National Examination Board is required.

## **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 voca-

tional 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.

### **3. Higher Education**

Legislative Decree No. 189/92 of 3 September provides for the introduction of a quota for students with disabilities wishing to enter higher education, whose applications will be assessed by a Board appointed for the purpose by the Ministry of Education.

Students in higher education are eligible for preferential loans intended to facilitate their financial autonomy. They receive preferential treatment as regards the period of repayment and the rate of interest (Legislative Decree No. 512/99 of 24 November).

## **VI. Vocational guidance 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 disadvantaged 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. 100/97 of 13 September and Legislative Decree No. 503/99 of 20 November*

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.

In this area it is still important to refer special training for people with impairments, besides other people, laid down in the Executive Ordinance No. 140/93, dated 6 July, with a view to enabling access to professional qualifications, 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 economic and social life.

The assessment of the disability degree of people with impairments 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. 48510 of 31 July 1968 and 503/99 of 20 November.

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 the whole 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 to a general lack of jobs and openings for 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 adequated 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 to people with disabilities is intended to cover the costs strictly necessary for setting them up 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.

### **3. Employment quotas in public administration**

A system of employment quotas in public administration for persons with disabilities was approved by Legislative Decree N<sup>o</sup> 29/2001 of 3 February. Under this system, in competitions for entry to the public administration (central and local government services or agencies) and in public institutes for the provision of personal services by the state or public funds, persons with disabilities (motor, visual, auditory or mental handicap or cerebral palsy) with a disability rating of 60% or more and who are capable, without functional limitation, of performing the activity for which they are applying or who can overcome their functional limitations through matching or adaptation of the workplace and/or technical assistance, are entitled to:

- preference, in the event of equal ranking, overriding any other statutory preference (in competitions for 1 or 2 vacancies);
- guaranteed reservation of one post (in competitions for between 3 and 10 vacancies);
- a quota of 5% of all posts thrown open to competition (in competitions for more than 10 vacancies).

Departments and agencies must indicate the number of posts to be filled by persons with disabilities in notices of external competition as from 3 May 2001.

The same applies to staff selection procedures for the award of permanent and fixed-term contracts.

Exceptions to the application of this legislation are competitions for entry to the police, security and prison services.

The capability of candidates with disabilities is assessed by the competition panel according to the functional requirements of the job applied for.



## **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.

Legislative Decree N° 103-A/90 of 22 March grants civilians and military personnel with motor handicaps, aged over 18 and with a disability rating of 60% or more, persons with multiple disabilities regardless of age with a disability rating of 90% or more and visually impaired persons with a disability rating of 95% or more, exemption from customs duty, dues, vehicle sales tax and general charges on the import of light motor vehicles. 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 30 km from the beneficiary's home.

Imported vehicles under the Decree-Law No. 103-A/90, dated 22 March, are exempt from VAT (Value Added Tax).

People with impairments 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 on 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 exempt 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 travel on the same 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 on 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 was 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 equipment and to streets.

Besides the legislation mentioned above, mention should be made at 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) as amended by Act No. 8/2002 of 11 February.

Council of Ministers Resolution No. 96/99 of 26 August launched a National Initiative for citizens with special needs in the information society, the purpose of which is to enable such citizens to benefit fully from the advantages of new information and communication technologies as a factor of social integration and improvement of their quality of life.

Council of Ministers Resolution No. 97/99 of 26 August affords citizens with special needs full access to information available on the Internet.

Council of Ministers Resolution No. 138/2001 of 30 August provides for the creation of a website providing up-to-date government information ([www.portugal.gov.pt](http://www.portugal.gov.pt)) managed and

updated by ministries with special attention to accessibility for people with special needs.

Mention should be made in this connection of the work done by the Ministry of Science and Higher Education and Portugal Telecom.

Regarding deaf people's access to justice, an agreement has been signed between the Portuguese Federation of the Deaf and the Ministry of Justice, enabling any deaf person taking part in judicial proceedings to be assisted by a sign-language interpreter.

Agreements have been signed by the Association of Portuguese Sign-Language Interpreters with the City of Lisbon and with the SNRIPD to facilitate deaf people's access to information conveyed at meetings, conferences, seminars and workshops.

Legislative Decree No. 118/99 of 14 April guarantees access for the blind and their guide dogs to public premises and transport.

Regulatory Decree No. 10/2001 of 7 June approved the Technical and Safety Regulations for stadium to be built for the EURO 2004 championships. It includes provisions governing access for disabled people.

## **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 up to 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 to 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 a disability. The payments will be retaken automatically and again as soon as the sheltered employment comes to an end.

Legislative Decree No. 18/2002 of 29 January made changes to means-testing requirements for the social pension. In the case of disability pensions, it introduced the possibility of suspending the pension during the exercise of a gainful occupation and its resumption upon cessation of such occupation, where earnings exceed 30% of the minimum wage guaranteed for workers in general, in the case of single persons, and 50% for couples.

Grants paid while undergoing training may be received in addition to a pension provided they do not exceed 30% of the minimum wage guaranteed to all workers, in the case of single persons, or 50% for couples. If the grant exceeds these amounts, payment of the pension will be suspended for the duration of training and resumed immediately afterwards.

In order to compensate the additional expenses for 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 disabilities, one may refer to the following benefits:

People with impairments, or, 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 should 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 €12,270.43 and €6,923.31 in behalf of people with disabilities at large and €9,212.80 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 €9,068.15 (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 municipal 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.

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 passenger vehicles and utility vehicles for private use. These exemptions are designed for persons with motor disabilities who are permanently incapacitated to at least 60%, persons with multiple disabilities or a disability rating of 90% or more and sight-impaired persons with a disability rating of 95% or more, 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 (PIT – Personal Income Tax) 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 (Tax Benefits Statute) 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 Porto) 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 making teachers able to:

- identify and assess children with special educational needs;
- draw up and implement 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 specialising 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.



## I. General policy

The Constitution of the Republic of Slovenia of 1991 defines Slovenia as a state governed by the rule of law and as a social state. This principle is implemented through the system of social security, social insurance and by guaranteeing the special rights of individual groups of the population. The rights of people with disabilities are in particular enshrined in the constitution in such a way that they are guaranteed security and training for work. Physically and mentally disabled children and other seriously disabled persons have the right to education and training for an active life in society. War veterans and civilian victims of war are guaranteed special protection in compliance with the law.

The Assembly of the Republic of Slovenia already adopted a strategy of development of disability care in 1991, in which the global aims are defined as follows: an independent life for people with disabilities (mainly with measures for overcoming physical dependence, which includes the arrangement of living areas, removing obstructions in the man-made environment, assistance in everyday-life activities, arranging adapted transport, communication and providing information and influencing public opinion); – self-organisation of persons with disabilities (which covers organisations of disabled people and other forms of interest associations concerning them, employment programmes, people concerning them, people with disabilities in families and in other basic social communities, inclusion in political decision making and leisure time); – socially organised assistance for people with disabilities (which embraces prevention of disability, health

care, rehabilitation, technical aids, institutional care, financial benefits and economic benefits and voluntary work); – education and training of children and young persons with special needs. The proposers of the regulations which were adopted in 1991 followed the basic aims of the development strategy and recommendations of international organisations.

The aims set are realised by the legal regulation of the area of care of disabled people, ensuring and allocating funds, functioning of public administration, education of professional staff and research in the area of care of disability care. The latter is regulated or is thematically included in more than sixty statutory and implementing acts in the areas of social security, health care, up-bringing and education, employment and training for work, disability insurance, accessibility of the man-made environment, information and communication, special reliefs and exemptions in the area of tax and customs legislation. Competencies are divided among a number of ministries, in addition to which tasks are carried out by numerous professional organisations. In order to facilitate better interlinkage and harmonisation, the Government of the Republic of Slovenia founded a professional service (1994), the Office of the Government of the Republic of Slovenia for the Disabled and Chronically Sick and (in 1996) an expert advisory body, the Council of the Government RS for the Disabled.

The central body of the National Assembly RS, the Committee for Health, Labour, the Family and the Disabled, deals with questions covering the spheres of work of the Ministry of Health and the Ministry of Labour, the Family and Social Affairs and, within this framework, devotes special attention to problems of disabled people, monitors and studies their position and proposes measures for improving their position in society.

Organisations of disabled people are an important co-actor with the state in shaping disability policies and implementing special social programmes for disabled people. These special social programmes are a supplement to social security activities which the public service performs in the country. The gov-

ernment has therefore prepared a Disability Organisations Act by which a special status will be recognised for them. In 1998, the Foundation for Financing Disability and Humanitarian Organisations was set up and is intended for financing social programmes that the aforementioned organisations carry out.

The definition of disability is the basis for determining key categories of persons with disabilities and the extent of measures and rights bound to various areas of the life of persons with disabilities. The concept of disability is variously defined: in the case of working people with disabilities and people with disabilities under the Training and Employment of Disabled Persons Act it means the assessed capacity for work, in the case of war disabled and physical disabilities it means the percentage disability of individual organs or organ systems, with children and young people and younger adult persons the deficiency, handicap or impairment of physical and mental development. In 2001, the government founded a national working group for introducing the International Classification of Impairment, Disability and Handicap,<sup>1</sup> which will take care of the translation of the classification, training suitable experts and operative co-operation with European centres that implement this classification.

## **II. Prevention and health education**

In the development strategy of disability care of Slovenia, prevention of disability is defined as the totality of measures and procedures of which the aim is to prevent the emergence or the removal or alleviation of the effects of disability.

The basic strategy of health policy to 2004 in the development of health care and health insurance in the Republic of Slovenia is defined in the National Programme of Health Care RS (stimulating all those responsible for healthcare to cooperate in shaping and implementing programmes of health

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1. The functioning of the national group will be coordinated with the International Classification of Functioning, Disability and Health, General Assembly, WHO, May 2001.

promotion; in particular these support self-protection activities of the population and the organisation of mutual assistance in overcoming specific chronic illnesses, encouraging research on the health of the population through inter-disciplinary research, including through the integral programmes of health promotion of WHO and the EU, such as: CINDI, Future Patient, Healthy City, Healthy Kindergartens and Schools, etc.).

According to the Health Care and Health Insurance Act of 1992, which was later supplemented, the state provides funds for health education, for monitoring the state of health of the population and for realisation of state programmes of health promotion. This act is supplemented by the Instructions for implementing preventive health care on a primary level. For implementing social medicine, hygiene, epidemiological and health care-ecological activities, the Institute of Public Health of the Republic of Slovenia has been set up, and for the regions of a number of municipalities, regional institutes for health protection. The Institute of Public Health maintains a database in the area of healthcare and social security, in compliance with the Data Collections in the Area of Health Care Act of 2000.

The Safety and Health at Work Act of 1999 determines rights and obligations of employers and employees in connection with safe and healthy work and measures for ensuring safety and health at work. The Pension and Disability Insurance Act determines among other measures the search for direct risk of the creation of disability.

In 1998, a new Safety in Road Traffic Act was adopted, which regulates the rules of public road traffic and conditions for participation in road traffic.

In the area of upbringing and education, policy is directed towards equalising the education opportunities of children with special needs and is presented in the fifth chapter (education). Education for health and a healthy way of life is included in teaching programmes of schools at all levels.

The principle followed by policy in the area of training and employment of the persons with disabilities is vocational rehabilitation by which a person with a disability is assisted in his/her integration or re-integration into society (more on this in chapter six).

In the area of civil society, individual societies and disability organisations implement special social programmes and services for their members. Whenever the functioning of a society goes beyond the interests of its members, the relevant ministry grants it the status of a society in the public interest.

A health council has been founded within the Government RS which, among other things, deals with questions in the area of health protection which require inter-sectoral solutions, and provides expert help to administrative bodies and communities in implementing tasks relating to social care for health.

### **III. Identification and diagnosis**

The Health Services Act (of 1992 which has since been supplemented several times) determines that a network of public health services must be organised in such a way that emergency aid is available to all inhabitants, including emergency ambulances and supply with urgent medicines as quickly as possible and as close as possible to their residence.

The network of public health services is the organisation of health centres, dispensaries, individual health clinics, hospitals, institutes and other institutions which perform health activities in Slovenia and are authorised by concessions to perform health services under the law. Private physicians with concessions are also included in the network. A municipality or town determines and ensures the network of public health services on a primary level. The Republic of Slovenia determines and ensures specialist health care in hospitals and their infirmaries, clinics and institutes.

The compulsory preventive programme for infants and pre-school children (up to 6 years) determines the type, number and time of compulsory systematic examinations and tests.



Developmentally and behaviourally disturbed children are provided with additional treatment by which adapted health education work is provided as well as close co-operation with the families of children with special needs. Additional treatment of children with behavioural impairments, impaired socialisation, children whose upbringing is neglected and children from disturbed homes is provided by specialist pediatricians, clinical psychologists, social workers and other experts as required.

Within the framework of protection of the health of workers, an employer must guarantee measures for preventing and discovering occupational diseases, diseases in connection with work and injury at work, and first aid in the event of injuries. Factory infirmaries and surgeries in the framework of health centres provide services, founded also by companies or individuals .

The basic health activity on the territory of a municipality is performed by health centres which must have organised at least preventive health care, urgent medical aid, general medicine, health protection of women, children and young people, medicine of work, community care and laboratories and other diagnostic facilities. For outpatient habilitation and rehabilitation of children and young persons with mental and physical development impairments, there is a network of development infirmaries which accept children until their inclusion in other forms of rehabilitation.

The professional doctrines concerning strengthening health, prevention, diagnosis, treatment, health care and rehabilitation of the sick and injured and rehabilitation of children and young persons with impaired physical and mental development are created in co-operation among extended expert collegiates at clinics and institutes, the Faculty of Medicine and the Health Council within the Government RS.

The project Second Opinion has been operating in Ljubljana since 1998. This international project has as its aim the building of an international consultancy network in which top health institutions in various parts of the world are included,

and Slovene patients enabled immediate access to the opinion of top experts.

#### **IV. Treatment and therapeutic aids**

The national programme of health protection of the Republic of Slovenia – health for all by 2004 – takes into account the strategic guidelines from the document of the World Health Organization (WHO) “Health for all by 2000”. Measures of the national programme of disability care are: organisation of quality rehabilitation; rehabilitation programmes adapted to the national pathology of all groups of the population, which are implemented on all levels of health activities; possibility of reparative treatment at the end of rehabilitation; contemporary aspects of rehabilitation with the aim of preventing disability, maintaining the psychosocial and physical condition of the disabled after completion of the process of rehabilitation; sensible in rehabilitation, education, training and employment.

Implementation of the national programme of disability care is verified by social security, medical, rehabilitation, education and research institutes and organisations, institutes for the training and employment of disabled people and other forms of employment of disabled people, the housing economy, organisations for disabled people, administrative bodies and the legislator.

The extent of rights under compulsory health insurance is determined by the Health Care and Health Insurance Act (of 1992, which has since been several times supplemented) and the Rules of compulsory health insurance (consolidating text of 1998). Compulsory health insurance covers insurance in the event of illness or injury outside work and insurance in the event of injury at work and occupational diseases. Compulsory health insurance “covers” the majority of health risks, but not all and not in entirety. The difference to the full cost must be paid by insured persons from their own funds, but they can additionally insure themselves for the supplementary costs. The act guarantees payment in entirety of health services of insured persons for: treatment and rehabilitation of malign dis-

eases, muscular and nerve-muscular illnesses, paraplegia, tetraplegia, cerebral paralysis, epilepsy, haemophilia, mental illnesses, various forms of diabetes, multiple sclerosis and psoriasis; home visits, treatment and care at home and in social institutes; medicines on prescription in accordance with the classification of medicines, orthopaedic and other aids in connection with treatment.

Under compulsory health insurance, an insured person is guaranteed the right to health services and the right to pecuniary compensation to the extent determined by law. Rights to health services embrace services of basic health activities, including dental services, health services in specific social institutions, services of specialist clinics, hospital and tertiary activities. In addition to services in health activities, among rights to health services are considered additionally the right to health spa treatment, renewed rehabilitation, transport by ambulance and other vehicles, medicines, technical aids and other.

An insured person has the right to technical aids with which he/she achieves improvement of basic life functions, overcomes obstacles in the environment or prevents essential deterioration of health or death. Technical aids include orthopaedic, orthotic, hearing, ocular and other technical aids. A private physician is authorised to prescribe technical aids for care and treatment at home, all others are prescribed by a medical specialist. Prior confirmation is required from the Institute for Health Insurance for certain aids, and in specific cases of more demanding aids, also a judgement of the grounds by a health commission. An insured person is entitled to technical aids to the prescribed standard. The Institute loans some aids, since for the most part they are aids that the insured person does not need permanently.

Insured persons may make use of the right to spa treatment if it is to be expected that this will result in: an essential improvement of the state of health for an extended period, the restoration of functional or working capacities, prevention of progression of the illness or deterioration of the state of

health for an extended period, reduction of frequency of absence from work because of illness or of hospital treatment.

States of illness that justify spa treatment also include: disorders of the motor system (conditions after serious injuries; major operations and burns to the motor system with functional impairment; forms of rheumatic illness etc.). Spa treatment generally lasts 14 days. Spa treatment for children generally lasts 21 days.

## **V. Education**

The basic aims of education in the state are: equalising opportunities, guaranteeing the concept of individual education at all age levels, developing integrated forms of education as close as possible to a child's home and suitable services for this, gradual introduction of life-long learning for all groups of children and young persons with special needs and disabled persons and inclusion of new technologies so that these apply for all students and citizens.

According to the current legislation from 1996, we direct children into different programmes at pre-school, primary school and secondary school level. These are the following programmes: adapted implementation and additional expert help, adapted programmes, adapted educational programmes, adapted educational programmes which do not provide an equal education standard, special programme of upbringing and education, and upbringing programmes.

Children are directed at the request of their parents, but may also be so directed at the request of kindergartens, health or social services. The commission which directs children forms a professional opinion, taking into account the opinion of the parents. With the decision on direction is determined the programme of upbringing and education into which the child is directed, and the extent and manner of providing additional professional help. It also determines the kindergarten and school that the child will attend, possible reduction of the number of children in a department and personnel, spatial,

material and other conditions. An individualised programme is produced not later than 30 days after the inclusion of the child.

Depending on the decision on direction, a child or young person is provided with additional professional help. For pre-school children, this amounts to a maximum of three hours weekly and for primary or secondary school children to a maximum of five hours weekly. The commission for allocation may propose the granting of an attendant for children or young people with physical impairments.

Children and young persons who cannot be included in regular forms of upbringing and education are included in suitable departments in institutions for training children and young persons. The state provides disabled children who, because of their impairment, cannot attend regular kindergartens or schools enrolment in development pre-school departments which operate in the framework of regular kindergartens.

For disabled children with special needs, a network of specialised institutions for the blind, deaf, physically impaired, behaviourally impaired, which are of an explicitly open nature, since various forms of handling of children with special needs are provided in them. These institutions can include populations from pre-school to secondary school age. All institutions are the responsibility of the state, which is also their founder. Schools with adapted programmes are the responsibility of local communities.

In recent years, the state has been encouraging co-operation between specialised institutions and regular schools. The institutions are responsible for certified programmes of education for teachers who have pupils with special needs in their schools. Some institutions provide education programmes for adult disabled persons.

During the period of education, disabled children with special needs in regular schools and specialised institutions are provided with individual treatment by specific experts depending on their impairment or deficiency in individual areas.

Adult education, which also includes persons with disabilities is regulated by specific legislation from 1996. Education embraces programmes of: primary schools, lower vocational education which lasts two and a half years, secondary school vocational education, technical and other professional educational, vocational technical education, gymnasiums and programmes of further education. Individual possibilities are covered in sectoral laws. Disabled adults are also included in adult education. The state provides a network of regional centres for adult education in the state. In relation to the Social Security Act of 1992, individual disability organisations carry out individual educational programmes for their members and their families.

Within the framework of university studies, students with disabilities have specified milder criteria at the time of enrolment at a chosen faculty or tertiary institution. Deaf and blind pupils have the opportunity of taking matriculation and final examinations with adapted techniques.

## **VI. Vocational guidance training**

The basic acts in the area of training and employment are the Training and Employment of Disabled Persons Act, the Pension and Disability Insurance Act and measures of active employment policy which are intended for disabled people and employers who employ them.

The basic bodies for assessing working capacity are the Employment service and the Institute of Pension and Disability Insurance, which cover this area on the basis of appropriate contracts and programmes.

Slovenia has a number of systems for assessing disability. Two are essential for vocational assessment:<sup>1</sup>

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1. War invalids have a special system of classification of disability according to the level of impairment of health, in the framework of the War Invalids Act. In the act are also determined the rights of war invalids to vocational rehabilitation.

1. Assessment under the Training and Employment of Disabled Persons Act, which enables disabled persons to exercise rights to vocational training and employment. The assessment of general working capacity is essential.

2. The Pension and Disability Insurance Act of 2000, which classifies insurees who have become disabled into a number of categories of disablement: general, vocational and with reduced and limited capacities for work.

Vocational guidance is advice and help in the choice of the most suitable vocation for persons with disabilities. Centres for vocational training and the employment service have responsibility for guidance.

Training for work means obtaining, supplementing or changing knowledge and capacities required for employment in a specific vocation or for performing specific work and adapting to work. The definition thus includes programmes which refer to obtaining skills as well as knowledge formalised through titles.

Programmes of vocational rehabilitation are devoted to creating possibilities for employment in relation to the special needs and impairments of persons with disabilities. The basis is the rehabilitation plan of the individual. In addition to the health guidance service, the rehabilitation advisor of the employment service also collaborates in this. In 2000, 1,232 disabled persons were included in regular programmes of education and training of the employment service. Nine hundred and thirty persons were included in programmes of vocational rehabilitation in 2000. Programmes of vocational rehabilitation contain the following programme groups: rehabilitation assessment of working capacities, pre-vocational and psycho-social rehabilitation, work training, guidance and monitoring, work and social inclusion.

## **VII. Employment**

The concept of the development strategy of disability care adopted in 1991 stresses employment as one of the factors

which has a particular influence on the economic and social conditions and other life opportunities of persons with disabilities. According to the concept, activating their own capacities of economic potentials is one of the central interests of disabled persons.

The essential characteristic of the Slovene system of employment of disabled persons in an integrated working environment is the status of disabled person, which is the basis for the later exercise of rights. An employment contract may be concluded with a disabled person without announcement or public call for vacant positions. In such a case, on the basis of the report of a vacant employment position (without prior public promulgation), the employment service directs the disabled person to the organisation or employer, as determined in the Employment Act. In concluding employment relations, an unemployed disabled person has priority. A special law applies for employment as a telephonist – the Employment of Blind Disabled Persons Act, which determines that labour and other organisations are obliged to employ firstly blind disabled persons who are qualified for such jobs in vacant jobs as telephonists. An unemployed disabled person may be included in programmes of active employment policy. The basic laws on which these programmes are based are the Employment and Insurance Against Unemployment Act and the Training and Employment of Disabled Persons Act. The Act on Working Relations protects disabled persons against loss of employment. Programmes of employment of disabled persons take place through the active policy of employment.

Slovenia has two forms of sheltered employment: sheltered workshops and care and work centres. The Companies Act of 1993 and the Training and Employment of Disabled Persons Act define sheltered workshops. These are companies in which are trained and employed disabled persons who, in view of their disablement and other working capacities and in view of their state of health, cannot be trained and employed under equal conditions as other disabled persons. In 2000, there were 142 disabled persons companies in Slovenia,



employing 5,840 disabled persons and approximately the same number of non-disabled persons.

Care and work centres are founded under the Social Security Act. In 2000, there were 40 such centres in Slovenia, and 1,976 insured persons were included in them. A sheltered working centre performs the task of guidance and care and organises employment under special conditions for mentally and physically disabled adults. A sheltered work centre can also perform special forms of preparation for employment.

The basic legal regulations which define work at home, are the Employment Act and the Training and Employment of Disabled Persons Act. Branch collective contracts also define work at home. Work at home is allowed for a disabled person if such a method enables successful performance of a vocation or work for which s/he is qualified in a manner most suited to their disability. It must be defined in the appropriate legal documents of a disabled persons company what professional and other assistance the disabled persons company will provide for a disabled person who works at home.

## **VIII. Social integration and environment**

The aim of social integration of disabled persons which is followed by the National Programme of Social Security to 2005 is to ensure conditions that enable adult persons with special needs an independent life, with the assistance of families, disabled persons organisations, other non-government organisations and state services.

Measures are implemented in local communities for the accessibility of housing, arranging care, and professional and financial assistance for disabled persons. Intercession for disabled persons has also been introduced. Opportunities for recreation of disabled persons at tourist sites and spas are also improving. Disabled persons are entirely equal and free in terms of religious expression, and spiritual care is also made possible for them in institutions.

There is a range of legal regulations in the state which arrange benefits for disabled persons (e.g. income tax, transport, RTV fees, tax reliefs, discounts for attending cultural and sports events). An Equalising the Opportunities of Disabled Persons Act has also been prepared, with the aim of providing special services and assistance which are important for independent life.

We observe, too, that the share of adapted information, communication and broadcasts for sensory impaired disabled persons are greater each year. We should highlight the fact in this that, e.g., the largest producer of mineral water in Slovenia decided that three successful disabled persons (a deaf model, a blind philosopher, a photographer and paraplegic who has conquered the highest peak in Europe) would advertise its products through advertising spots.

### **Measures in the environment**

The Construction of Facilities Act requires that new facilities in public use must provide access and use without constructed obstructions for functionally impaired persons. The regulations on requirements for planning facilities without constructed obstructions, adopted in 1999, are even stricter. They determine the requirements for the planning of facilities which must be met in order that functionally impaired persons are enabled independent and safe access to facilities, entrance to facilities and access and use to all areas in a facility that are intended for public use. Every such facility must also have arranged a system of communication symbols for the assistance and orientation in the building to persons with impaired hearing and sight, including symbols for emergency exits and evaluation paths. The regulations determine that a path must also be available which must enable persons with disabilities safe and unimpeded access to the facility with all areas appertaining to the facility, including parking spaces. The provisions of these regulations are also used in planning the reconstruction of already constructed facilities if the technical possibilities for their implementation are given, taking into account conditions of protection of the cultural heritage.

Individual disabled persons societies provide adapted transport that satisfies needs on the basis of solidarity. The national housing programme is the basis for shaping the active housing policy of the state and municipalities until 2009. With the co-ordinated measures of the state and other actors, which are envisaged in the national housing programme, a suitable diversity of housing should be ensured in relation to the needs and various categories of the population, better accessibility of all types of housing and suitable housing standard. Above all it will be necessary in the period to 2009 to give priority treatment to the non-profit rental housing sector and to ensure sufficient social housing, and at the same time to provide favourable loans for the purchase or construction of housing for own use.

## **IX. Social, economic and legal protection**

The basic starting point of the National Programme of Social Security to 2005 is mainly ensuring a quality life for individuals, families and individual groups of the population in the area of social standards and in the area of personal development. The basic premises of measures in the area of social protection are providing dignity and equal opportunity and preventing social exclusion. The area of social protection is defined as one of the complexes of social security and is based on social justice and solidarity, on the principles of equal accessibility, free choice of forms and active social policies.

Social security payments intended for ensuring means for survival are provided by the state. The types of payment and conditions for their receipt are determined by the Social Security Act. Activities for resolving the disadvantageous social condition of claimants and forms of aid by which a claimant is guaranteed the opportunity of themselves providing social security for themselves and their family have priority over the granting of social security payments.

Social security services intended for preventing and removing social pressures and difficulties are provided by the state and

municipalities. Services are implemented in the framework of the network of public services to the extent determined by the national programme with standards for determining the network of public services. Public services in the area of social security are provided by: public social security institutes founded by the state or municipalities, non-governmental organisations or other legal persons and private individuals who obtain concessions for performing public services.

Other social security services represent a significant share of activities of social security, which social services in the areas of health, upbringing and education, employment and justice develop as original programmes, or tasks performed by social services in the economy and programmes of non-government organisations, associations and private individuals. Various preventive programmes are particularly important in this context.

In particular in recent years, a fast development of non-governmental organisations has been noticeable. These are ever more frequently appearing as providers of numerous programmes for people with very diverse social pressures. Their operation is very often based on voluntary work and on principles of self-help. They are partially financed from donations and voluntary contributions, from foundations, from contributions of users themselves, and their programmes are also financed from public funds, usually from funds of municipal budgets and funds of the Ministry of Labour, the Family and Social Affairs.

The Social Security Act, which is a general law, embraces the needs of all citizens for social security and under this law is it possible to provide services for the majority of disabled persons. However, seriously disabled persons in particular have needs which this law does not cover and it is thus necessary additionally to cover these needs with special services and assistance. An act on equalising the opportunities of disabled persons is in preparation which will improve their conditions, so that they can live on equal terms with others. The law will be based on the principle that disability is a condition which

derives from the limitations of the individual and the environment. Special services and support measures will be arranged for disabled persons.

### **Legal protection**

The Constitution of the Republic of Slovenia regulates human rights and fundamental freedoms and guarantees equality before the law. In connection with this, it determines in Article 2 that Slovenia is a state ruled by law and a social state and in Article 14 that everyone in Slovenia is guaranteed human rights and fundamental freedoms. The exercise of these rights is regulated by Article 15 of the constitution RS, which determines that it is possible to prescribe the manner of exercising human rights and fundamental freedoms by statute. In the last paragraph of this article, it is stated that no human right or fundamental freedom regulated in Slovene positive legal acts may be restricted on the plea that the constitution does not recognise it. The constitution also determines in Article 50 that citizens have the right to social security under conditions determined by law. The state arranges compulsory health, pension, invalidity and other social insurance and ensures its functioning. War veterans and civilian casualties of war are also guaranteed special protection in accordance with the law, as is clear from the third paragraph of the same article. The Constitution RS also devotes attention to vulnerable populations, stating in Article 52 that disabled people shall be guaranteed security and training for work. Mentally and physically disabled children have the right to education and training so that they may lead an active life in society.

The rights and obligations of disabled people are regulated by various laws. They are included in general legislation or contained in specific laws. Disabled persons are guaranteed, or have regulated, status and material rights in compliance with existing legislation in the Pension and Disability Insurance Act of 1999 (with later supplements), the Training and Employment of the Disabled Act of 1976, the Social Security of Mentally and Physically Handicapped Persons Act of 1983, the Guidance of Children with Special Needs Act of 2000 and the

War Disabled Persons Act of 1995 (which was later supplemented several times).

Groups of disabled people who do not have recognised status and therefore no rights under the heading of disablement will be included in the act on equalising the opportunities of disabled persons, which is in preparation.

## **X. Training of persons involved in the rehabilitation process and in the social integration of people with disabilities**

The basic aim of education of persons in the area of disability care, regardless of the previously achieved level of professional education, knowledge health, pedagogics, psychology and other specialist fields, is to deepen knowledge and skills, consistently taking into account teamwork and familiarity with new technologies for disabled people.

Education in the area of nursing takes place in compliance with education legislation on the level of secondary school, college and university education. The basic legal document in the area of education of healthcare personnel is the Healthcare Services Act of 1992, with later supplements, and legally adopted programmes of probation for professions in healthcare.

Physicians are educated at the medical faculty, specialisation follows compulsory studies. Specialisation in rehabilitation medicine is important for care of disabled people, and it has its own Department of Physical Medicine at the Institute RS for Rehabilitation.

University programmes for pedagogues take place at the Pedagogic Faculty in Ljubljana. Special programmes in defectology are for teachers of mentally disabled children, for persons with physical and motor system disabilities, for the deaf and hard of hearing and logopediatricians. Within the framework of pedagogic professions, there is also a university programme of social pedagogics, and a programme which trains teachers of health education and is a continuation of the

three-year health college. Programmes which are devoted to students for first and cycle of basic education include a curriculum on the inclusion of children with special needs which covers a 50 hour special content.

For teachers involved with children and young persons at all age levels, annual training takes place within the framework of institutes for the rehabilitation of different individual groups of children with special needs, the Education Institute RS and competent Ministry of Education, Science and Sport. Rehabilitation consultants are employed in regional unit employment services, who have tertiary vocational or university education in various fields of study. Instructors working within the framework of the Employment service provide seminars and courses for staff with contents dictated by the specific circumstances.

In recent years, within the framework of public works, individual professions for help in the area of care of disabled people are trained. A national programme of help for physically disabled students is recognised.

## **XI. Information**

The basic documents that regulate the area of informing the public are the Media Act of 2001 and the Radiotelevision of Slovenia Act of 1994, with later supplements. In addition, the content and method of communicating information is also determined by the Codex of journalists.

An important aspect of providing information is awareness. The main goals of informing the wider public are to enhance that disabled people are first of all people, to confront prejudices and myths and to enable by means of actual information the equal inclusion of disabled people in society. These should in the future also obtain a legal basis in the act on equalising the opportunities of disabled people. Successes in the inclusion of children with special needs contributes to this, the success of which is also conditioned by interaction and information exchange between providers of programmes,

professional staff and family members of these children. Providing suitable information about themes related to disabled people also includes preventive aspects which is intended to be reflected in greater concern for the health of citizens. There is more on this in other chapters.

Increasing the availability of information was also the reason for the founding of the Ministry of the Information Society in 2001, a priority task of which is to enable equal access to technology and services for all. The Institute RS for Social Security, founded in 1996, provides extensive information among various providers of social security and also includes programmes for target groups of disabled people. RTV Slovenia is a radio broadcasting institution of national importance and as such must according to the law satisfy specific social needs, which means that it is obliged to offer programmes for all types of target publics. Accordingly adapted programmes for the deaf and blind are broadcast on national television and radio.

Individuals may also learn about their obligations and rights from various publications published by the competent services and can find information on the Internet (access to which is free for disabled people). Providers of care for disabled people also provide information in this field through information centres, newspaper columns, open telephones etc. Book publications intended for disabled people themselves as well as all those who deal with disablement have an important role. The Office for the Disabled and Chronically Sick published in 2001 a supplemented and up-to-date "Guide to the Rights of the Disabled", the first edition of which was published in 1997 and is the result of the efforts of the Office to better inform disabled people about their rights and opportunities. In order for it to be available to the widest possible public, the entire material is also published in adapted techniques for the deaf and blind and on the Internet pages of the Office.

Finally, organisations for disabled people also inform their members and the interested public through their bulletins, newspapers, brochures, seminars etc.



## **XII. Statistics and research**

The basic acts which cover the area of statistical monitoring are the National Statistics Act of 1995 and the National Programme of Statistical Research, which Parliament adopted in 1997. The national programme determines data collections and research in the following areas: upbringing and education, social security, family receipts and protection of motherhood, pension and disability insurance, the area of employment, in the framework of research of the Institute for Health Protection and the Institute of Health, the Employment service RS and the Disability and Pension Insurance Institute and the Institute RS for Rehabilitation. Data are published annually in business reports and other special publications. In 2000, the Data Collections in the Area of Health Act was adopted, which also covers the area of care of disabled people.

The Research Activity Act of 1991 defines the principles on which performing research activities in Slovenia is based. These are: the freedom of science and its study, the autonomy of researchers, diversity of scientific opinion and methods, the inviolability and protection of human privacy and dignity, the interconnection of research and academic education, international involvement, openness and co-operation.

In 1995, Parliament adopted the National Research Programme. The Ministry of Education, Science and Sport is responsible for the organisation and implementation of the programme. Scientific projects in the area of care for disabled people are carried out by individual institutes, such as: the Institute for Health Protection, Institute RS for Rehabilitation, Jožef Štefan Institute and the Institute of Social Security, which are responsible for research in the area of care of disabled people.

The graduate work of students in the framework of individual faculties and tasks within the framework of post-graduate studies are an important part of research work.

## I. General policy

The application of the principle of the normalisation of the policies aimed at disabled people has been consolidated in Spain in recent years, this dimension becoming integrated into the general policies.

These policies take the Action Plan for Disabled People (1997-2002) as the overall framework of reference, and the regional action plans, adapted to the territorial and socio-economic characteristics of each one of the Autonomous Regions, as the specific framework of reference.

In effect, the Autonomous Regions have put the principles and strategies considered in their action plans into practice and have taken the appropriate measures for achieving the established goals. The tools used for developing the National Action Plan are diverse: some are complete action plans for disabled people, others are sectorial plans (the Employment Action Plan for the Autonomous Regions of Madrid, Catalonia, etc); others are plans that are aimed at specific groups, as is the case of the Action Plan for the Physically Disabled of the Autonomous Region of Catalonia, and others have taken regulatory form as is the case of the 1/1999 Care for Disabled People Act of the Autonomous Region of Andalusia of 31 March 1999.

As a complementary measure, IMSERSO has financed innovative projects for developing the strategic lines of the Action Plan.

In the same way, and basing itself on the idea of putting the principle of the participation of the recipients of the policies

into practice in terms of its planning and start-up, the government has worked together with the CERMI consultative body – established for this purpose and made up of the main NGOs that work in this sector to develop a co-coordinated action plan that establishes the following measures:

### **General framework**

- Development of a new law concerning equality of treatment and non-discrimination of disabled people.
- Promoting the exchange of information and statistical data between said consultative body and the IMSERSO Disability Observatory (the Ministry of Employment and Social Affairs).

### **Sectorial policies**

#### *Employment*

- Development of the National Employment Action Plans 2001 and 2002, implementing the community guidelines.
- Development of the Employment Action Plan for the XXI Century.
- Transposition of the community non-discrimination directive into Spanish law.

#### *Accessibility*

- Development and start-up of a National Accessibility Plan.

#### *Research and Development*

- Promoting the undertaking of research projects into technologies that improve social integration.

On the other hand, the IMSERSO Disability Observatory has continued its activities, including the drafting of a digitalized informative bulletin dealing with disability.

Furthermore, an information service through the Internet has been established as a support measure for the Disabled Observatory. This has been undertaken by the University of Salamanca, in collaboration with IMSERSO: Website: <http://sid.usual.es>.

## **II. Legislation relating to the different fields of rehabilitation**

### **1. Prevention**

In the field of the prevention of disabilities and health promotion, the activities that are foreseen in the 14/1986 General Health Act of the 25th of April and implemented by the National Health Institute are currently being undertaken by the Autonomous Regions, because the transfer process concerning health matters has now been completed. There are three basic axes of the preventive strategies implemented by the regional governments:

- Promulgation of regulations concerning health;
- Development of regional health plans;
- Establishment of inter-sectorial co-ordination bodies.

INSALUD will take charge of the epidemiological information and monitoring system from now on, being responsible for compiling, structuring and publishing the information.

The provisions contained in the 31/1995 Occupational Hazards Prevention Act of 8 November have continued to be put into practice in the field of the prevention of workplace accidents and professional illnesses. Measures for companies have been adopted as a result. Nevertheless, the 39/1999 Act of 5 November, concerning the protection of the family and working life of employees has led to a modification of the terms of the former act. In effect, this latter act established that, in those cases of maternity in which, for reasons of the health of the mother or the fetus, a change of job or function is necessary and this change may not be possible, then the person concerned is declared to be in a position of risk during the pregnancy, thus obtaining social security protection.

A new Act, the 19/2001 Prevention of Road Accidents of 19 December has been promulgated. This reforms the terms established in the Traffic, Vehicle Circulation and Road Safety Act (legislative Royal Decree 339/1990, of 2 March). The preventative measures in this field are set out in the road safety

plans and these cover educational activities (the introduction of the subject of road safety in the design of syllabuses in compulsory-level education, improvement of driver-training), road awareness, regulations concerning surveillance and control, conditioning work to infrastructures and the improvement of the condition of vehicles, and the improvement of health care procedures and the movement of injured road-users.

### *Detection and diagnosis*

The assessment of the constitutive elements of disabilities within the non-contributory social security system, regulated by the Royal Decree 1971/1999 of 23 December established a new calculations table, and this was implemented in line with inter-disciplinary criteria, with the inclusion of doctors responsible for rehabilitation, psychologists, social workers and other professionals according to the nature of the case, social workers, employment experts, etc. This assessment is undertaken at the regional level. To this end, a co-ordinating and monitoring commission has been established to assess the degree of disability with the aim of standardising the application criteria of the new calculations table as well as detecting possible dysfunctions and problems. This is regulated by the Ministerial Order of 2 November 2000. The composition and activities of the Commission are regulated by the Ministerial Order of the Ministry of Employment and Social Affairs of 12 June 2001.

## **2. Rehabilitation**

Following the constitutional recognition of the right to health protection for all, the health regulations were set out by the 14/1986 General Health Act of 25 April. This develops a rehabilitation policy that is complemented by and coordinated with the Autonomous Regions. The health system promotes “the steps necessary for the functional rehabilitation and social reinsertion of the patient”. Section 18 of the said act establishes care programmes for those population groups at

greatest risk, and section 20 sets out “the measures concerning mental health.”

Protective action, professional recuperation, the right to re-education and rehabilitation and recuperation services are included in the Legislative Royal Decree 1/1994, of 20 June, by which the consolidated text of the General Social Security Act was passed into law.

Spanish legislation details those measures corresponding to rehabilitation as part of the “specialised health care” of the public health system individually. These include the following: home care, hospitalization and rehabilitation. It is also established that the regulation and maintenance of prostheses and orthoses fall within this broad system of services.

The traditional processes of medical-functional rehabilitation in the contributive social security system regulations in Spain take shape in the individual recuperation programme. This takes account of the residual faculties and skills for each beneficiary, or those who are anticipated as such, in terms of age, sex and family residence; as well as the characteristics of their previous recovery and reasonable desires for social promotion in the case of permanent disabilities with possibilities of improvement (section 155 of the General Health Act).

Medical-functional rehabilitation as a healthcare service, including the application of prostheses, is provided in hospital units of the state administration and the health services of the Autonomous Regions (section 44 GHA).

In the social security field, apart from privately arranged centres, there are others such as the base centres of IMSERSO and those of the Autonomous Regions and the Physically Handicapped Recuperation Centres (CRMF) of IMSERSO that have clear rehabilitation and professional recuperation obligations. A pilot centre has been put into operation with the aim of providing specialised rehabilitation for people with brain damage. This also seeks to be a centre of reference for research and training in this field.

The existing differences between the obligations contemplated in the provision of social and health services, the current ageing rate of the population and the increase in life expectancy among the whole population, including that of disabled people, together with the growing demand for the provision of services for chronic health problems or dependency, have led the authorities to arrange the provision of services in accordance with the requirements.

For this purpose, the Inter-territorial Board of the National Health System approved the drafting of a document containing the bases for a socio-health care model in December 2000. This includes a series of guidelines in health care, establishing a basic common policy model that will guide inter-sectorial activities.

This care model will start from the following basic points:

- Co-ordination;
- Emphasis on prevention, health promotion and user autonomy;
- Complete and continuous assessment of the user;
- Physical, psychological and social rehabilitation;
- Maintaining the user in his/her environment;
- Support for care-givers.

The model is based on the following care principles:

- Care and attention at home;
- Complete, multidisciplinary and continuous care;
- Advanced identification;
- Participation of the user and his/her family in the decision-making process;
- Assessment tools for suitable users.

The following risk groups are identified in the same manner:

- Elderly people;
- People with mental illnesses;
- People with disabilities;

- People with chronic progressive illnesses and those in a position of functional dependency;
- The terminally ill;
- People in a socially vulnerable position with health problems;
- People with addictions to alcohol or other drugs.

### **3. Education**

The process of transferring responsibility in educational matters to the Autonomous Regions has been completed during the 2000-2002 period.

The fundamental objective of the regional educational policy in its approach to students with special educational needs is to integrate them at all educational levels.

The professional training for students with special educational needs consists of different options: integration into ordinary programmes: the adaptation of the regulated professional training modules and cycles and the ordinary social guarantee programmes; and the monitoring of specific programmes: social guarantee programmes for students with special educational needs or training programmes for the transition to adult life that are taught in the Special Education Centre.

The social guarantee programmes are targeted at those students who have not been able to successfully complete compulsory-level education. These programmes include alternate theoretical and practical training in companies. These programmes have received a considerable boost in the last two years with the aim of providing training that is suited to the requirements of the job market.

Programmes for the transition to adult life have been put into operation for the purpose of enabling the students who have followed the educational process in special education to develop their personal autonomy and to become integrated into society. These may include a specific professional training component when this is appropriate. The Ministry of



Education and Culture Order of 22 March 1999 governs these programmes, which last for two years and can be extended.

The Forum for Educational Care for Disabled People has been established by Order ECD/235/2002 of 7 February as a consequence of the application of the participation principle. This body seeks to establish itself as a channel for consultation and dialogue between the educational authorities and NGOs working in the disability field, with the aim of improving educational policies, planning the most appropriate responses to special educational needs and making optimum use of the resources.

#### **4. Professional occupational guidance and training**

The active employment policies that are targeted at disabled people have received a greater degree of attention in our country, with certain budgetary allocations of large sums being used to finance these measures.

The important role performed by the employment services in the insertion of disabled people into work is recognised. A greater degree of co-ordination between the institutions involved is required in order to improve their effectiveness. A new project has been launched for this purpose (SISPE), which introduces a new co-ordination model between IMSERSO, the regional governments and the National Employment Institute. This facilitates the assessment, professional guidance and insertion of disabled workers into employment.

Professional training is considered to be a key tool for the insertion of disabled people into work. The development of training activities for disabled people set out in the ordinary and specific occupational training programmes has been continued.

In the field of professional occupational training, aimed at employed workers, the III National Continuous Training Agreement has been signed. This has been in effect since January 2001, setting down the continuous training policy bases for the next four years. The measures to be undertaken

are aimed at improving skills and qualifications as well as re-training employed workers. The promotion of the adaptation of the courses for disabled people is being considered, in order to help them to stay in their jobs in a time of continual readaptation by companies.

## **5. Employment**

The principle of normalisation has governed employment policy over these two years. This has been reflected in both in the adoption and carrying out of the regulations and in the action plans. In this respect, the National Employment Action Plans 2000, 2001 and 2002, which develop the community guidelines, take account of measures directed towards disabled people that are fundamentally based on active policies.

In the same way, the non-discrimination principle has been consolidated as the guiding principle for employment policies. The process of transposing the non-discrimination Directive 2000/78/CE of the European Union of 27 November 2000 into the Spanish legal system has been put into operation.

However, it is considered that, in order to make the principle of equality of opportunity effective, it is necessary for the anti-discrimination measures to be complemented by positive discrimination action. To this end, the measures providing incentives in the hiring of disabled people remain in operation, whether these be for permanent or temporary positions or full or part time, as set out in the 12/2001 Urgent Measures for the Reform of the Job Market Act of the 9th of July. Their aim is to increase employment and improve the quality of work.

In the same manner, and on a general basis, the RD-ACT 5/2001 of 2 March has introduced modifications to the legal system of part-time time contracts, with the aim of providing impetus to this form of hiring.

Furthermore, the aforementioned 12/2001 Act of 9 July introduces and formalises a new type of contract: the contract of insertion, that encourages the hiring of unemployed workers receiving the minimum income level established at the

regional level for people who are in a socially-excluded position. Incentives are provided for these contracts to be used in performing work and services of general interest by means of 65% allowances on the business social security contribution for common contingencies for the 24 months following the formalisation of the contract. In the case of the employment of women, these allowances are increased by ten percentage points.

Considerable incentives have been provided for the self-employed. In addition to financial assistance, tax deductions and the possibility of receiving the full amount corresponding to unemployment benefits in one lump sum have also been established. Finance is available for those measures aimed at providing guidance and assistance to facilitate self-employed activities.

Social economy programmes are receiving a significant boost in the same way, with the Social Economy Promotion Council having been created as a consultative body. The organisation and operation of this council is regulated by the RD 219/2001, of 2 March.

The quota of jobs reserved for disabled people remains in force. Following the promulgation of the RD 27/2000, that established alternative measures of an exceptional nature upon attaining the 2% quota, the Ministerial Order of 4 July has established the procedure for this to be implemented.

## **6. Social integration**

The National Action Plan for Social Inclusion of the Kingdom of Spain (2001-2003) was adopted to develop the community guidelines. This includes the considering of measures aimed at disabled people:

- to promote a State Accessibility Plan and draw up architectural land development accessibility programmes for communication and transport;
- to promote compliance with the job reserve quota or the alternative measures established;

- to improve the management of employment mediation for disabled workers, improving co-ordination between the different authorities involved and to support specific employment mediation services;
- to promote the 20,000/40,000 Plan aimed at creating job positions for disabled people between 1999 and 2008, in collaboration with the ONCE (the Spanish National Organisation for the Blind) Foundation;
- to organise an advanced socio-health programme for children under three with special educational needs in each area;
- to organise early education and the rehabilitation of children over three who display special educational requirements within the educational system;
- to draw up a programme of social promotion measures for disabled women;
- to reorganise the services for the visually challenged in collaboration with ONCE, facilitating the detection of needs and developing adapted and personalised care plans;
- to support the use of sign language as a communication tool for the deaf, fundamentally in their dealings with public administrations;
- specifically, to make use of the data, of the survey on disabilities, deficiencies and health condition regarding the condition and characteristics of those disabled people who are excluded or at risk of being excluded.

Likewise, working agreements have been signed between the Ministry of Employment and Social Affairs and the Autonomous Regions in order to undertake action programmes to eradicate poverty.

## **7. Research and development**

A National Research, Development and Technological Innovation Plan (2000-2003) has been set underway. The TAS/128/2002 Order of 15 January establishes the regulatory bases for the granting of financial aid for carrying out

research into the aforesaid subject. The financing is covered by the IMSERSO budgets. The thematic areas for action are the following:

- aid for assessment, treatment and entertainment;
- orthosis and exo-prosthesis;
- aid for personal care and protection;
- aid for domestic tasks;
- property and adaptations to the home and buildings;
- aid for communication, information and signalling;
- aid for product and merchandise handling;
- aid and equipment for the improvement of the environment, instrumentation and machines;
- aid for leisure and spare time activities.

## **8. Accessibility**

At the national level IMSERSO, in collaboration with the Institute of European Studies of the Autonomous University of Barcelona, are working on the drafting of a national accessibility plan.

The following general objectives are sought in this plan:

- quantification and hierarchical arrangement of accessibility requirements;
- definition of the key actions;
- comprehension of the whole of the state;
- consideration of the whole of the population;
- complete focus integral on the problems and the solutions.

An accessibility evaluation document is currently being drafted in Spain that considers the following sectors: town planning, transport, communications and regulations.

It is estimated that the process of drafting the plan would be completed in December 2002.

On the other hand, section 4 of the 15/2001 Act of 9 July concerning the fostering and promotion of cinematography and the audio-visual sector, foresees the creation and

implementation by the government of such measures as may contribute towards the elimination of those barriers to communication that make access to cinematography and audiovisual products difficult for people with sensory disabilities. This Act also makes reference (6th section) to accessibility to cinematographic and audiovisual works being taken into account as a criteria for financing said works.

Legislation has been introduced concerning this question at the regional level, with all the Autonomous Regions preparing their own regulations. Boards dealing with accessibility have also been established in their territorial area.

### **9. Action aimed at other specific groups**

Faced with the emergence of new problems or evidence of the existence of needs that have not been met, IMSERSO has put into operation activities aimed at specific groups.

Since the year 2000, IMSERSO has initiated a new line of action aimed at disabled women which can be set out in terms of the following actions: support for the creation of disabled women's associations; establishment of forums for discussion about the situation of multiple discrimination and the development of social exclusion indicators that are specific to disabled women.

On the other hand, IMSERSO is working together with the National Health System and the Association of Rare Diseases Federation on setting an Action Plan into operation that has a bearing on the needs of people suffering from rare diseases and their families.

People with mental illnesses have received priority attention. The action has been focused on the instigation of a socio-health care strategy for the care of these people and their families.

### **10. Research and statistics**

The principle results of the survey on disabilities, deficiencies and the health condition carried out by the National Statistics

Institute (NSI), IMSERSO and the ONCE Foundation have been published. The data is currently being used.

IMSERSO instigates and finances the carrying out of research relating to disability. Priority has been given to the following subjects at this stage: road traffic accidents, rare diseases, adaptations in jobs, disabled women, the conditions, requirements and demands of people with limited intelligence and the situation of people with mental health problems.

## 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 of the elderly and people with disabilities who live in residences of special housing, such as service houses (*servicehus*), nursing homes (*sjukhem*) and group accommodation (*gruppbostäder*) and to visitors to adult day care. Further, the municipalities have the responsibility for providing technical aids for these people.

On 31 May 2000 the Parliament passed the Government Bill "From patient to citizen: a national action plan for disability policy». This decision by the parliament represents a step of fundamental importance for Swedish disability policy. The objective of disability policy is a society that makes it possible for disabled people to participate to the full in the life of the community. The disability perspective must permeate all sectors of society. Discrimination against people with disabilities must be combated. The parliament decision also means that Sweden now has a national plan for how the society is to set about achieving these objectives.

In its Statement of Government Policy in 1999, the government declared that the obstacles that prevented people with disabilities from taking a full part in the life of the community would be removed. To achieve this goal requires a progressive transformation of disability policy so that the perspective governing policy becomes fundamentally democratic. The perspective applied in the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities should be used as a guide. People with disabilities are as valuable as any other people; they are citizens possessing the same rights and responsibilities as other citizens.

A disability becomes a handicap only when the individual comes up against shortcomings in the environment or in the organised activities of society. When measures are taken to make good these deficiencies and improve accessibility, the handicap can diminish or disappear.

The national objectives of disability policy and the proposals for concrete measures that have now been passed mean that disability policy will focus more clearly on the task of removing the obstacles that prevent people with disabilities from participating to the full in society. Some of the proposals can be implemented immediately, while others, which require investments and changes of attitude, may take longer.

In order to be able to live on equal terms, it is essential that children and adults with disabilities are given the opportunity to live as normal a life as possible. The goal is that children with disabilities should have the same opportunity as others to grow up with their parents. People with disabilities, just like any other people, must be offered good child care services and education, the opportunity to earn a living and to have a family, good housing and a chance to take part in different cultural and leisure activities.

People with disabilities are still far too often seen solely as objects of care. As a result, disability policy is looked at too narrowly as a matter of providing care or perhaps solely as a social welfare issue. If instead we choose to regard disability policy as a matter of non-discrimination and human rights, this means attempting to see that people have widely varying needs and expectations.

Since May 1999 Sweden has a legislation which prohibits discrimination of people with disabilities on the labour market. In March 2002 a law on equal treatment of students in higher education, including students with disabilities, came into force.

Applying a disability perspective in our thinking means starting from the perception that different people have different abilities and planning accordingly. If we fail to do this, we automatically exclude large segments of the population. It's important that the society should value and make use of the differences between its members. Disabilities are one of several natural variations in any population. Roughly one in five people of working age have some form of disability.

Diversity is important for democracy. When people with different experiences and backgrounds meet, their encounter reflects their different perspectives and, as a result, political and other decisions become more complete and more representative. Here the state bears a special responsibility. A public sector where the backgrounds of the employees reflect the composition of the whole population gains in legitimacy. It sends out a signal establishing a norm for the society at large.

If Sweden is to survive in international competition and retain its standard of welfare, we must make use of all the country's resources. It is poor public economy for certain groups in society to lack access to the labour market or for their resources to be neglected. Removing the obstacles that prevent people from contributing to growth and productivity is therefore a high-priority task.

Vigorous political efforts are needed to ensure that people with disabilities secure the right to full participation, dignity and the opportunity to govern their own lives. The decisive factor in bridging the gaps between the terms on which different groups live is the design of our policies in such fields as education, the labour market, communication, culture, housing, social welfare and social planning. The disability perspective thus has a place in every field of policy.

## **2. Aims**

The national aims of disability policy are:

- a social community based on diversity;
- a society designed to allow people with disabilities of all ages full participation in the life of the community;
- equal opportunities in life for girls and boys, women and men with disabilities.

Work on disability policy must focus on the following tasks in particular:

- identifying and removing obstacles to full participation in society for people with disabilities;

- preventing and fighting discrimination against people with disabilities;
- making it possible for children, young people and adults with disabilities to lead independent lives and to make their own decisions about their own lives.

The following areas will be given priority in the coming years:

- ensuring that a disability perspective permeates all sectors of society;
- creating a more accessible society;
- improving the way disabled people are treated.

The special aim of rehabilitation and habilitation is to help people to gain and/or regain the maximum possible function and ability respectively and improve the conditions for full participation in the community.

### **3. Fields of intervention**

There are two exceptions to the rule of mainstreamed policy 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.

The last service mentioned is only available for persons in groups i. and ii.

#### **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.

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## **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. The Education Act also stipulates that consideration must be afforded to pupils with special needs and that all students in need of special support must have written plans of development set up in co-operation with the pupils themselves, parents and professionals. 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. The National Agency for Special Educational Support offers support and advice to municipalities on special pedagogical issues.

In addition to the above there also exists The National Agency for the special schools for the deaf and hard of hearing.

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.

### *Equal treatment of students*

The basis of the higher education system are that all students should be treated as individuals with the same rights and obligations. Legislation on the equal treatment of students in higher education enhance the protection of students by forbidding discrimination or harassment of students on the grounds of gender, sexual orientation, ethnic origin or disability. The law applies to higher education undertaken at universities and university colleges administered by the state, municipality or a county council as well as to other institutions, where courses are provided by private education providers, who are legally authorised to issue certain degrees.



Institutions of higher education must actively promote the equal treatment of students and prevent discrimination. As a consequence of this institutions must draw up a plan every year containing a review of the measures necessary for promoting equal treatment and combating harassment. The Office of the Disability Ombudsman is responsible for dealing with complaints concerning issues on disability due to this legislation.

## **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 also have a severe learning disability. The emphasis on teaching in sign language, and thus the need for contact with other deaf children with the same method of communication, has meant that the special school has been retained. The special schools are organised in The National Agency for the special schools. The agency has the responsibility to develop the special schools and to guarantee a good educational quality in the special schools.

Pupils with impaired vision get, with few exceptions, their education in regular classes in the municipal school but there is still one special school in connection to a resource centre for children with visual impairments, with further disabilities. There is also one special school in connection to a resource centre for pupils with language disorders. In addition there are resource centres for students who are deaf or hard of hearing and have severe learning disabilities as well and a resource centre for students who are deaf blind. 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.

In the Swedish compulsory school there are special programmes, curricula and syllabus for pupils with severe learning disabilities. Since 1996 the municipalities have taken over the control and operation of these programmes from the county council. By this follows that the special programmes for students with severe learning disabilities are closer linked to, or integrated in general compulsory school. They are basically taught in the same subjects as pupils in the regular compulsory basic school. However, the content is adapted according to the pupils ability and matched, with an individual teaching plan for each pupil.

In order to integrate students with severe learning disabilities in the compulsory basic school there is an experimental work allowing parents of children with severe learning disabilities to choose compulsory basic school.

After the compulsory school the students with severe learning disabilities are able to attend upper secondary school for students with severe learning disabilities.

### **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, education for adults with learning disabilities, adult education associations and folk high schools is 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. The National Agency for Special Educational Support offers support and advice to municipalities in special pedagogical issues.

For people with disabilities it is of great importance that adequate study and vocational guidance is given. This guidance is given within the regular education system.

## **VI. Vocational guidance and training**

### **Vocational guidance and rehabilitation at employment service-rehabilitation**

These employment services-rehab provide vocational guidance and rehabilitation for job-seekers who need more support than the ordinary 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 employment service-rehab 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 employment service-rehab, 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 the Act and under Chap. 22 of the National Insurance Act (1962:381)."

The Employment Protection Act (1982:80, as amended) is intended to give all employees increased job security. Persons with disabilities are entitled to special protection under its provisions. In the case of notice of termination on the grounds of shortage of work, the employer normally shall observe so called rules on priority concerning the order of termination. An employee who has reduced working capacity and who has, therefore, been given special duties by the employer shall be given priority for continued work, notwithstanding the rules on priority, where such can be accomplished without serious inconvenience to the employer.

The law also contains, amongst other things, rules of termination of contracts of employment. When the initiative originates from the employer, termination has to be founded on a just cause. A distinction is made between two main categories of just cause; redundancy and reasons relating to the individual employee concerned. When it comes to disabled persons, the courts do not accept the disability in itself as a reason for dismissal. Though, if even after that different measures have been taken such as adaptation of work and rehabilitation, aiding tools of different kinds, reasonably acceptable job transfers et c and the employee still cannot perform work of any importance, a termination is usually accepted. There has to be an evaluation made in every different case.

The Act Concerning Certain Employment Promoting Measures (1974:13) contains provisions that aim to increase opportunities for elderly 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).

The Prohibition of Discrimination in Working Life of People with Disability Act (1999:132) is a labour law for the protection of both job applicants and employees. The law mentions two kinds of discrimination; direct and indirect. An employer may not disfavour a job applicant or an employee with a disability by treating him or her less favourably than the employer treats or would have treated persons without such a disability in a similar situation, unless the employer demonstrates that the disfavour is not connected to the disability. An employer may not disfavour a job applicant or employee with a particular disability by applying a provision, a criterion or a method of procedure that appears to be neutral, but which in practice disfavours persons with such a disability compared to persons who do not have such a disability. This applies unless the purpose of the provision, criterion or method of procedure can be justified for reasonable reasons and the measure is appropriate and necessary in order to achieve the purpose.

The prohibitions apply amongst other cases in the employment procedure, at decisions on promotion, terms of employment, management and distribution of work and at notice of termination.

A special ombudsman, the Disability Ombudsman, has the responsibility of ensuring compliance with the act.

## **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 organisation, etc.) to the individual's phys-

ical 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 designated 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 AB is a state-owned limited liability company. At the end of 2001 the Samhall AB had about 27 700 employees, of whom 25,300 had a disability, at over 300 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 2001, 53% of the income was derived from sales, 47% from state grants.

The Samhall AB's results are measured against the following 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.

## 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 people 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 and building 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 to new buildings, their surroundings 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 taxicars 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 (or Car) allowance scheme applies to people with lasting disabilities who have considerable difficulties to get about, and to parents of 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 disabilities. 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 specially 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. 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.

The care of elderly and disabled people is heavily subsidised with the recipient usually paying only a fraction of the actual cost. Despite this fact significant differences in levels of charges sometimes have existed between the municipalities. These differences have increased in recent years. However, the parliament has recently decided upon new regulations which – from 1 July 2002 – will make it more difficult for municipalities to set high charges for individual care recipients. The actual cost of care and services is mainly financed via municipal taxes. Every local authority is also subsidised through the general state subsidy to the municipalities.

## **5. Assistive technology**

Assistive technology for people with disabilities is in principle free of charge to the individual. It is 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 assistive technology service includes testing, prescription, adjustment, information and training. The scope of this service varies greatly between different parts of the country.

## **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 and video 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, text and video.

## **7. Sport**

There are well-established sports for persons with functional impairments, practised both for recreation and in competitive form. The main organised activities are held in sports clubs affiliated to different national sports federations, the Swedish Sports Organisation for Disabled or the Swedish Deaf Sports Organisation. These organisations are voluntary and democratically set up non-governmental organisations that to a certain extent receive financial resources from the government for their activities.

## **8. 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 mass media, literature, film, educational material, cultural institutions and recreational arrangements, as well as information across the range available. The government guidelines that concern cultural heritage institutions have been reinforced regarding matters of

availability for all. The National Council for Cultural Affairs has received more generous resources for implementing the action programme "Access to culture for disabled people".

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. In the guidelines decided by the Parliament and government, the Swedish public service broadcasting-companies (radio, television and educational programmes) have far-reaching demands on their efforts to make programmes accessible to disabled people. One of the most important demands is that the number of subtitled programmes shall increase considerably.

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 37,900 from 1 January 2002), 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.

A reformed disability pension system will be implemented from 2003. Sickness benefit will be paid to insured persons aged between 30-64 instead of disability pension. For persons aged between 19-29 an activity benefit will be paid instead of disability pension. There will also be new rules introduced for the calculation of the new benefits.

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 continued 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 the age of 16 who requires special supervision and care on account of illness or disability. As from 1 January 2003, the age limit will be raised from 16 to 19. The care allowance is paid as full, three quarters, half or one quarter benefit. Full benefit is 2.5 times the base amount (SEK 37 900 from 1 January 2002). 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 activities and care after school (leisure-time centres). There has been an increasingly strong demand that all children should have the right to a place in pre-school. In particular a sharp expansion of day care centres was begun in the mid-1960s against the background of the large increase in the number of working mothers. The day care centres are now labelled pre-school and a curriculum for the pre-school was set up in 1998.

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**

The Swedish teacher education was recently reformed, one teaching degree replacing eight old ones since 1 July 2001. The new educational programme for the teaching requires at least 120 but no more than 220 credits. There are three well-integrated fields of education, in one of which there is special needs education. This means that all teachers have knowledge and experience of special needs education. There is also a possibility to arrange special needs teaching programmes. An advanced special needs teaching programme should lead to a special teaching degree.

## **XI. Information**

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## **XII. Statistics and research**

### **1. Statistics**

*Measures according to LSS (the Act concerning Support and Service for Persons with Certain Functional Impairments)*

In total, between 49,000 and 51,000 persons are estimated to be granted one or more special services and special support according to LSS. 45,500 persons were granted measures from municipalities and around 16,000 from county councils 1 June 2000. The total number of granted measures amounted to 97,100.

Around 82% 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.

2,600 persons were granted measures from municipalities according to LSS due to their mentally functional impairments.

Around 27% of all measures taken according to LSS applied to children and young people aged 22 or younger. 67% applied to persons aged 23 to 64 and around 6% 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.

About 128,000 persons lived in special needs housing (*bostad med särskild service*) on 31 December 2000. The proportion of the population of persons aged 80 and over living in special needs housing was approximately 21%. This proportion has been largely unchanged from 1997 to 2000. Increasingly more persons live in private special needs housing, 5% in 1993, 10% in 1997 and 12% in 2000. One room with a kitchen was the most common type of dwelling in special needs housing in 2000.

The proportion of the population of persons aged 80 and over who received social home help has been largely unchanged from 20% in 1997 to 19% in 2000. The proportion among persons between 65 and 79 years old is 4% in 2000 which is the same as in year 1997. The proportion among persons younger than 65 years old has been the same, nearly 0.2%.

69% of all persons who received social home help in 2000 were 80 years old and over. In 1997 the proportion was about 60%. Less than 10 hours assistance per month was most common. Close to 35% received 1-9 hours assistance during 2000. 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 ser-

vice. 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**

Since many disabled people are heavily dependent on how the public sector functions, the changes in recent years have had a great impact on the conditions affecting their lives. However, there is no very detailed knowledge about the exact impact these changes have had on conditions affecting the lives of disabled people or to what extent people more frequently feel that they receive unsatisfactory treatment. If disabled people are to obtain the support to which they may be entitled, systematic knowledge is needed about the conditions under which they live. Such knowledge, moreover, is essential if vocational training and other further education and training is to continue to develop and maintain a high standard.

One problem, however, is that Swedish researchers in the behavioural and social sciences have hitherto shown very limited interest in research on disabilities. Research in this field lacks prominence in the scientific community and is in any case a relatively new phenomenon. Some important tasks for research in the next five years are to:

- study how social factors and the conditions affecting the lives of disabled people and their position in society affect their opportunities for participation and equality;
- identify the distinctive features of discrimination against disabled people and to study how wide-spread such discrimination is;
- develop knowledge about the special requirements encountered when teaching pupils who need special support;
- study special problems faced by disabled women and men respectively in a gender perspective;
- find out how the attitudes towards disabilities found among different groups of immigrants can and should influence the form Swedish measures take.

A new research council on social issues and working life has been established and given the responsibility for co-ordinating disability research. Long-term plans for the design and development of disability research will be laid down in a national research programme that will be drawn up by the research council. Disability research with a sociological orientation will receive additional funds of SEK 5 million. Using knowledge and culture to fight prejudice. Prejudice and myths have always played a powerful role in attitudes towards disabilities and been a factor in excluding disabled people and imposing unacceptable conditions on them. Culture is capable of changing people's attitudes. Forms of cultural expression such as theatre, literature, film, music and art can reduce prejudices, change attitudes and make it clear how disabled people are treated. Projects that aim to achieve such effects should receive special attention when support from the Swedish Inheritance Fund is allocated.

## I. General policy

The new Federal Constitution (Cst.) that entered into force on 1 January 2000 sets out the basic principles of disability legislation. Amongst other things it has introduced special provisions for disabled people in terms of fundamental rights. Not only does it prohibit discrimination on account of a physical or mental disability (Cst., Art. 8 (2)) but it also specifically provides for legal measures to eliminate disadvantages affecting people with disabilities (Cst., Art. 8 (4)). In this connection, a federal bill on eliminating disadvantages affecting disabled people is currently being debated by parliament. Among the social goals, the Confederation and cantons will strive to ensure that every person shall benefit from social security and the necessary health care and also that every person shall be insured against the economic consequences of disability and accidents (Cst., Art. 41).

Switzerland is a federal state composed of cantons which are sovereign in so far as their sovereignty is not limited by the Federal Constitution. Central government (the Confederation) can only legislate when so authorised by the constitution, since legislative jurisdiction normally belongs to the cantons.

Thus, by virtue of this constitutional power-sharing between the Confederation and the cantons, the integration and rehabilitation of people with disabilities is the responsibility of the Confederation in some fields and the cantons in others.

At federal level the linchpin is the federal Disability Insurance Act (DIA). Disability insurance is mandatory for the entire population. The economic consequences of disability can be so

extensive that it has seemed necessary to make provision for the widest possible distribution of risks and insurance coverage. The system consists of two elements: the insurance scheme itself (contributions, benefits, organisation) and promotion of disability support, enabling the insurance scheme, through grants to institutions, to spur the building, extension, modernisation and running of facilities and to train specialists in vocational rehabilitation. The law defines disability as a loss of earning capacity, presumed to be long-term or permanent, resulting from impairment of mental or physical health due to a congenital infirmity, an illness or an accident (DIA, Section 4).

Other federal laws contain provisions relating to disability. The federal Accident Insurance Act (AIA), which provides mandatory cover for wage-earners and optional cover for the self-employed, offers the following benefits: health care and reimbursement of costs, daily allowances, disability and survivors' pensions, physical impairment allowance and paralysis allowance. The federal Health Insurance Act (HIA), which encompasses the whole population, covers all medical care not covered by disability or accident insurance. The federal Vocational Training Act, the federal law on labour in industry, trade and commerce, the federal Telecommunications Act and the federal Unemployment Insurance Act, to cite only the most important, also contain special provisions.

Cantonal laws contain numerous provisions, in particular concerning education (including education for disabled children), construction of public buildings and blocks of flats, and employment support measures.

It should be noted that non-governmental organisations (NGOs) play an important role in providing services for disabled people (cf. Sections VIII, IX, X and XI in particular).

## **II. Prevention and health education**

Occupational health and safety provisions apply to all businesses employing workers in Switzerland (AIA, Section

81 (1)). It is the employer who is primarily responsible for workers' safety. To prevent occupational injury and illness he/she must take measures proved necessary by experience, made possible by the state of the art and tailored to circumstances. He/she must then encourage his/her staff to cooperate in this field. For their part, the workers must assist the employer in enforcing existing provisions. In particular, they must use the equipment provided and not remove or modify safety devices (AIA, Section 82). The executive bodies have both powers of inspection and powers of injunction. They are also entitled to take decisions. In the event of failure to observe safety regulations, the law provides for administrative action (which may extend to closing a business) and penalties. The executive bodies have the further option of ordering the offending business to be classified in a higher premium class. Accident insurers also encourage the prevention of non-occupational injury. They run a joint body which contributes to preventing non-occupational injury, through information and general safety measures, and which coordinates work in this field.

Provisions to protect working women during maternity are included in the federal law on labour in industry, trade and commerce. Thus pregnant women and nursing mothers cannot do work that experience has proved to be detrimental to health, pregnancy or breast-feeding. In addition, the order concerning hazardous or arduous work during maternity, in force since 1 April 2001, lays down criteria for assessing hazardous and arduous work and lists substances, micro-organisms and activities presenting a potentially high risk to the health of mother and child.

The Health Insurance Act covers certain preventive measures set out in an exhaustive list in the order concerning benefits under mandatory health insurance. Thus, from birth the eight health and development check-ups for pre-school children recommended by the Swiss Paediatrics Society are covered by health insurance. The exhaustive list of preventive measures also includes vaccinations and prevention of rickets.



## **Health education**

At national level the Health Insurance Act has established an institution whose aim is to stimulate, coordinate and review measures promoting health and preventing illness: the Swiss Foundation for Health Promotion. It is funded by a modest annual contribution from the insured and has developed three framework programmes to date: movement, diet and relaxation; work and health; young people and health. Its work is supplemented by programmes at cantonal level.

## **III. Identification and diagnosis**

To identify congenital infirmities, health insurance covers seven antenatal examinations and two scans in the case of normal pregnancies. For high-risk pregnancies, all additional examinations necessary are also covered.

Identification of a disability for the purpose of granting social security benefits is the responsibility of the cantonal disability insurance offices, which examine a claimant's ability to work, his/her state of health, his capacity for rehabilitation and the expediency of specific rehabilitation measures. They rely on reports, case information, expert opinions and on-the-spot inquiries if necessary. They may call on specialists in public or private disability support. On the other hand, the disability insurance offices do not themselves conduct individual medical examinations of insured persons. These are carried out, if the need arises, in medical examination centres. Once the claim has been examined, the disability insurance office delivers its opinion in the form of a written decision open to appeal. The degree of disablement may be revised at any time, either upwards or downwards.

## **IV. Treatment and therapeutic aids**

The entire population of Switzerland enjoys a health system that also includes treatment of disabilities. The federal Health Insurance Act provides for general health care in the event of illness, maternity, accidents not covered by accident

insurance, congenital infirmities not covered by disability insurance, and legal termination of pregnancy (HIA, Sections 24 to 31). The federal Disability Insurance Act lays down special medical measures for rehabilitation and covers medical treatment of congenital infirmities for insured persons up to the age of 20 (DIA, Sections 12 and 13). The federal Accident Insurance Act covers the cost of medical treatment for occupational injury, non-occupational injury and occupational illness (AIA, Sections 6 to 9).

Disability insurance provides for remittance of additional funds to insured persons for the purpose of gainful employment, performing their usual work, learning a trade, or functional rehabilitation. Insured persons who need expensive equipment to move around, communicate with the people round them or develop their personal independence are also entitled to these additional funds (DIA, Section 21). Accident insurance provides for entitlement to additional funds to compensate for bodily injury or loss of a function (AIA, Section 11). Lastly, the federal Old-Age and Survivors' Insurance Act (OSIA) provides for award of additional funds to old-age pensioners requiring expensive equipment to move around, communicate with the people round them or ensure their independence (OSIA, Section 43ter).

## V. Education

Under the constitutional power-sharing between Confederation and cantons in Switzerland, it is the cantons that are principally responsible for education, including that of disabled children. The system consequently varies according to the canton. We may, however, note that, apart from special education proper, the majority of cantons have chosen a mixed solution for disabled pupils: provision of special support enabling disabled children subsequently to be integrated in mainstream classes. The laws in some cantons particularly encourage integration of disabled children in mainstream facilities (for example Saint Gall, Thurgau, Graubünden (infant schools), Valais and Ticino). Other cantons use a

system of special classes within mainstream schools (Geneva). In practice the proportion of pupils integrated in these schools varies considerably from one canton to another. The number of pupils attending special schools in the canton of Ticino is estimated to be 1.5%, as compared with over 11% in the canton of Schaffhausen.

Disability insurance provides grants for special schools and individual benefits for pre-school education and therapy as well as informal education during compulsory schooling.

Very few statistics are available for special education in Switzerland. In 1999 (the most recent data available), 34,057 children benefited from special education under disability insurance. This figure includes both children attending special schools and those attending "special classes" in mainstream schools (around half), who receive educational and therapeutic support. The proportion of children benefiting from these measures is estimated to be approximately 5%.

As for the universities, it seems that they decide on the most appropriate practical measures case by case: for example, no time-limit for examinations, individual recognition of each paper passed (and not sets of papers), etc.

For education of adults with disabilities, see Section VI below.

## **VI. Vocational guidance and training**

Assessment of the vocational aptitudes of people with disabilities, determination of rehabilitation measures and vocational guidance come within the remit of the cantonal disability insurance offices (DIA, Section 57).

Since the primary aim of disability insurance is to rehabilitate people with disabilities, a whole range of measures has been developed to enable them to receive vocational training as much as possible.

Consequently, the additional disability-related costs of vocational training for disabled people are covered by disability insurance.

There are three levels of training, depending on the degree of disablement: a standard apprenticeship, basic vocational training, and a special apprenticeship for employment in a sheltered workshop. These three types of training lead to recognised qualifications. In addition, a number of cantonal laws provide for special support for training of disabled apprentices.

The costs of retraining if a person can no longer continue in his/her previous occupation owing to the onset of disability are also covered by disability insurance.

## **VII. Employment**

Swiss legislation contains a number of provisions designed to enable people with disabilities to find employment.

Firstly it should be stressed that disability insurance is primarily aimed at vocational rehabilitation, which takes precedence over award of a pension.

In the field of vocational rehabilitation, disability insurance provides the following benefits (DIA, Sections 8 to 18): initial training, retraining/further training, counselling and placement services, a capital grant for those seeking to become self-employed, payment of a daily allowance during rehabilitation (on certain conditions), conversion of a work station, machinery or instruments on account of a worker's disability as well as purchase of equipment and additional facilities. Added to this, disability insurance pays grants to bodies and institutions which help disabled people to find employment, take responsibility for supervising them in the workplace or offer them in-service training. It also awards grants to central associations involved in private disability support in order to help them continue their work, especially that relating to counselling and assistance for disabled people and their next of kin and training of teaching staff specialising in support for training and vocational rehabilitation of people with disabilities (DIA, Sections 73 and 74).

For its part the federal Unemployment Insurance Act provides subsidies for employment of insured people with physical or mental disabilities in businesses.

Cantonal laws also endeavour to promote the entry into employment of people with disabilities through incentives such as financial support, tax deductions and grants, to mention only the most important.

There are over 300 sheltered workshops in Switzerland. They include not only occupational day centres for multiply disabled people but also commercial units executing work identical to that of private firms and forming part of the economic mainstream. The great majority of these workshops are private institutions (foundations, associations and cooperatives) subsidised by disability insurance (DIA, Section 73). Since early 2001, the decentralised jobs offered by these workshops have also been subsidised.

The federal Home Employment Act includes provisions protecting the health and rights of the workers concerned but makes no specific reference to people with disabilities.

## **VIII. Social integration and environment**

### **Accessibility**

Responsibility for regulating construction lies mainly with the cantons. Most of the cantons have laws specifying that public buildings must be accessible to people with disabilities. There is similar legislation for blocks of flats. As a general rule, the requirement covers new buildings and large-scale renovations. Quantitative criteria (area, number of dwellings, number of storeys) are stipulated. These various safeguards for a built environment accessible to disabled people are qualified by the proportionality principle, namely that exceptions may be granted if conversion would entail disproportionate costs or be contrary to other public interests such as nature conservation or protecting the cultural heritage. The regulations are mandatory; however, neither disabled people them-

selves nor disability organisations (other than in the canton of Lucerne) may intervene in planning permission procedures for the purpose of ensuring compliance with the rules on planning that meets the needs of people with disabilities. Some cantons (Bern, for example) require consultation of a special committee, which is responsible for ensuring that planning meets these needs.

In highway planning, communes are taking the needs of people with disabilities more and more into account by converting pedestrian crossings to get rid of differences in level and allow wheelchair users and mobility-impaired people to cross the street easily. In this context it should also be noted that traffic lights are increasingly being equipped with acoustic signalling for visually impaired persons.

### **Transport**

Specialised transport for mobility-impaired persons is provided by private initiatives and receives federal subsidies under the promotion of disability support. Thus disability insurance covers transport costs for school attendance (whether a special school or a state school) for children suffering from a physical or visual disability (DIA, Section 19). It also subsidises the transport costs of people with serious disabilities who cannot use ordinary transport but wish to see their family and friends. As regards public transport, a wheelchair user can travel by train subject to prior notice, but only from and to domestic mainline railway stations.

Furthermore, under the heading of additional resources, disability insurance finances motor vehicle conversions made necessary by disability.

### **Housing**

Swiss law contains a number of provisions relating to the housing situation of people with disabilities in Switzerland.

People wishing to live in their own homes receive various benefits designed to offset their mobility impairments or need for personal support. Thus, by way of additional resources

(DIA, Section 21), disability insurance offers funding for mobility equipment and certain house conversions. Disability insurance also pays grants to private disability organisations (DIA, Section 74) which offer regular supervision for people with disabilities living at home.

Construction requirements for multiple dwellings come within the remit of the cantons. A number of cantons stipulate that the needs of disabled people must be taken into account in construction or renovation of blocks of flats. Other cantons promote this policy by providing financial incentives.

Persons requiring constant supervision on account of their disabilities usually live in homes. The latter are subsidised by disability insurance (DIA, Section 73) and often by cantons and communes as well.

### **Technical aids**

Under additional resources, insurance disability includes not only prostheses and orthoses but also fittings to convert the work stations of people with disabilities, help them perform their usual work (conversion of machinery, seats, work surfaces and stair rails, for example), or help them develop personal independence (converted toilets, electric beds, wheelchairs).

### **Communication**

Among the additional resources awarded by disability insurance, some are designed to help disabled people communicate with those around them. Thus disability insurance provides, either on loan or as personal property, hearing devices for hearing impairments, sound-media monitoring devices for blind and visually impaired people, reading and writing systems, electric and electronic communicators, textphones and environmental control units.

Television is considered a powerful means of communication and integration. More and more programmes have teletext subtitles. Subtitling is funded indirectly by disability insurance through its subsidies to disability organisations.

## **Sport, leisure time and cultural activities**

Leisure activities specifically for people with disabilities are organised by private organisations in Switzerland. Their running costs are usually covered by disability insurance under promotion of private disability support (DIA, Section 74). Multiple associations and organisations are thus involved in organising activities such as tours (escorted or unescorted), sport (Sport Handicap Suisse) and excursions. They also keep lists of restaurants accessible to mobility-impaired people and organise events and performances.

## **IX. Social, economic and legal protection**

### **Economic and social security**

Social security for the elderly, survivors and disabled persons is covered by Article 111 of the Federal Constitution, which establishes a system based on basic federal insurance, occupational pension schemes and private pension schemes. This is known as the three-pillar system in Switzerland.

Disability insurance belongs to the first pillar, whose pensions are intended to cover basic living expenses appropriately (Cst., Art. 112). Disability insurance encompasses the whole population. Its benefits consist of rehabilitation measures and pensions whose amount depends on the degree of disablement: a quarter pension for a minimum of 40% disablement, a half pension for a minimum of 50% disablement or 40% in cases of hardship, and a full pension for a minimum of 66.66% disablement. The minimum disability pension is currently CHF 1,030 a month and the maximum is double the minimum, namely CHF 2,060 a month. Disability insurance pensions are normally adjusted every two years using a mixed index, based half on the consumer price index and half on the wage index. Pension adjustment is yearly if the annual inflation rate exceeds 4%.

If the disability insurance pension is not enough to cover basic living expenses, the award of supplementary benefits by the



cantons ensures that the constitutional mandate is fulfilled (Cst., Art. 196 (10)). Supplementary benefits are non-contributory benefits that meet needs. The benefit corresponds to the excess of a person's allowed expenditure over his insured income. The federal Supplementary Benefits Act provides a list of allowed expenditure and insured income.

Occupational pension schemes constitute the second pillar of old-age, survivors' and disability insurance. Together with the pension from the first pillar, an occupational pension scheme must enable the previous standard of living to be maintained appropriately (Cst., Art. 113). Occupational pension schemes are mandatory only for employees in receipt of an annual salary of over CHF 24,720 from the same employer. They are optional for the self-employed and employees exempted from the mandatory scheme. Occupational pension schemes pay disability pensions which are calculated as a percentage of the retirement assets (contributions + interest) accumulated by an insured person up to the beginning of entitlement to a disability pension and the projected assets up to retirement age (without interest). Disability pensions that have remained the same for over three years must, under government provisions, be adjusted in line with prices.

Lastly, with regard to the third pillar, Article 111 (4) of the Federal Constitution provides that the Confederation, in cooperation with the cantons, shall encourage individuals to provide for their own future, particularly through fiscal measures.

Accident insurance also pays benefits in the event of disability due to occupational injury or illness. Accident insurance is mandatory for all employees working in Switzerland. It is optional for the self-employed and members of their family employed in their businesses. The disability pension under accident insurance is 80% of insured earnings for total disability; if disability is only partial the pension is reduced accordingly. The ceiling for insured annual earnings is CHF 106,800. To offset price increases, recipients of disability

pensions receive inflation allowances, which constitute an integral part of the pension.

For all these branches of social security the definition of disability is economic. Disability is defined as a loss of earning capacity, presumed to be long-term or permanent, resulting from impairment of mental or physical health due to a congenital infirmity, an illness or an accident. To assess disability, the income that the disabled person could earn by pursuing an occupation that could reasonably be expected of him, subsequent to any rehabilitation measures and assuming a balanced labour market, is compared with the income that he could have earned had he not been disabled.

It should further be noted that in old-age and survivors' insurance (first pillar), persons that care for disabled next-of-kin living in the same household, are awarded assistance grants. These grants are notional earnings which are included in the insured income used to calculate the retirement pension.

As regards taxation, some cantons provide tax relief for disabled taxpayers and also for persons who support a disabled member of their family financially.

### **Legal protection**

A recent review of civil law has abolished the rule that considered mental illness or feeble-mindedness, generally speaking, an impediment to marriage. The new rule requires a capacity of recognition. If a person is under guardianship, the consent of the statutory representative is necessary, but in the event of a refusal by the latter, the person concerned may appeal to the courts.

Under Article 136 (1) of the Constitution, only citizens under guardianship because of mental illness or feeble-mindedness have no political rights in federal matters. As for their political rights in the cantons, it is up to the latter to decide. In this the cantons are however limited by the fundamental rights guaranteed by the Federal Constitution and in particular the principle of equality, the prohibition of discrimination and the

freedom to vote. The cantons have generally adopted the same rule as the Confederation.

With regard to building design, some cantons grant a private right of appeal to disability organisations in the event of failure to comply with requirements. In other cantons, it is the authority responsible for considering building plans that may, if necessary, refuse planning permission.

The federal bill on eliminating disadvantages affecting disabled people will introduce a right of appeal for disabled people and their organisations in the event of discrimination.

### **Social services**

As well as social security, Switzerland has an extensive network of services for families, people with disabilities, the elderly, teenagers, children, immigrants and other vulnerable groups. Public-sector social services are provided by the cantons and communes. Their decisions are open to appeal.

Private and religious organisations play an extremely important role. There are many foundations, associations, cooperatives and other bodies, working throughout the country or concentrated in a single region, which offer assistance and guidance to people with disabilities, help them to find work, organise courses for them, provide them with home help, run leisure activities, etc. Among the best-known are Pro Infirmis, Insieme, Pro Mente Sana, the Association Suisse des Invalides, and the Cerebral Foundation. Most of them receive financial support from central government, depending on the nature of their activities. These services and organisations use the latest social-work methods.

It should be pointed out that more and more social welfare institutions, whether public or private, are acquiring ISO certification in Switzerland. The many umbrella organisations play a key role in co-ordinating public and private services.

## **X. Training of persons involved in the rehabilitation process and in the social integration of people with disabilities**

Those wishing to practise a profession in the social or medical field – such as nurses, physiotherapists and occupational therapists – can take courses provided by specialist institutions of higher education. The Haute École Spécialisée Romande Santé-Social (HES-S2) is one such institution.

The training for occupations such as medical auxiliary tends to be through apprenticeships. Given the enormous range of occupations relating to people with disabilities, staff are often trained in-service, usually after completion of prior vocational training, to provide them with the knowledge needed to supervise disabled people. These courses mostly take the form of “on-the-job training”, which offers the advantage of providing the basic theory whilst enabling the trainee to accumulate practical experience. This is particularly important for staff in care institutions and sheltered workshops, including those concerned with vocational rehabilitation.

This in-service training is organised by organisations, training institutes and other public-sector or charitable bodies. It is subsidised by disability insurance (DIA, Section 74). The most active body of this kind in German-speaking Switzerland is the Agogis Institute in Zurich, which offers a very wide range of qualifications.

Moreover, as part of the review of the federal Vocational Training Act, it is planned to introduce social training in future.

## **XI. Information**

Information for people with disabilities in Switzerland is disseminated through two main channels. Firstly, the cantonal disability insurance offices have a duty to inform people of their rights and advise them on their actions. Secondly, all the organisations have a very effective information network, including the Internet, publication of magazines and organisation of events.

Insieme, an organisation that defends the interests of mentally disabled people, offers an interesting example of high-quality information on all current topics through its quarterly brochure and its website.

## **XII. Statistics and research**

### **Statistics**

The Federal Office for Social Security publishes annual statistics on disability insurance, quantifying benefits provided and keeping track of changes. At present, however, there are no comprehensive statistics for aspects of disability not covered by insurance benefits. On the other hand, it is planned shortly to extend the scope of analysis by creating a budget appropriation for disability insurance.

### **Research**

The Confederation regularly grants the necessary appropriations for commitments in the fields of training, research and technology. The aim is to establish central planning of provisions and resources in order to ensure a coherent training, research and technology policy. The Swiss National Science Foundation (FNRS) is the instrument employed by the Confederation to promote basic research. The FNRS supports National Research Programmes (NRPs). The NRPs attempt to provide scientifically sound solutions to current national problems. Among programmes now under way, NRP 45, "Future Problems of the Welfare State" is devoting one of its chapters to the specific problems encountered by people with disabilities. It is hoped to identify more accurately the types of discrimination suffered by disabled people and also to be able to define more closely the problems that such people encounter owing to their disabilities. It will also assess a disability's impact on every area of a person's life. For its part, NRP 43, "Education and Occupation", has included a chapter on training and employment of people with disabilities.

# UNITED KINGDOM

## Developments in the disability field in the United Kingdom

As part of its 1997 manifesto, the government made a commitment to “support comprehensive, enforceable civil rights for disabled people against discrimination in society or at work, developed in partnership with all interested parties.” In 2001 the government made a further commitment to “extending basic rights and opportunities”, as indicated in its response to the Disability Rights Task Force (“Towards Inclusion”).

### Disability Rights Task Force

The Disability Rights Task Force (DRTF) was established in 1997 to consider how best to deliver the government’s 1997 manifesto commitment.

“Towards Inclusion”, published on 5 March 2001, was the government’s formal response to the Task Force’s main work on civil rights for disabled people and addressed all 156 of the Task Force’s final recommendations. It included a number of proposals to amend the Disability Discrimination Act 1995 (DDA) to improve and strengthen rights for disabled people. The main proposals were to:

- end the small employer exemption in 2004 – currently the act covers employers with 15 or more employees) in 2004;
- bring within scope of the DDA the police, fire-fighters, prison officers, barristers, advocates, partners in business partnerships and employees on board ships, hovercraft and planes;

- extend Part III of the DDA to functions of public bodies that are not currently covered, because they are not “services” within the Act’s definition;
- introduce a new duty on public bodies to promote equality of opportunity for disabled people, both as employers and providers of services;
- cover more people with HIV and cancer in the definition of disability.

In October 2004, the government will be implementing the final stage of rights in Part III of the DDA. This will mean that, where reasonable, a service provider will have to remove, alter or avoid a physical feature, such as steps, that makes it impossible or unreasonably difficult to use a service – these are important new rights for disabled people.

The regulations to support these duties are in place and a revised Code of Practice which explains the law and provides practical guidance to service providers on their current and 2004 obligations was published by the Disability Rights Commission (DRC) on 26 February 2002.

### **Disability Rights Commission**

The DRTF made its recommendations to government on the role and functions of a Disability Rights Commission (DRC) in spring 1998 and the Commission was established by the DRC Act in 1999. Its opening for business on 25 April 2000 marked a significant step in promoting the rights of disabled people. Of the 15 commissioners, 10 are disabled.

The DRC has set itself the goal of creating “a society where all disabled people can participate fully as equal citizens.”

The DRC is working to eliminate discrimination against disabled people and promote equal opportunities for disabled people. It encourages good practice in the treatment of disabled people and advises the government on the working of the DDA and the DRC Act. It provides:

- a help line (over 145,000 calls in its first two years);

- legal service and appropriate support for individuals (4,600 people assisted in the first two years);
- policy advice to government and others on disability issues;
- conciliation service relating to cases under Parts III and IV of the DDA.

It prepares codes of practice, and is able to undertake formal investigations and research. The DRC's revised Code of Practice and Practical Guidance for Service Providers, which sets out guidance on new duties under Part III of the DDA to be introduced from 2004, was published on 26 February 2002. On 8 July 2002, it published two education Codes of Practice to reflect the new duties on education providers on the Special Educational Needs and Disability Act 2001.

On 23 October 2002, the United Kingdom Government launched a consultation document "Equality and Diversity: Making it Happen" which considers options for institutional support for equality legislation. It reviews three organisational approaches including a single equality body which would incorporate disability interests.

Following the consultation exercise, the United Kingdom Government expects to reach a decision on the broad shape of new arrangements in spring 2003. A second round of consultation on the detailed powers, functions and organisation of any new arrangements will follow.

### **Employment Directive under Article 13 of the EU Treaty**

Along with other member states, the United Kingdom signed up to Council Directive 2000/78/EC in October 2000. The Directive combats discrimination in employment and vocational training on grounds of disability, age, religion/belief, sexual orientation.

The Disability Rights Task Force, in its deliberations, foreshadowed many of the directive's provisions (including ending current employment and occupational exclusions in the DDA).



In December 2001, the United Kingdom Government published "Towards Equality and Diversity", a consultation document on its initial proposals for taking forward the European Union Article 13 Employment Directive. Following consultation, and over 850 submissions received, the United Kingdom Government has considered how best to implement the Directive in order to ensure coherence of legislation across the various strands it covers (some of which require wholly new legislation in the United Kingdom).

The United Kingdom Government has, therefore, set out its plans for implementing the sexual orientation, religion and disability provisions of the Directive, as well as a Race Directive brought forward under Article 13, in the consultation document "Equality and Diversity – the way ahead", published on 23 October 2002.

This document also seeks views on the United Kingdom Government's proposals for addressing some particular issues: occupational pensions, group insurance schemes and performance-related pay and discriminatory adverts.

The United Kingdom Government proposes to implement these provisions in 2004, at the same time as the new duties on access to goods and service (see section on "Disability Rights Task Force" above) come into force.

### **Taking forward other proposals in "Towards Inclusion"**

The United Kingdom Government remains committed to taking forward other proposals in "Towards Inclusion", when legislative time allows.

### **Special Educational Needs and Disability Act 2001**

Improving access to education and educational achievement by disabled pupils is an essential element of the government's policy of ensuring equality of opportunity, full participation in society, independent living and economic self-sufficiency for disabled people. The DDA, as amended by the Special Educational Needs and Disability Act 2001 (SEND), which came into force on 11 May 2001, is a major part of this policy.

SEND will improve the standard of education for all children with special educational needs, and advance civil rights for disabled people in education. Most of these new rights begin in September 2002. Areas covered include:

- strengthening the rights of children with special educational needs (SEN) to be educated in mainstream (as opposed to special) schools;
- requiring Local Education Authorities (LEAs) to arrange to provide parents of children with SEN with advice and information, and a means of resolving disputes with schools and LEAs;
- requiring schools to tell parents where they are making special educational provision for their child and allow schools to request a statutory assessment of a pupil's SEN;
- making reasonable adjustments so that disabled pupils are not put at a substantial disadvantage to pupils who are not disabled;
- to plan strategically and make progress in increasing physical accessibility to schools' premises and to the curriculum.

### **Managing transitions**

The Connexions Service, which is being phased in (started in early 2001), provides an opportunity to improve transition services for disabled young people. Partnerships focus on all the different needs of young people. They focus on ending inequalities and creating chances so that all young people are able to maximise their potential. The guidance that has been issued to Connexions partnerships says that they should provide a full service to disabled young people. They need to be identified and receive co-ordinated support to maximise their opportunities.

Connexions Services will be rolled out to provide all 13-19-year-olds with access to advice, guidance and support, through the creation of a network of personal advisers. These advisers will identify young people with learning disabilities; must be invited to and attend annual reviews of all year 9 pupils with statements of SEN, and will work with the school

and other relevant agencies to draw up the transition plans. Each Connexions Partnership should have sufficient personal advisers with the appropriate skills, experience and training to work with disabled young people.

Connexions Partnerships will have responsibility for arranging with the local Learning and Skills Council and the Employment Service a review for the young person with learning disabilities in their 19th year, to agree arrangements for appropriate transition from the support provided by the Connexions Service, whilst ensuring continuity. Where young people are not ready to use the adult guidance services, Connexions Partnerships will continue to support them, with the aim of helping them make use of the adult systems and to reduce dependency on the Connexions Service.

### **“Valuing people”**

This government White Paper was published on 20 March 2001. This was the first White Paper on learning disability for thirty years. Four key principles of Rights, Independence, Choice and Inclusion, lie at the heart of the government’s proposals. Legislation which confers rights on all citizens, including the Human Rights Act 1998 and the Disability Discrimination Act 1995, applies equally to all people with learning disabilities, and the Disability Rights Commission will work for people with learning disabilities.

Very few people with learning disabilities – probably less than 10% – have jobs. The government’s objective is to enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work, and to make a valued contribution to the world of work.

At present, most of the learning disability workforce is unqualified. The government wants to see an appropriately trained and qualified workforce. Health and social care workforce strategies will provide new opportunities for learning disability staff.

Making the change happen will require a minimum five year implementation programme. The approach to implementation

has been one of encouraging local partnership and user involvement at all levels.

- At national level the drivers for achieving change are a Learning Disability Task Force and an Implementation Support Team. To support this activity and other central initiatives there is an Implementation Support Fund (£2.3 million).
- At local level, Learning Disability Partnership Boards will co-ordinate and oversee cross-agency action (e.g. social care, health, housing, employment and independent sector). Joint Investment Plans (JIPs) will serve as the planning tool for achieving change. These plans encourage use of Health Act flexibilities to pool funding to achieve improved quality of services and better use of existing resources in the system. In addition, there is a Learning Disability Development Fund (£42 million – £22 million revenue £20 million capital), which will be allocated to support local priorities from April 2002 subject to satisfactory JIPs. All Partnership Boards were required to submit updated JIPs by 31 January 2002. All have been received and are currently being evaluated .

There have been a number of key actions since the publication of “Valuing People”:

- White Paper implementation guidance issued 31 August 2001;
- series of nine regional conferences to publicise “Valuing People”;
- national learning disability partnership conference held 9 January 2002;
- Director of Implementation appointed on 1 November 2001: people with learning disabilities involved in appointment process;
- Regional Support Team workers (9, including 2 job sharers) appointed: people with learning disabilities involved in selection. All team members now in post;

- chair, co-chair, and members of Learning Disability Task Force appointed (co-chair has learning disabilities). The first meeting took place on 19 December. Task Force will meet five or six times a year;
- preparatory work under way for national survey of people with learning disabilities.

## **New Deal for Disabled People**

The New Deal for Disabled People (NDDP) aims to test out innovative ways of helping people on incapacity benefits to move out of economic inactivity and into lasting employment. In first developing and now extending NDDP, the government is creating the first systematic attempt to offer work-focused help to long-term sick and disabled people who wish to receive it.

Since autumn 1998 the government has been running a Personal Adviser service in 12 pilot areas, and a total of 24 innovative schemes to see which kinds of support work best. Over 8,000 disabled people have found jobs from the pilot schemes alone. In July 2001, the NDDP pilot programme was extended with the gradual introduction of a national network of Job Brokers. Job Brokers is innovative and works closely with employers in order to secure sustainable paid employment for sick and disabled people. To the end of December 2001, 1,257 people have found jobs.

## **WORKSTEP – formerly supported employment**

In December 2000, the government announced a radical modernisation of the Supported Employment Programme. WORKSTEP was introduced on 1 April 2001, taking forward the former programme to a new approach, in which individual focus on designing employee support is the guiding principle and better integration into mainstream employment a key aim. It provides job support to well over 22,000 disabled people.

Programme providers include local authorities, voluntary organisations and Remploy, a major employer of disabled people working with over 10,000 people in supported jobs.

WORKSTEP continues to offer long term support where employees need this but the programme now also supports and encourages progression for supported employees to move out of the programme into unsupported employment where appropriate.

### **Transport**

The government is committed to providing an accessible public transport system in which disabled people will enjoy the same opportunities to travel as other members of society. It is using the powers contained in the Disability Discrimination Act 1995 (DDA) to make regulations requiring all new land based public transport vehicles to be accessible to disabled people, including wheelchair users.

The framework for the regulations has been drawn up in discussions with transport industries (both manufacturers and operators) and with the Disabled Persons Transport Advisory Committee (DPTAC), who are the statutory advisers on the transport needs of disabled people. All the proposals have been subject to wide public consultation.

The Rail Vehicle Accessibility Regulations apply from 1 January 1999 to new rail vehicles. Guidance for manufacturers and operators has also been issued.

The Public Service Vehicle Accessibility Regulations apply from 31 December 2000 to new buses and coaches with a carrying capacity of more than 22 passengers used on local and scheduled services. As for rail, guidance for manufacturers and operators has also been issued.

On 31 March 2001, regulations came into force which place a duty on licensed taxi drivers in England and Wales to carry guide, hearing and other prescribed assistance dogs in their taxis and to do so without charge.

The United Kingdom's Department for Transport is planning to consult on taking forward a number of proposals to strengthen the transport provisions of the DDA, including the lifting of the exemption for transport services in Part III of the legislation. Consultation is proposed to commence in late 2002.

### **Raising awareness and understanding**

The "See the person" and "What have you got to offer?" campaigns ran in 1999/2000 and 2000/2001 respectively to both challenge stereotypical thinking about disability and disabled people, and to raise awareness of the DDA duty of reasonable adjustment introduced for those providing services to the public.

On 23 January 2002 "Open to Change" was launched. For the first time, some of the advertisements feature examples of physical changes that service providers could make to their premises to make access by disabled people easier.

More generally, the Disability Rights Commission and Department for Work and Pensions (DWP) have met with business organisations to review what each was doing to raise awareness of the DDA looking forward to the changes which 2004 will bring. As part of the strategy for future awareness raising campaigns the DWP will exchange information with the DRC and explore the possibilities of joint working.

The European Year of Disabled People 2003 will provide a series of opportunities for the voluntary and business sectors, the DRC and government to participate in initiatives to challenge stereotypical thinking, raise awareness and to promote inclusion. The DWP has convened a National Co-ordinating Committee and a Government Steering Group to implement the project plan and to take forward planning for the Year.

Work is progressing on the Prime Minister's commitment to "mainstream disability in government advertising". This was part of the DRC's "Actions Speak Louder than Words" campaign. Guidance has been developed for Government Departments and their advertising agencies. The Minister for Disabled People launched a forum comprising Government

Heads of Publicity and the Creative Directors of the leading sub contracted advertising agencies on 18 June 2002. The Forum has met regularly to share good practice and to encourage more images of disabled people in everyday advertising.

The minister has agreed to extend the original initiative to the wider commercial sector. In October 2002, she announced the creation of two "Images of Disability" awards – The Chartered Institute of Marketing award, aimed at the marketing industry, which will be awarded for the first time in November 2003. In parallel to this, the Department for Work and Pensions is sponsoring a poster advertising category for the Design and Art Direction Student Awards 2003 to promote the New Deal for Musicians. This award will presented for the first time in June 2003. Further information about both awards is contained in [www.disability.gov.uk](http://www.disability.gov.uk)

In addition to the information above, the DWP has recently completed production of TV filler films. These are given to media companies who display them on our behalf as a public service. The theme of these films cover mental health issues and are designed to make the audience question their reaction to the characters portrayed. DWP are planning to make the films available to Human Resource Managers and other professional groups.

### **Advice for business**

Equality Direct was launched in January 2001. The telephone advice service offers business managers easy access to authoritative, joined-up and practical advice about a wide range of equality issues, including disability. Advisers help to identify practical solutions and to discuss related costs and benefits in order that managers can make an informed decision about the best approach for their business.

The service also runs a website which adopts what is called a "toolkit" approach to help users find the answers to their more straightforward questions. The service was re-launched in March 2002 by means of an advertising campaign in national and regional newspapers.



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