



**Synthesis report on disability mainstreaming in the 2008-2010 National Strategy Reports for Social Protection and Social Inclusion (NSRs)**

**Report prepared for the Academic Network of European Disability experts (ANED)**

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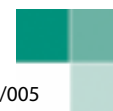
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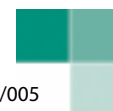
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## 1. Background to the report

The [Academic Network of European Disability experts](#) (ANED) was established by the European Commission in 2008 to provide scientific support and advice for its disability policy Unit. In particular, the activities of the Network support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

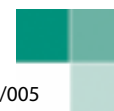
During 2008 national experts from ANED reviewed the 2006-8 [National Strategy Reports](#) and Action Plans of each country in relation to current research and implementation practice on social inclusion and social protection. Their national reviews (to be published on the [ANED website](#)) provided source material for an extensive synthesis report (also to be published in 2008). For more detailed information and evidence on each country it would therefore be useful to consult those reports. It would also be relevant to consult the ANED country and synthesis reports on employment strategy.

Subsequently, the Commission requested a rapid response analysis of the plans recently submitted by Member States in their 2008-10 [National Strategy Reports](#). ANED country experts were provided with final (or final draft) plans and asked to make evaluative comments using a structured response template (see Appendix A). The synthesis report presented here draws on those flash responses and on an independent preliminary reading of the NSR documents by the author, where possible.

Examples from 23 Member States are included in this synthesis report. Specific references cited in the text are drawn from English language versions of the MS submissions (or from personal translations of French language documents). Where original documents were not available to the author in these languages the synthesis relies on the comments and examples provided by ANED country experts. At the time of writing, English language texts were available from 17 countries and French language texts from three countries (Belgium, France, Luxembourg). The NSRs for five countries were provided only in national languages (of these, comments were not available from the country experts in Spain or Portugal at the time of writing). No NSR documents were provided for review in any language by Italy or Poland. The following Table provides an overview of the documents reviewed.

**Table 1: overview of documents available for synthesis reporting**

MS	NSR provided for review	Comments received from country expert	EN or FR text available to synthesis report author
AT	yes	yes	yes
BE	yes	no	yes
BG	yes	yes	no
CZ	yes	yes	yes
CY	yes	no	yes
DE	yes	yes	no
DK	yes	yes	yes
EE	yes	yes	yes
EL	yes	yes	no
ES	yes	no	yes
FI	yes	yes	yes
FR	yes	yes	yes
HU	yes	no	yes
IE	yes	no	yes
IT	no	no	no
LT	yes	yes	yes
LU	yes	no	yes
LV	yes	yes	yes
MT	yes	yes	yes
NL	yes	yes	no
PL	no	no	no
PT	yes	no	no
RO	yes	yes	yes
SE	yes	yes	yes
SI	yes	yes	yes
SK	yes	yes	yes
UK	yes	yes	yes



## 2. Aims and focus

The purpose of this synthesis report is to contribute a high level disability perspective to the Open Method of Co-ordination in Social Inclusion and Social Protection, and to assess how Member States have responded to the challenge of mainstreaming disability issues in their 2008 national plans.

The MS plans should be considered in the context of EU Strategy on Social Inclusion and Social Protection (and the [Common Objectives](#) of the OMC). The Lisbon Strategy emphasises the central objective to ‘increase labour supply and modernise social protection systems’. In both respects, disability is now an important dimension. Disabled people are a key target group of those remaining outside the labour force, and disability benefits have become a key feature of national labour market policies. In this context, the [Joint Report on Social Protection and Social Inclusion 2008](#) highlighted widespread reforms in the Member States ‘to reduce take-up of early exit benefits, focusing on the design of unemployment and early retirement benefits and access to disability pensions and rehabilitation’ (p9).

More specifically, the 2008 NSRs should be read in the context of the EU Disability Action Plan (including its [priorities for 2008-2009](#)) and the [Discussion Paper from the Disability High Level Group on Disability Mainstreaming in the new streamlined European Social Protection and Social Inclusion Process](#). From these documents a number of summary reference points can be identified, against which progress on disability mainstreaming in the 2008 NSRs should be to considered.

### EU Disability Action Plan priorities 2008-2009

- Full application of the Employment Directive (2000/78/EC)
- Mainstreaming disability in policies
- Accessibility for all (goods, services and infrastructures)

### Integrated Guidelines for Growth and Jobs 2008-2010

- ‘Equal opportunities and combating discrimination’
- ‘active social integration of all’
- ‘fight poverty and exclusion of those and groups who are most marginalized in society’

### Common Objectives of the OMC

- Equal access to resources, rights and services
- Fighting discrimination
- Fighting poverty
- Providing adequate and sustainable incomes
- Access to health care and long term care
- Quality of care
- Adapting care to (disabled) people’s needs and preferences
- Making care affordable and sustainable
- Strengthening the responsibilities of (disabled) people using care
- Involving (disabled) people in policy co-ordination

Also of interest are MS commitments to the new [United Nations Convention on the Rights of Persons with Disabilities](#), ratification of which would be expected during the period covered by the 2008 NSRs.

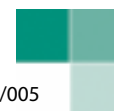
Many of the principles outlined above were clearly articulated in the [High Level Group Discussion Paper on Disability Mainstreaming](#) as guidance to MS in preparing their 2008 plans. Successful implementation of this guidance should be demonstrated by evidence in the 2008 NSRs that:



- Disabled people are ‘taken into account in the design and implementation of all policies and measures’
- ‘...action for [disabled] people is not limited to those policies and measures which specifically address their needs’
- ‘greater emphasis is to be given to data and indicators describing the situation of disabled people...’

In conclusion, and using the Discussion Paper as a guide, it is relevant to look for evidence in the 2008 NSRs of:

- Non-discrimination and accessibility principles
- A social model of disability
- Links with National Reform Programmes and Social Services of General Interest
- The EU Charter of Fundamental Rights and the UN Convention
- Recognition of disabled women, older disabled people, ethnic minorities
- Increased labour market participation
- Disability benefits as a path out of employment
- Decent incomes
- Access to housing, transport and health services etc.
- Education, training and lifelong learning
- De-institutionalisation
- Assistance to families that include disabled people
- Regional, local, national disability action plans
- Disability strategy integrated in relevant policy fields
- Use of the European Social Fund
- Dialogue with relevant actors (including disabled people)
- Specified indicators (and examples)



### **3. Mainstreaming disability in policies**

#### **3.1 The visibility of disability issues in the 2008 NSRs**

At the most basic level, successful mainstreaming of disability issues should be demonstrated by an increasing visibility and prominence for the situation and needs of disabled people in the NSRs of the Member States.

A preliminary content analysis of the 2008 NSR texts shows wide diversity in the references made to disability and disabled people. For example, the Finland report contains more than 160 direct references to disability or disabled people in the text (and there are more than 100 references in the reports of Slovenia, Lithuania, UK and Ireland) but only 32 in the Sweden report. There are some 60 text references to handicap or handicapped persons in the French report but only 11 in the Luxembourg report (although there are also around 50 references to incapacity for work or 'invalidité' here). The number of references to handicap in the Danish NSR is half that of the previous NSR in 2006. In some of the NSRs (e.g. Czech Republic) it is encouraging that the number of references to disabled people is now equivalent with references to women. However, no major conclusions should be drawn from such superficial analysis, especially in translation. A closer reading reveals substantial differences in the prominence given to disability compared with other dimensions of exclusion.

There is some inconsistency in authorship across different sections within individual reports (e.g. with more social model language used in the social inclusion narratives and more medical model language used in some of the health, care or pensions sections). There are also, inevitably, some national peculiarities in conceptualising disability. For example, the 'lifecycle approach' of the Irish report is slightly problematic in collapsing 'older people and people with disabilities' into one category (does this mean that disabled people are not included in the categories of 'children' and 'people of working age?').

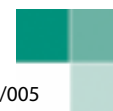
There is evidence of some improvement and harmonisation in the type of terminology used to describe disability. In English language translations terms such as 'handicap' are almost eradicated (but do occur twice in the Romanian report) and references to 'disabled people' or 'people with disabilities' are generally used in ways that convey a more social model or rights-based construction (it would be preferable to avoid 'the disabled', used in translation from Lithuanian, or 'bedridden', used in the Malta report for example). There appears to be less clarity of distinction between social concepts of disability and individual-medical concepts of incapacity or invalidity in the French language texts (although this type of language often reflects concerns about state expenditure on specific 'incapacity' or 'invalidity' benefits in both English and French texts). It may be useful for the Commission to review its guidance on disability concepts, terminology and translation.

#### **3.2 Topics and priorities**

The 2008 NSRs give some cause for encouragement but also raise concerns about the extent to which disability can be effectively 'mainstreamed' within the streamlined reporting process of the OMC. Preliminary readings by ANED country experts indicate that disabled people have often been referred to in different sections of the reports, and for some countries this improved since 2006. But, they are often not well integrated in significant areas and, more significantly, there is relatively little evidence of systematic and strategic methodologies for doing this. Disability has been mainstreamed in markedly different ways.

For example, the Maltese report commits, that through a 'a truly multidimensional approach, the 2008-2010 NAP Inclusion aims to...mainstream gender and disability issues throughout' but includes no mention at all of disabled people in the first section of the document (i.e. disabled people remain 'invisible citizens' in describing the general situation in section 1.1).



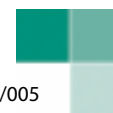


The same is true of the Belgian and Cyprus reports, where gender is included in describing the general situation but disability is not (and in the Cyprus report is not mentioned in the section on 'Mainstreaming social inclusion in public policies'). Achieving equivalence to gender mainstreaming in the OMC therefore remains a significant challenge. For example, the Netherlands plan to improve gender mainstreaming by strengthening the Minister of Emancipation's role in stimulating and supporting gender sensitive policy development (a similar role could be envisaged for disability mainstreaming). Germany's 2006 NSR included a chapter entitled 'Eradicating Discrimination and Strengthening Integration of Disabled People'. In the 2008-2010 NSR there is no special chapter and discussion of disability is predominantly in relation to employment programmes.

By contrast, disabled people are visible and well integrated in all main sections of the Slovenia report. Some countries have adopted a 'mainstreaming' approach throughout (by inserting passing references to disability in relation to generic issues) while others have devoted substantial sub-sections to highlight disability issues. By way of illustration, the Finnish report includes a short summary section, a sub-section on disability and pensions, a substantial section under long-term care, and a section on disability and informal/family care. The Irish report makes references to disability policies and priorities in the main sections with more detailed information on disability strategies provided in the appendices (although disability is not highlighted in the employment section). The Swedish report recognises that disability is 'sector transcending' and requires a mainstreaming approach but, in practice, disability has been inserted only as a series of small references in the main sections of the document. In one sense it is 'mainstreamed' (because it is mentioned in the general sections) but there is a lack of detail, evidence or specific government commitments to disabled people.

There is evidence that disability has been increasingly acknowledged in the priorities of some Member States (although not always in implementation or monitoring as noted earlier). The key priorities where disability is identified relate to employment activation and the control of state expenditure on disability (work incapacity) benefits and pensions. This is particularly evident for example in Hungary, Ireland, Romania or the UK. This focus is unsurprising and likely to increase in a period of significant economic downturn and fiscal pressure on public expenditure. In some other countries, like Malta, the disability focus is not mainstreamed in priorities for active inclusion in the labour market but included in more general priorities for 'promoting equal opportunity'. Similarly, the Swedish NSR omits disabled people in all its priorities except that for 'groups in particularly vulnerable situations'. Some ANED country experts have argued for inclusion of a 'special objective on disability policy' although such a proposal might not fit the methodology of the OMC and would need to be discussed in the context of mainstreaming.

Overall, there are references to disability in a wide variety of topic areas relevant to social inclusion and social protection (housing, transport, health care, employment, education, social care, e-inclusion, poverty, sport, cultural sites, tourism, public awareness, etc.). However, we conclude, from preliminary analysis, that significant work is required to achieve effective and strategic mainstreaming of disability issues in national policy development (and its reporting via the OMC). Disabled people are often 'included' in (a) passing reference to 'vulnerable groups', or (b) broad statements of intent and strategy but there is often an absence of mainstreaming in defining specific targets or practical implementation measures. As one ANED country expert puts it, disability appears but 'melts away'. The major challenges are how to operationalise disability mainstreaming in practical implementation, and how to identify criteria and benchmarking for monitoring progress.



## 4. Strategy and co-ordination of disability policies

There is some cause for optimism about the general direction of disability policy making in the Member States. There is also some evidence of growing political commitment to social model principles (as discussed in section 3 above). For example, the Romanian report emphasises that 'There shall be focus on moving from a medical approach of disabled people onto a social approach based on universally acknowledged principles, namely participation, dignity, accessibility, quality' (p24). However, such commitments are not always well integrated and significant conflicts remain between traditional and social model approaches.

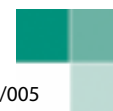
More generally, there is a delicate balance for policy makers in established welfare states between concepts of disability compensation and equal rights (e.g. in France or Germany). In this context, adequate compensation is more likely to be constructed as a matter of disability rights than in liberal welfare states (such as the UK). The latter have been drawn more strongly towards the rights-based aspects of EU and UN disability policy but with strategic objectives to reduce disability compensation policies (particularly in restricting eligibility to disability pensions for working age people). Although the Lisbon strategy encourages Member States to pay equal attention to economic growth and social cohesion it is clear that employment activation has achieved a higher strategic profile in disability policy than the structural accessibility measures required to facilitate real opportunities for disabled people.

### 4.1 Models of policy co-ordination and consultation

Such tensions and conflicts continue to impact on the coherence and consistency of national disability strategies (and are evident in the NSRs). In some countries there is evidence of increased national co-ordination and strategic purpose in disability policy development, while in others the approach appears more fragmentary (sometimes contradictory). Broad strategic statements of intent are unlikely to be translated into practice without effective mechanisms of co-ordination and monitoring.

In Finland, for example, there is a clear commitment to mainstreaming so that 'primary services meet the needs of disabled people as far as possible' with a promise of significant legislation in 2009-10 to 'guarantee equality for people with disabilities' and a 'special disability policy programme' (and additional funding for disability services). In this strategic approach, co-ordination is planned by combining the Services and Assistance for the Disabled Act and the Act on Special Care for Mentally Handicapped. However, there are concerns that the burden of implementation is likely to fall on civil society organisations. In Greece, the overall strategic intent is also very positive as a road map (with acknowledgement of citizenship and social perspectives on disability) but little progress is reported and the intervention lines are predominantly within service administration, organization and staff training. Thus, it is essential to monitor the connections in Member States between strategic policy commitments and practical implementation.

Some of the 2008 NSRs place strategic emphasis only on limited responses, creating more places for disabled people in specialist services and facilities (including institutions) and investing in the training of specialist professionals. For example, the Cyprus strategy appears to be one of 'services' and 'care' rather than rights and accessibility, while the overall approach to disability in the Belgian NSR does not seem to extend beyond an offer of 'long-term care that is more diversified, more appropriate and better coordinated'. In this way, the existence of a national strategy approach cannot, on its own, guarantee consistent and co-ordinated implementation. Bulgaria's new Strategy on Providing for Equal Opportunities for Disabled People 2008–2015 is mentioned in the NSR, although detail appears to be copied from the previous period. There is also no real mention in the Bulgarian strategy for health and long term care in relation to disabilities, which is surprising.



Lithuania's National Programme for Social Integration of the Disabled 2003-2012 provides a strategic framework in which specific programmes can be developed (such as the Programme for Adjusting Dwelling to the Disabled 2007-2012). The holistic approach includes commitments to accessibility of physical environments, information and cultural activities alongside the development of social services and rehabilitation. However, in practice there is inconsistency of application to different policy areas, including the State's own admission that: 'The country is dominated by the medical rehabilitation model with less prominent development of professional and social rehabilitation areas, thus the consistent process of rehabilitation of the disabled is not ensured' (p11). In this context, problems of discrimination may often be inadequately addressed by developments in rehabilitation and social enterprise.

There is evidence of a stronger mechanism for strategic policy development in Ireland, and commitments to new national strategies on employment and housing for example. Such proposals are clearly articulated within the context of a long-term and co-ordinated National Disability Strategy (including a cross-cutting government Office for Disability and Mental Health, analogous to the new Office for Disability Issues in the UK). The Irish Disability Act 2005 also requires key Government departments to consult with disabled people before publishing their Sectoral Plans.

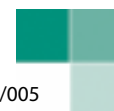
There have been some similar co-ordination developments amongst the newer Member States. In Hungary, the new National Disability Programme and Government action plan for 2007-2010, includes actions on education, housing, health care, employment, social benefits, transport, physical accessibility, communication and rehabilitation. There is also evidence of stakeholder consultation with disabled people (via the Council of People with Disabilities). In Romania, there is a National Strategy for disabled people for 2006-2013 and co-ordination responsibility with the National Authority for Disabled Persons. In the Czech Republic there is a National Plan for the Support and Integration of Citizens with Disabilities 2006-2009, but this is referred to only once in the NSR. Slovakia adopted its National Disability Action Plan in 2006 and has now established a new national Council for People with Disabilities to advise Government on actions to implement and monitor the UN Convention, including representation from disabled people and the EU Disability High Level Group, chaired by the Deputy Prime Minister. Variations on these models (including national disability strategies and high level, cross-sector co-ordinating bodies) could be usefully developed in Member States where policy co-ordination is less evident.

## 4.2 The influence of EU and international policies

In the context of the OMC it is important to consider national policy developments in relation to relevant European and international frameworks. In particular, the Commission will wish to consider the national impact of strategic priorities in the EU Disability Action Plan (DAP) and the UN Convention.

In general terms, there is little evidence in the 2008 NSRs of systematic engagement with the DAP, although several countries are acting in areas consistent with its priorities. The predominant focus on connections between disability and employment (and work-related welfare benefits) is clearly influenced by the Lisbon agenda and to a lesser extent by EU non-discrimination law. There appears to be no direct reference to implementation of the Directive in any of the NSR documents reviewed (to date). It is also relevant to note that full implementation of the Directive is not yet achieved in all countries (e.g. in Greece where government is still consulting on extension of equal treatment to both public and private sector employment).

There is little evidence that EU disability policies are significantly influencing the development of disability policy in EU15 countries (beyond compliance with EU law and strengthening national non-discrimination law). For example, national policies in the Netherlands or Belgium do not reference EU policies or the attention given to disability as an area of concern in employment and social inclusion policies by the European Commission. Without direct reference it is difficult to establish causal links between EU and national policy developments.



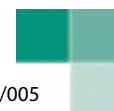
An exception here is perhaps Germany, where there is more evidence of a substantial shift towards a more rights-based approach to disability, plus an increase in employment activation measures (compared to traditional welfarist approaches). However, it is worth noting that this shift has been somewhat slow, since non-discrimination legislation in response to Directive 2000/78/EU was not presented until 2006.

As discussed in section 3 there is also little evidence that the High Level Group guidance on disability mainstreaming has been systematically followed in preparing the 2008 NSRs. There is more evidence that developments in EU policy have influenced strategic development in some of the new member states from 2005 (particularly in employment policy) but the DAP has been less influential. National policy documents and disability strategies in countries such as Romania do make explicit reference to EU disability policies (but there may be less evidence of EU influence in Bulgaria). Slovenia's Presidency was also a significant factor and the National Disability Action Plan and Active Employment Policy were partially inspired by EU policies (although initiated by Government responses to claims from civil society).

There is evidence that co-ordinating actions and broader OMC activities do have some influence. These include not only EU policies but use of European networks, structural funds and other initiatives such as EQUAL, influencing both government agencies and civil society organisations to innovate in practices and make real changes. In addition, other area networks such as Nordic disability networks and projects (including non-member states Norway and Iceland) provide important forums for lesson learning between countries.

The availability of EU structural funds (particularly the European Social Fund) appears to have a significant influence on development of implementation of pilot projects policies (e.g. subsidised work in Latvia, job market integration in the German Länder, etc.). However, there are some concerns about consistency and focus in the allocation of these funds. Cyprus plan to use ESF co-financing to develop a new system of 'Evaluating Disability and Functionality' where the outcome is likely to be a tightening of eligibility to disability benefits for working age disabled people. In Romania investment from the PHARE project 'Supporting the reform of the system for disabled persons protection' created 78 new services. But it is not clear that the outcomes of this EU investment are consistent with the priorities of the DAP (i.e. the investment is focused on centre-based specialist services, rather than structural accessibility, including the building of 45 new residential homes for disabled people). However, positive developments do also include the use of European quality standards for social services. Some review of consistency between criteria for structural fund allocations and the DAP would be useful.

The UN Convention is clearly a highly significant development for national policy development, yet it is referred to by only a few of the Member States in their 2008 NSRs and has not been integrated into national plans. For example, Ireland makes passing reference to the Convention but only in the section on health (and with no stated commitment to ratify). Similarly, Lithuania notes only that the Ministry of Health 'participates in the process of ratification'. Explicit statements of intention to ratify the Convention (e.g. Malta, Slovakia) are very welcome but lack specific timescales (with the exception of the UK's commitment to 'ratify the Convention by the end of 2008'). It is surprising that Spain and Austria's ratification of the Convention or Optional Protocol is not mentioned in the 2008 NSRs. Slovenia's ratification during 2008 is noted but is not yet used to structure a strategic approach to social inclusion and social protection. The Convention provides an opportunity to develop and harmonise MS policies on social inclusion and social protection that has not been exploited in the OMC reporting.



## 5 Increasing labour supply

The strong influence of the Lisbon agenda and the focus on disability as an employment-welfare issue dominates the policy debate. Where disability appears as a strategic priority for Member States it is predominantly as an employment activation (and benefit reduction) issue. Yet, despite this priority focus, the analysis of disabled people's labour market position is not well developed in the NSRs (see also section 9 later). It is also noticeable that disability is not addressed as a significant employment issue at all in a minority of cases (e.g. Czech Republic). In other cases disabled people are mentioned briefly as potential labour market participants but then not elaborated (e.g. Denmark).

Some countries do give figures for employment rates amongst disabled people (e.g. Austria, Belgium, Lithuania, UK) but these are rarely disaggregated by gender or age. Other countries are not able to clearly separate employment figures for disabled people (e.g. Greece). There is also evidence of a substantial mis-representation (or misunderstanding) by Member States of the true labour market situation. In particular, there are several examples of statistics quoted on the employment/unemployment of disabled people that either incorrect (open to question?) or overlook substantial groups of disabled people who are economically 'inactive' or 'not available for work'. Such categories are essential to consider in any comparative implementation analysis.

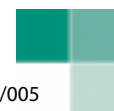
For example, in our view the NSR documents for Bulgaria, Latvia, Lithuania, Netherlands, UK and Sweden present a much more positive picture than is the reality. Thus, we believe that the real situation in the Netherlands is that unemployment for people with physical impairments actually increased from 2002 to 2007 and that figures for persons with intellectual and psychiatric impairments are not available. In the UK, official low 'unemployment' rates are matched by high rates of 'inactivity' for disabled people. The rate of improvement in 'unemployment' is actually below the EU15 average and 2.4 million disabled people were out of work and receiving state welfare benefits. Half of disabled people are economically inactive but a third (1.3 million) would like to work. Disabled people with 'mental health problems' have the lowest employment rates (c21%). In Latvia, the unemployment rate cited (6.4%) appears to be based only on disabled people registered with the State Employment Service. In Bulgaria, the reported decrease of 31.6% in unemployment is also misleading for similar reasons (disability pensioners are often turned down by the Employment Agency offices when they apply for registration). In Sweden, despite a boom in the labour market, and a decrease in the unemployment rate of non-disabled people, there has been an increase of unemployment among disabled people.

### 5.1 Labour market activation and disabled people

The separation of disabled people into those who's labour can, and cannot, be exploited in the market has underpinned traditional employment and welfare policies. Increasing employment participation for disadvantaged groups features as a common priority. There is also some evidence that this binary distinction is being challenged or broken down, towards the inclusion of all those who can be activated to participate, fully or partially (see discussion of flexicurity later). At the same time, there are concerns from experts that many activation measures address disabled people at the margins of the labour market who are the most easily included (e.g. Czech Republic). For example, in Estonia unemployment amongst disabled people has reduced in recent years but not among those who have been unemployed long-term. There is some evidence of an administrative categorisation emerging between two groups of disabled people (those deemed work-able or work-unable) and different policy responses to each group (e.g. in Denmark or the UK perhaps).

The NSRs do indicate a wide diversity of employment activation and facilitation policies, ranging from accessibility modifications to the workplace, personal assistance at work, supported employment, sheltered employment, social firms, occupational training and rehabilitation, self-employment schemes.





While some countries (like the UK and Hungary) have moved towards employment rights rather than quota systems, others (like Cyprus) are introducing new quotas. France has seen increased employment through 'Strengthening financial penalties for failure to comply' with their quota. Germany's long-standing reliance on quota systems has been complimented by the implementation of the federal activation programme 'jobs-jobs without barriers'. There is little consensus or harmonisation evident in these diverse approaches.

The responses of some countries point towards continuing investments in segregated employment solutions (e.g. Romanian proposals for direct provision of jobs in 'assisted workshops', although these are to be 'salary-based' rather than 'therapeutic', and intended as 'genuine transition opportunities' for 'the normal labour market'). The substantial use of low paid sheltered workshops in Germany is not addressed in the NSR, yet for most people with intellectual impairments it is the only work option. There are complications in countries, like the Czech Republic, where data does not clearly distinguish between employment and unpaid vocational therapy (e.g. where people with more severe impairments, and especially people with intellectual impairments, are 'employed' in workplaces focused on rehabilitation rather than income generation).

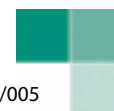
Several countries place much more emphasis on investment in recruiting and (re)training professionals for vocational rehabilitation, or investment in specific activation projects, rather than investments in workplace accessibility/flexibility. Past interventions have also been unequally available to different groups of disabled people (e.g. Lithuania notes that certain groups have been disadvantaged by lack of access to rehabilitation services (specifically, people with sensory impairments). Problems are identified with the Czech vocational rehabilitation scheme but there no actions to change this are included.

Barriers to employment are, however, very much under-emphasised in the 2008 NSRs (e.g. the attitudes of employers are mentioned only by Finland and accessibility by very few). The Estonian report suggests that the main barrier is the low motivation of disabled people themselves (according to Disabled Persons Survey carried out by Ministry of Social Affairs). There is substantial lack of synergy between different strands of social inclusion policy – significantly in our view between employment activation policies and policies for accessible education, transport, housing, information technologies and personal assistance. The need for a holistic (individualised but structural) approach is articulated in the Belgian NSR as follows: 'To ensure diversity... the route into the labour market must take into account the situation and needs of individuals to integrate... For the most vulnerable, an individual approach is motivating. If necessary, it must find ways to deal in advance with the general improvement of their situation.' (2.3.1)

## 5.2 Early retirement and disability benefits

The link between labour market participation and concern about 'disability benefits as a path out of employment' remains a very prominent theme in the 2008 NSRs (as identified in the High Level Group Discussion Paper on Mainstreaming). It is mentioned by almost all countries and for some has become a major policy priority (e.g. Luxembourg, Romania, UK, Malta, Hungary, Netherlands, Romania, Slovenia). For example, in Luxembourg it is now a specific policy objective to 'Reduce withdrawal from the labour market due to work disability'. In their NSRs the states have given more prominence to the number of people leaving the workforce on disability benefits than to the number of disabled people unemployed or living in poverty for example.

As noted earlier, this preoccupation has begun to dominate the discussion of disability employment policy and has become more focused on the fiscal interests of the state than on the inclusion of disabled people as a social objective. Disability pensions were commonly used in the past to facilitate early exit from the labour force, both in Western welfare states (during periods of high unemployment) and in the former Soviet states. In both cases, there has been a very substantial reversal of such policies and active attention to removing claimants from such benefits where possible (although this is not really evident in Bulgaria).



Additionally, there is now a clearer separation of working age ‘disability’ pensions from ‘old age’ pensions (e.g. reforms in Estonia etc.). This turn around appears to be motivated primarily by concerns with welfare state expenditure (concerns that will quickly escalate in a period of economic downturn). There must also be some concern that future economic recession and higher unemployment might revive the use of disability benefits to control labour supply (although momentum in the opposite direction appears strong for the moment).

There is a growing focus amongst Member States on substantial investments in more detailed functional assessments of work capacity for disability/incapacity benefit entitlement (including a growing emphasis on more medical assessments). However, as articulated in OECD opinion to Luxembourg, measures to assess and address work incapacity have sometimes achieved little more than the creation of a new category of ‘unemployed disabled people’ rather than a significant return to employment. Moreover, restrictive eligibility measures may also have a disincentive impact on people who have already obtained disability status, making them more reluctant to re-engage into employment.

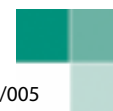
### 5.3 Flexicurity

Flexicurity has become a more prominent feature of current thinking on activation and equal rights in employment, yet there are few explicit discussions of disability in relation to this concept in the 2008 NSRs. Flexible work time arrangements in particular offer considerable potential to create accessibility and security for many disabled people in the open labour market (including those with fluctuating long term illness, mental health conditions, etc.). Such flexibility has been recognised by states as a need for (women) ‘carers’ of disabled people in order to allow their entry to the labour market (e.g. as in Romania) but less so for disabled people themselves. For example, in Spain Law 3/2007 allowed for ‘reduction of the working day for the care of minors or people with disabilities’ and also for ‘increasing maternity by two weeks in the case of the birth or adoption of a disabled child’. The UK will now provide parents of disabled children with ‘the right to request flexible working’.

Belgium identifies the importance of an individual approach to labour market integration and cites the example of a ‘progressive employment’ scheme in the public health care sector. In Sweden, the government has made part- or short term employment support easier for younger workers (aged 19-29) and sickness benefits more regularly assessed (for people aged 30-64). By contrast, there has been concern in Spain about the ‘high rate of temporary employment’ amongst disabled people. Incentives have been introduced to encourage employers offering more secure employment contracts (e.g. permanent recruitment of a disabled person may be rewarded with reductions in the employer’s social security contributions). Reimbursement of employers’ costs is also evident in Estonia (up to 50%) and Bulgaria (for contracts of 24 and 36 months).

Finland notes the introduction of a more flexible ‘partial sickness’ allowance (introduced at the beginning of 2007) to facilitate easier to return to work. Such concepts have also been reviewed by the OECD in recent years. In Estonia, greater flexibility to address a lack of part-time working options is introduced in the 2008 Labour Act (the NSR notes that 60% of disabled persons would like to work part-time). The Belgian Annex notes a ‘system of “progressive employment” in the health care sector’. Austria is perhaps notable in identifying a specific programme under the title ‘Disability Flexicurity’ (this is a not-for-profit ‘staff leasing’ service intended to ‘encourage employers to hire people with disabilities and test their achievement potential’).

Although flexible solutions and individualised packages of support contribute to aspects of increased ‘flexicurity’ they also raise concerns about a pervasive individualisation of the problem of disabled people’s labour market exclusion. That is, the increasing focus on restrictive benefits, functional assessment and personalised support is unlikely to have significant and sustainable impact unless it is accompanied by wider structural investment and legal protection.



## 6. Poverty and incomes

It has been well documented internationally that disabled people remain persistently amongst the poorest of the poor in both developed and under-developed countries. In line with the principles of disability mainstreaming it is important for policy makers to actively engage with this fact. It is therefore important that disabled people are made visible in national discussions of poverty and incomes, and that appropriate interventions are targeted to ensure adequate and sustainable incomes.

### 6.1 Analysis of disabled people's poverty

The 2008 NSRs present a very mixed picture in this respect. It is of considerable concern that disabled people remain invisible in discussion of social inequality, exclusion and poverty in some countries (e.g. Finland, Slovakia, Sweden). Disabled people are recognised amongst the groups most at risk of poverty in several countries (e.g. Austria, Czech Republic, France, Ireland, Slovenia, ) and included in some Priority objectives on poverty reduction. However, quantitative evidence of poverty differentials for disabled people are rarely presented (or inadequately disaggregated from the general population). Unemployment is viewed as the key explanatory factor for disabled people's poverty (although this could be more accurately characterised as economic inactivity). For example, Austria notes that 'The monetary poverty risk of persons of working age with strong health impairments falls from 42% to 10% if the disabled person is working' (p4).

Tackling childhood poverty was a specific concern of the Joint Report on Social Protection and Social Inclusion 2008. However, there is still relatively little attention to the disability dimension of child poverty. This issue is highlighted in some countries (such as the UK, Sweden, Slovakia) but disability is not well mainstreamed in analysis or proposals. Disabled children are identified as a specific focus for inclusion in some countries but without explicit reference to poverty (e.g. new services and protection in Romania, child care in Luxembourg, national strategic focus in Ireland and Austria). There is scope for a clearer focus by the Member States on connections between childhood poverty and child or adult disability, and the contribution that measures on disability inclusion can make to this. At the same time, there is scope for much more attention to the connection between old age, disability and poverty in future NSRs.

### 6.2 Fighting poverty

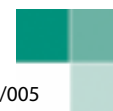
The lack of systematic identification of disabled people in describing poverty leads to a lack of specificity in the NSRs about how to address the problem. There is occasional recognition of the additional costs of impairment (with financial assistance to subsidise transport, housing or the purchase technical aids and equipment, wheelchairs). Recent increases in disability benefit or pension rates are noted in some countries (Greece, France, Latvia, Lithuania, Malta). However, benefit rises should be put in context. For example, in Latvia rises in social security for people disabled since childhood from 50 LVL to 75 LVL per month should be seen in the context of a minimum wage LVL 180. The recent high profile public debates about disability benefit levels in France are not evident in the French NSR.

The most significant tensions is between, on the one hand, the maintenance of adequate incomes from disability benefits and, on the other hand, priority objectives to reduce eligibility to such benefits for those of working age (e.g. Hungary, UK). In this sense, the employment activation focus adopted from the Lisbon agenda, and the economic imperatives facing Member States in a period of economic downturn, result in a focus on disability incomes that is dominated by concerns to reduce state expenditure and incentivise employment. Resolving these tensions will be a significant challenge. For example, radical reforms in the UK in 2008 will create a single employment focused benefits system for all working age people (disabled and non-disabled). Slovakia is perhaps unique in suggesting that a 'relaxation of the conditions for claiming an invalidity pension is also proposed' (p11).





Slovakia is also developing a more holistic approach with a new Act on 'financial allowances for compensation of severe disability' in 2009 (including finance for aids and equipment, building works, personal assistance as well as individual allowances).



## 7. Accessibility of goods, services and infrastructures

Accessibility is a key feature of the Disability Action Plan, cutting across a wide range of policy domains relevant to social inclusion and social protection. A number of these specific areas are addressed in separate sub-sections below. Noting the earlier discussion of mainstreaming methodologies it is evident that there is a considerable lack of detailed consideration for accessibility in the preparation of the NSRs (for example, there are numerous discussions or proposals for inclusion housing, transport, e-inclusion, education, and so on that make no reference to disabled people).

Disabled people are included in the Cypriot National Strategy for Electronic Inclusion. Malta focuses on 'improving the enforcement of regulations safeguarding the accessibility to commercial and public premises (including 'blue flag' status beaches and public conveniences) and public transport' (pp29-30). In Spain, health and care services will be required to provide 'information about the accessibility of the centre or service, etc. for people with disabilities'. In the Czech NSR accessibility of health services is also recognised, including training professionals to communicate with disabled people (but this is not applied to other types of public service).

There are examples of generalised commitment, as in the Finnish report: 'The objective of Prime Minister Matti Vanhanen's second cabinet is an accessible society that offers equal opportunities to all' (p83). In Sweden, there is a promise to 'speed up' developments on accessibility and make 'a concerted effort'. An expert group has been appointed and the Government 'intends to decide' on a 2008-10 strategy for increased accessibility in collaboration with the Swedish Association of Local Authorities and Regions in 2008. 'The focus in the strategy is on issues concerned with accessible public transport, clearing easily remedied obstacles in the physical environment and work on accessible public administration'. Yet there is little substantive detail beyond this intention.

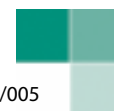
However, there are examples of good practice and mainstreaming. Hungary makes direct reference to accessibility and a clearer commitment than most other countries (in line with EU Disability Action Plan priorities):

'Between 2007 and 2013 substantial ESF and ERDF funds will be spent on accelerating the physical and info-communicational accessibility required to the social and labour market integration of disabled people. Within the framework of tenders a significant part of public institutions maintained by the government and the municipalities will be made physically accessible, and the methodological and professional background promoting accessibility, including training of engineers will also be established'. (p24)

One difficulty, as illustrated in the sections below, is that the term 'accessibility' has often been interpreted as eligibility for services, or the affordability of service access, rather than accessibility as discussed in the EU Disability Action Plan. In addition, there is a tendency to emphasise individual rights and responsibilities to work rather than the structural access required to enable this to happen. Three areas are chosen here for illustration.

### 7.1 Housing

Appropriate, accessible and affordable housing for disabled people is a pre-requisite for successful independent living outcomes, and has been consistently cited by independent living movements in Europe and North America as one of their fundamental needs since the 1970s. It also underpins successful mobility of disabled workers, and strategies for de-institutionalisation. Access to housing for disabled people was acknowledged in at least 9 of the NSRs (Sweden, Malta, Slovakia, Ireland, Lithuania, Belgium, France, Finland, UK).



However, the housing situation of disabled people was rarely acknowledged in describing the general situation of social inclusion and poverty. For example, in Denmark well-known questions about the lack of housing for young people with intellectual impairments (and reported scandals in institutions) are not reported although they have not been resolved. By way of example, the Swedish NSR identifies discrimination in the housing market (pp17-18) in terms of ethnicity but disability is not mainstreamed at this point (although there is reference to action on 'special support for groups with special needs' at the end of the report). However, at a separate point there is acknowledgement that, 'It has become increasingly clear that people with mental illness are at increased risk of suffering both abuse and homelessness (p29). Belgium recognises that 'sick and disabled tenants are overrepresented in poor housing' but in other countries, where inequalities in housing are discussed, disabled people are not mentioned. Housing for vulnerable groups was set as an indicator in the Slovenia 2006 NSR, but no data or progress is reported in 2008.

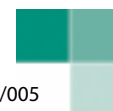
Several countries, like Finland, include plans or proposals in relation to specialist housing services for disabled people (such as institutions or staffed community homes) but make no reference to supporting accessibility in the open housing market (e.g. Finland). Slovakia refers to 'support tools for housing development' which include disability mainstreaming in subsidies for affordable rented housing (p22). France recognises that both housing markets or sectors exist - 'Besides conventional social housing other forms of housing will be developed adapted in response to needs of specific groups' – but tangible proposals are less clear. Lithuania commits that 'A network of social accommodation will be developed and measures for adjusting accommodation to the disabled persons will be implemented' (p34).

Malta addresses accessibility of private housing more explicitly with the following example: 'In July 2007 the Housing Authority extended the assistance offered to persons with disabilities through a scheme whereby persons with disabilities, or families with a disabled member living with them, can apply for assistance for adaptation works, including general alterations and the installation of stair lifts and lifts' (p93). Cyprus gives the following example: 'The Scheme for the Reinforcement of Families for the Care of their Elderly and/or Disabled Members...addition of rooms and/or equipment and/or redesigning of areas) so that the need for institutionalisation will be avoided. The upper limit of the lump sum provision is €12,000. In the three year period 2005-2007, 41 cases benefitted with the total sum of €290,406'. Ireland promises 'A National Housing Strategy for people with a disability will be developed by 2009' and notes that 'In July 2007 a protocol was drawn up between the Department of Health and Children and the Local Authorities to govern arrangements in relation to housing needs'.

## 7.2 Transport

The issue of mobility and transport for disabled people has gained significant priority in recent EU policy making (e.g. in regulating accessibility and non-discrimination in public transport by land, sea and air). However, these developments have not yet achieved the same profile in the NSR documents. Access to transport was mentioned by at least 10 Member States (Luxembourg, Austria, Ireland, Sweden, Cyprus, UK, Greece, Slovenia, Lithuania, Bulgaria) although, by implication, it was omitted by the large majority. In addition, the issues were not necessarily addressed according to EU disability policy frameworks.

For example, in some countries, the 'accessibility' of transport for disadvantaged groups has been viewed primarily as a poverty issue (i.e. rather than 'accessibility' as defined in the terms of the EU Disability Action Plan). It has also been addressed in this way in some of the NSRs. For example, Cyprus refers only to 'financial assistance to persons with disabilities for the purchase of a car' and 'privileged parking' (there is no mention of access to public transport here). A similar subsidy, previously offered in Greece as a 'fuel benefit' only to disabled people owning a car, has now been made available to all disabled people with severe mobility problems (80% in lower limbs). The UK NSR makes reference to free off-peak travel concessions on public transport. In Austria, the 'Mobility Card' (Mobilpass) was introduced for all recipients of social assistance and benefit equalisation for minimum pensions in Vienna.



In Ireland, accessibility of transport for 'older people and other vulnerable groups' is acknowledged as an issue, addressed by a new Rural Transport Programme (but again without reference to universal accessibility by design). Similarly, Sweden addresses the problem only with reference to compensatory schemes – 'The municipality offers a mobility service for those who, due to disabilities, are unable to travel on public transport (p39). Luxembourg draws more explicitly on EU developments and policy (including the Disability High Level Group Discussion Paper of October 2007) recognising the 'general link between inclusion and mobility'. However, very few countries highlight specific accessibility responses to this problem. Amongst these, Slovakia commits to 'create appropriate conditions for access to public transport (create barrier-free entrances, adjustment of platforms...)' etc. with a 'Target to have accessible transport fleet by 2015' (p36). In Austria, 'Public transport operators were also required to prepare a plan for removing barriers to their facilities, equipment and means of public transport' (pp39-40). There is a proposal in the UK report to monitor the number of trains and buses with access for disabled people, and to adapt public transport vehicles in Lithuania.

### 7.3 Education and lifelong learning

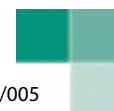
The connection between educational and social exclusion, especially labour market exclusion, emerges as a major theme for development in our analyses of the 2008 NSRs. This theme was highlighted in preliminary analysis by the ANED country experts in at least 14 countries as either underplayed or missing from the NRS texts. In few countries is disabled people's risk of exclusion from education specifically identified, or related to consequent labour market risk. For example, Finland acknowledges that 'the risk of disabled persons having a low level of education is great' but there is not clear identified action to address this. The previous (2006) Lithuania NSR included as a priority 'to diminish shortcomings in education and teaching' but this is not developed in relation to disability in 2008. Germany's new commitment to

raise educational opportunities for all (referencing gender, ethnicity and disability) is also worthy of development. ANED's Greek experts identify concern at the lack of reference to education amongst the strategic priorities anticipated from the 2006 report, beyond asserting that new legislation makes special education compulsory for disabled children (in reality, mainstream education is still not a first option under the new law). There is only passing reference to 'integration in the ordinary schooling system' from Slovakia, etc.

France draws attention to 'the priority assigned to the regular education environment' and the impact of equal rights legislation in assuring that this 'becomes a right guaranteed'. Austria is unusual in giving a high profile to school education in the social inclusion plan, noting a fall in the number of pupils in special schools, an increase in the number supported in mainstream, and formulating a specific objective relating to 'More Educational Opportunities for Children with Disabilities' (involving pedagogical support, for quality standards, more flexible allocation of resources, staff training). Yet, in the Netherlands, waiting lists for special primary and secondary education continue to rise.

Lifelong learning is important in developing a mobile labour force for high skills knowledge economies. Austria again notes that disabled people are often under-qualified in the labour market and proposes, 'Based on the concept of lifelong learning, an increasing number of training measures for older people with disabilities is offered' (p29). There are isolated examples or progress in lifelong learning from other countries (such as Lithuania and Slovakia) but, in general, disabled people's labour market skills are more likely to be addressed by Member States in terms of special vocational rehabilitation programmes than by tackling access to lifelong learning in the mainstream.

In terms of higher education and support for the inclusion of disabled students in Universities, Lithuania reports increased numbers of disabled students in universities, (although numbers remain very small). In Hungary, 'a supplementary normative subsidy is provided by the State to the institutions', while France identifies scholarships for higher education targeted on social criteria. In Slovakia, there is a proposal to raise the maximum scholarship grant for disabled university students from SKK 2500 to SKK 7200.



## 8. Quality of support and care

### 8.1 Institutions

There is evidence of some positive movement on de-institutionalisation in national policy development. Strategic commitments to non-institutional policies for long-term support and care have become more widespread and more prominent at the national level, although not necessarily reflected in the 2008 NSRs. For example, Austria does not mention the effects of the *Heimaufenthaltsgesetz* (Home Residence Act) that makes forced confinement in institutions for older and disabled people illegal. In some newer Member States where specific problems were identified during accession there have been developments.

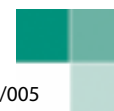
For example, the main focus of Romania's National Strategy for disabled people 2006-2013 is the restructuring of traditional residential institutions (there is some evidence that the number of disabled adults in residential institutions is decreasing). However, there is less attention elsewhere. Hungary refers to its institutions only in the context of employment training - creating 'employment activities' within the institutions rather than challenging their existence. The Czech Republic does not acknowledge the lack of progress on de-institutionalisation (and there are commitments in the NSR to continue public funding for 'homes' that are primarily large institutions).

Lithuania includes provision for additional institutional places in an unproblematic way within its strategy and there is no focused attention on reforming the large pensionat institutions (although some 'non-inpatient services' are planned). Slovenia does not appear to address the issue of institutionalisation directly despite its dominance in existing service provision (although de-institutionalisation of the long-stay Special Care Homes has been taking place since 2006). In Bulgaria, the reality of deinstitutionalisation for children is often ad hoc (under public pressure and without a clear strategy) where 'community services' are provided in non-inclusive settings. New institutions for older people had been opened based on 'demand' for placements that arises from limited choices for independent living.

Some proposals are bold, for example Finland is committed to abolish the 'system of residential institutions' for people with intellectual impairments within 10 years (p83). This raises questions about the extent of MS commitment to provide sufficient accessible and affordable housing options in the mainstream (see section 7.1 earlier). There must, therefore, also be some concerns that the 2008 NSRs include various proposals for additional places in residential care as an indicator of progress or quality. It is not always clear that the practical implementation of such policies will not result in experiences of micro-institutionalisation (e.g. in the expansion of community 'Homes for Persons with Disabilities' in Cyprus). Claims to innovation have often been restricted to local small-scale housing projects rather than to structural commitment to implement the principles of independent living. For example, Greece cites as an example of good practice the removal of 24 disabled children into four houses owned by the institution they previously lived in (a project that is not only limited and small-scale but that was realised between 2002-2005). It is also a matter of concern that issues of extensive institutionalisation of disabled children and adults are not addressed by long-time Member States such as Belgium.

### 8.2 Independent living and personal support

Successful implementation of policies for social inclusion and social protection (including policies to support de-institutionalisation and labour market integration) will require effective policies to support independent living. This is an area of policy that we consider to be of high priority, where there is significant innovation and good practice and great potential for trans-national lesson learning. In particular, the fundamental freedom of mobility for disabled workers and citizens is challenged by a lack of flexibility and harmonisation in self-directed support for independent living.



The development of such schemes has been widely advocated and pioneered by disabled people's organisations across Europe as a desirable policy outcome. This is an area where the Commission could promote considerable added European value.

Of particular interest are Member State plans to transfer long-term care investments towards personal assistance achieved through self-managed direct payments and personal budgets. These are considerably underplayed in some of the NSRs, yet have the potential to impact significantly on social inclusion. For example, the national availability of Personal Assistance in the Workplace is mentioned only once in the Austria NSR (without evaluation or impact statistics) and personal budgets are not mentioned at all. In Belgium, evidence on the 'personal assistance budget' in Flanders is not elaborated. In Denmark, extension of the personal assistance scheme to include people with intellectual impairments and psychiatric diagnoses is not mentioned. Enactment of the Personal Budget in Germany in 2008 is also not mentioned. It is important to add that such statutory direct payment personal assistance schemes do not yet exist in all member states (e.g. in Bulgaria, although some assistance schemes for older and less disabled people exist).

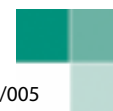
Evaluation in the Czech Republic raises some concerns that: 'The introduction of direct payments in the social service system did not result in any significant improvement and, contrary to expectations, there was no drop in the number of applications for places in institutional care with a corresponding rise in care provided by family members' (p62). This highlights the importance of providing appropriate information and cultural change to stimulate demand for previously unfamiliar community-based alternatives.

There are examples of variation and innovation in funding such support. In Malta disabled people authorised to employ personal assistants are exempt from some employer costs and constraints. Slovakia has introduced personal budgets for the employment of personal assistants (using the Social Security Act). In the UK, new personal budget models pool resources from a variety of sources (health, social care, housing, social security) under the control of the disabled person.

There is much enthusiasm for the adoption of personal assistance models like those in the UK or Sweden for example. Yet there are also concerns. Consumerist models of good practice developed by liberal welfare regimes may raise concerns in more collectivist and paternalistic welfare states. There are significant challenges in tailoring individualised and user-controlled welfare models within collectivist systems of provisions. There are equally dangers in exposing individual disabled people to the commodification and privatisation in an unprotected 'market' for social care. In France there is concern that individual support plans have become increasingly dominated by expenditure on human assistance with daily tasks at the expense of technical aids and adaptations in the home environment.

There are concerns that certain groups of disabled people may become more excluded if models of support do not accommodate them (such as models of budget allocation that require the individual to be 'capable' of managing the budget without support). For example, Finland proposes a new system of personal assistance in 2008 but raises concerns that 'alternatives to the current model based on the disabled person as an employer are needed; not everybody can or wants to be an employer to the assistant. A number of disabled persons are currently excluded from the service or receive too few hours of assistance, considering their needs' (p83). Yet, models of good practice in Finland and elsewhere would show how this can be achieved (e.g. the Finnish personal assistance for people with learning disabilities project has been a great success. The national evaluation of this project evidenced that it improved people's inclusion and their citizenship, accessibility, created user-led quality standards and was a real social innovation of individual housing).





## 9. Indicators, monitoring and evaluation

As highlighted in the UN Convention, the EU Disability Action Plan, and the work priorities of ANED, progress on implementation of disability equality requires appropriate monitoring data and reliable indicators. Preliminary analysis of the 2008 NSRs confirms that there is a significant problem in the absence, and lack of utilisation, of disability statistics and indicators. This applies both to the description of the situation of disabled people and to the setting of targets and measures for improvement in that situation. It is evident that very few figures or indicators relating to disabled people are provided in the NSR documents and that those included may often be contested (see separate discussion section on labour market inclusion).

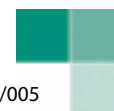
### 9.1 Statistics and indicators

In several of the reports, the only quantifiable indicator on 'disability' is in the context of health statistics (e.g. Austria). In this context, EU advice on common indicators includes only 'Disability free life expectancy at birth', which is a highly problematic methodology from a disability equality perspective and should be critically reviewed in terms of its relevance to social inclusion and social protection. There should be optimism that more countries are introducing quantitative indicators for the first time (e.g. Latvia) although in few cases is it possible to track progress towards inclusion objectives for disabled people.

An approach used by several countries (e.g. Cyprus, Spain) is to cite the number of cases of public assistance payments to disabled people but without any measures of equality, accessibility, or employment (although Spain does provide a useful comparison of disability pension levels with the minimum wage). The Czech Republic reports only the number of 'Homes for people with disabilities', number of stays and cost. Indicators have been set for reductions in state expenditure on disability benefits or even for increases in residential institution care places (e.g. Hungary) without corresponding indicators for spending on accessibility and inclusion. There is scope to develop better indicators of inclusion.

Some, like France, have exploited international comparative data in some areas of the NSR but not in relation to disabled people. Others, like Ireland, have included disabled people in overall poverty indicators but without comparison to other countries. Some countries, like Hungary or the Czech Republic, include limited comparative reference to EU or international norms. For example, Estonia draws on EU data where possible (SILC, LFS) and comparisons can be made with other disadvantaged groups. The Belgian report includes reference to EUSILC and some quantifiable indicators, but this is undermined by the admission that: 'The available figures do not enable us to track the employment trends among people with disabilities'. Similarly in Lithuania: 'Unfortunately, the new system is still in the process of development and there is no central database yet, which, when connected to the social insurance database, could allow assessing a general level of income of the disabled'. Similar concerns about comparability and breakdown between surveys have been expressed by experts in other countries (e.g. Bulgaria, Latvia, Estonia, Germany). One difficulty is that the small sample size of disabled people within surveys like the LFS makes it very difficult to break down data against other variables (age, impairment, gender, ethnicity, etc).

There must therefore be a place for targeted disability surveys and modules. However, isolated surveys over time are not always comparable (e.g. measures of the employment rate for disabled people in Denmark rose from 53% in 2002 to 56% in 2005 but studies since are not quite comparable for time series data). Common methodologies would be of great assistance in targeting modules in different countries. The inclusion of relevant questions to identify disabled people should also be encouraged for Member States in the next census round.



## 9.2 Targets and measures

Counting the number of places in specialist services or the number of professionals trained may be little better than counting disabled people when it comes to measuring the outcomes of social inclusion and equality. For example, Greece identifies a target of 25% of disabled people benefiting from labour policies by 2013, and an increase of participation of vulnerable groups in vocational training to 10%, but does not set a target for actual employment-unemployment rate of disabled people (yet in Greece, a National Employment Observatory for disabled people is planned under the community framework 2007-2013).

In terms of data development, Hungary will spend EU funds on 'a new disability classification system focusing on revealing the people's remained capabilities' and training staff to implement it. In Denmark, a new state level knowledge centre called VISO has been created, incorporating the previous county level systems. Monitoring of targets set by Estonia is to be enhanced by a second wave survey in 2009 (although the definition of the disabled population is limited to those receiving disability benefits or pensions).

Ireland has developed a 'data matrix' that sets out:

'each goal, target or action contained in the NAPinclusion (broken down by each lifecycle stage: children, people of working age, older people, people with disabilities and communities) and the Government Department responsible for each of these. Aligned with each of these goals, targets or actions are the indicators needed for monitoring and evaluation purposes. These indicators have been disaggregated into input, output and impact indicators. This will assist in helping to determine not only the outcomes of the policy effort but also the extent of the success of that policy effort or intervention' (p77).

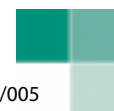
Two good examples of target setting from Ireland are as follows: 'The longer term target is to raise the employment rate of people with disabilities from 37% to 45% by 2016, as measured by the Quarterly National Household Survey' ... 'The overall participation rate in education, training and employment will be increased to 50% by 2016' (p82).

Where such targets are set (and where data is systematically collected) it is more possible to gauge progress and this practice should be encouraged. For example, in the previous report Denmark set quantifiable targets for 2005-2009 for increases in disabled people in employment, and for share of companies with disabled employees to increase by one percentage point per year. However, the new NSR does not propose any indicators for monitoring progress on disability-related issues. Consistency in monitoring targets in the NSRs over time should be encouraged.

## 9.3 Good practice

Many of the 2008 NSRs do not include any good practice examples with specific positive impact on disabled people. In some countries, such as Finland, the examples cited relate primarily to health outcomes rather than social inclusion.





However, to assist in the OMC, it is useful to highlight some examples from the NSRs and from reports prepared by the ANED country reports. In addition to good practice in data collection (above) the key areas in which we believe good practice could be more effectively highlighted are in the involvement of disabled people and their organisations (e.g. good governance) and in innovations in support for independent living (e.g. direct payments and personal assistance).

### **Austria**

Personal Assistance at the Workplace was started in 2004. This program is very much influenced by the social model of disability but it is only available for people with severe physical and sensory impairments. People with learning disabilities, with minor physical impairments or psychiatric disorders are not yet eligible.

### **Bulgaria**

The Assistants for Independent Living Regulation of the Sofia Municipality is a good example of an initiative geared towards inclusion of disabled people through support for independent living, though it is not mentioned as a good practice in the NSR.

### **Cyprus**

In 2006 a relevant Law was enacted [the Law regarding the Consultation Procedure between State and other Services on Matters concerning Persons with Disabilities (L143(1)/2006), according to which each Service exercising public authority on examining any subject concerning persons with disabilities is obliged to confer with the Cyprus Confederation of Organisations of the Disabled, which has been established as the official social partner of the state on matters concerning persons with disabilities.

### **Denmark**

Local government reform in January 2007 has required all municipalities to establish disability councils, where half of the members are from disability organisations and half are municipal politicians or civil servants. The disability councils were installed in order to involve organisations of disabled people in local decisions and to ensure qualified advisory service for decision makers and administration in the field of disability. As a result a large number of local authorities are now formulating a local disability policy. Although there were already local councils for employment of disabled people, this will give an increased attention on disability matters in the municipalities.

### **France**

NSR 4.3.1.1 – ‘the establishment of a day of solidarity in order to ensure the financing of actions for the elderly and people with disabilities. It takes the form of a day of unpaid work for employees (0.3% of GDP) and a payment by employers of a contribution of 0.3% of wages subject to contributions. In 2007, the day of solidarity has helped to mobilize € 2.2 billion.’ (an unusual policy compared to other European countries)

### **Hungary**

NSR - ‘media trainings, media programmes and the work of civil rights advocacy organizations through a tender program financed by the ESF between 2009 and 2010...As part of the New Hungary Development Plan, support is offered for the media training of primarily Roma and disabled people, for producing programmes to counter discrimination and the work of NGOs in the field.’

**Latvia**

One of the good practices in Latvia (not mentioned in the NSR) is the support system for people with mental disorders (developed during EU funded project) in transition from long-term social care in specialized social care institutions to social care services in municipality – establishing of half-way homes, day care centres, independent living flats, specialized workshops. This could usefully be compared with practice in other 'new' member states of EU.

**Netherlands**

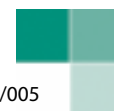
The Netherlands provides person-specific financial budgets to persons with disabilities or chronic illnesses which the recipient has the discretion to spend as he or she sees fit (accounting is required annually). This is called a Persoons-gebonden budget (PGB) and is financed from a national insurance fund, the AWBZ. This initiative, which was designed and facilitated to create competition with institutionally provided care and support, has enabled many small-scale independent and semi-independent living arrangements and provides its many users with a significant degree of autonomy and self-determination.

**Slovakia**

Project aimed at creating a complex system of counselling, training and services for the visually impaired persons seeking employment supervised by Slovak Union of Blind and Partially Sighted People (see Annex 2.1c in the NSR)

**United Kingdom**

The pilot evaluations of individualised budgets are now complete and these would be worth looking at in terms of the transferability of this concept in European countries. The 'mobility' of disabled people in the EU is restricted by a lack of transferability of resources to support independent living choices from one country to another.



## 10. Summary conclusions

The conclusions to the High Level Group Discussion Paper (p11) were optimistic in asserting that MS were addressing disability from a rights-based perspective in their 2006 plans, with a commitment to mainstreaming, and that most issues were addressed within the strand on social inclusion (rather than long-term care). Our evaluation of those plans, and preliminary review of the 2008 plans, would suggest that there is still some considerable way to go before claiming substantial successes.

Building on the framework of the High Level Discussion paper, there is some evidence of EU influence in the shift of strategy towards non-discrimination and accessibility principles and the adoption of social model principles. However, there is less evidence that these core concepts are yet well integrated in practical implementation.

Disabled people have become more 'visible' in many of the national reports and strategies but there is less evidence of a multi-dimensional or intersectional approach that recognises the specific situation of disabled women and children, older disabled people or those from ethnic minorities.

There is surprisingly little reference in the NSRs to EU disability policies or to the new UN Convention, although these should be central to implementation in the period 2008-2010.

Disability has become increasingly prominent as a key administrative concept in managing work and welfare policies in the member states. Disabled people are now a key target group for work-related benefit reforms and employment activation policies. Within the employment-welfare connection there is a difficult balance to be struck between restricting benefit eligibility conditions (for activation incentives) and maintaining effective income support for disabled people.

Harmonisation it is more evident in tougher restrictions on disability benefits for people of working age than in stronger support for accessibility and assistance in the workplace. Investment in individualised labour market activation is not being matched by commitment to structural accessibility and enablers that will facilitate full participation and equality. Such enablers include accessible transport systems, adaptations to the workplace, flexible personal assistance schemes, and equality of access to educational opportunities.

There is scope for considerable improvement in the mainstreaming of 'accessibility' as a concept in the NSRs. Given the prominence of this concept in the EU DAP, this is an area that would merit attention.

There is positive evidence that many member states are developing coherent national disability strategies, and that disabled people are being involved in their development. There are lessons of good practice here, yet the NSRs often do not reflect the coherence of strategy that exists at national level.

With some exceptions, there is considerable concern about the absence and inconsistency of robust disability data, indicators or targets. Comparison between countries and monitoring over time are both restricted by this deficiency.

There are five key issues that arise from this preliminary analysis with relevance for the future work plans of ANED.

1. the methodology of mainstreaming disability in policies
2. the development of comparative disability policy indicators
3. the role of education in creating conditions for inclusion
4. the flexibility and mobility of support for independent living
5. practical implementation of the UN Convention



## 11. Annexe A: structured questionnaire template

### **Information Request-05 Evaluation National Strategy reports**

#### **Expert opinion on the 2008-2010 National Strategy Reports for Social Protection and Social Inclusion (NSRSPSIs)**

**COUNTRY:**

**AUTHOR:**

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*NB: Only short answers (one or two sentences) are requested.*

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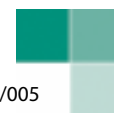
## **Top Priority Questions for the EU Commission (essential)**

### **Disability and the labour market.**

1. Does the National Strategy Report reflect the real situation and changes in the employment of people with disabilities?
2. What is the real situation, what are the changes? (e.g. use the ANED Request-02 country report on employment)
3. If there are any changes, are they the result of Member State policies or EU policies (or the lack of them)? Which policies (or lack of policies) have improved/worsened the employment situation of the people with disabilities?

### **Use of disability benefits to provide early retirement (interplay between disability and other social benefits).**

4. Has the Member State (now or in the past) used disability benefits to provide early retirement?
  5. What has changed since the introduction/abolition of such policies? How is this reflected in statistics? (e.g. use the ANED Request-02 country report on employment, or ANED Request-03 country report on social protection)
  6. Any other remarkable practices of disability-related benefits or evidence of their statistical influence?
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## Second Priority Questions for the EU Commission (important)

### Critique of the National Strategy Report

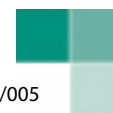
7. Does the report reflect the major trends, challenges and risks for disabled people? What are the specific challenges that are not sufficiently addressed (*i.e. what needs additional effort by the Member State? What should have been highlighted?*)
  
8. Does the report follow [the guidelines](#)? (*e.g. in your opinion, do the disability aspects seem to be the result of a real strategic planning process? Or does the National Strategy Report seem just an exercise in compiling information on existing policies and programmes?*)
  
9. Are the figures presented relevant and sufficient to show the situation of people with disabilities in your country? Are figures on disability compared with other EU countries? (*e.g. Do they show the trends correctly? Should any figures be added? Are figures mainly national or are EUROSTAT figures also used? Is use made of the commonly agreed EU indicators?*).

### Overall strategic approach

10. Is disability related to proposals in all three areas - social inclusion, pensions, health-care/long-term care (*i.e. are synergies visible or realistic?*)
  
11. Is it clear what strategy will be used to ensure that disability policies and the Strategy for Growth and Jobs reinforce each other?

### Progress since 2006

12. According to the report (or in reality) what major actions has your country taken since 2006 and what is the effect on disabled people? (*e.g. see ANED Request-03 country report for examples of equal access to resources, rights and services, fighting discrimination, and increasing integration of people with disabilities*).



13. Are those actions related to any EU-level initiatives?
  
14. If there were any recommendations<sup>1</sup> from last year's report relating to disability issues, how are they reflected in this year's report?
  
15. Was there any progress towards quantified objectives (targets) set in the [previous National Strategy Report for 2006-2008](#) (see ANED Request-03 country report)?

### Priorities

16. Do you agree with the choice of the 3 or 4 priority policy objectives made by your Member State? (e.g. *is there any other policy area to which you would have given a higher priority?*)
  
17. Are they consistent with (do they build on) the priorities selected in [the 2006-2008 National Strategy Report](#) for your country, or the country-specific challenges identified in [last year's Joint Report](#)? (e.g. *how good is the progress on these priorities?*)
  
18. Is there any progress on recommendations<sup>2</sup> issued in the context of the National Reform Programmes on employment that relate to the issues covered in this report (i.e. *social inclusion and social protection*),

### Indicators, monitoring and evaluation

19. What indicators have been identified for monitoring progress on disability-related issues? (e.g. *are they suitable? Are there any arrangements for continuous monitoring the impact of implementation towards the objectives?*)

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<sup>1</sup> Please ask if you need help to identify these recommendations

<sup>2</sup> Please ask if you need help to identify these recommendations



### Good practice

20. Does the National Strategy Report recommend any disability-related good practice from your country for attention at the EU level?

21. Are there any other good practices in your country (not mentioned in the report) that would, in your opinion, be a good subject for a peer review at EU level? (*e.g. why you think having an EU-level peer review on this topic would be a good idea?*)

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### **Third Priority Questions for the Commission (optional)**

There are a number of additional questions and ideas in the EU Commission's Guidance for this task, which you received previously ([20080915\\_ANED\\_info\\_guidance\\_SPSI\\_JR09\\_final.doc](#)). If you would like to add any comments for the EU Commission about these questions, please continue below.