INTERNATIONAL STUDY
ON THE IMPLEMENTATION OF
THE UN CONVENTION ON THE RIGHTS
OF PERSONS WITH DISABILITIES

ZERO PROJECT
REPORT 2012

- State of the implementation of the UN Convention
in 36 countries and in nine Austrian federal provinces -
based on 21 social indicators

- 27 Good Practice Examples from 15 countries - nominated,
selected and reviewed by an international network of disability experts

- Eight Good Policy Examples from seven countries -
nominated by disability policy experts from all around the world,
researched by the World Future Council and selected by an
international Scientific Advisory Board

Authors:
Michael Fembek, Tom Butcher, Ingrid Heindorf
and Caroline Wallner-Mikl
In cooperation with more than 100 experts from NGOs, foundations,
academics and persons with disabilities
As owners of the bauMax Group, the Essl Family have been involved in social affairs in the company, as well as privately, for many years. In 2007, my wife, Gerda, and I established the Essl Foundation in order to consolidate our social activities under the auspices of one organisation. The mission of the Essl Foundation is to remove barriers, especially for disadvantaged persons, and to work for a more just and equal society. We understand the term "barriers" in a very broad sense: every one of us is disabled sometime within our lifetime and can be confronted with barriers: the very young, the very old, the impoverished, minorities, women, etc. The Essl Social Prize was the first major activity of the Essl Foundation. Established in 2008, it is awarded to distinguished social entrepreneurs who have proven their ability to create successful social enterprises from their visions for a better world.

The Zero Project

The Zero Project is the Essl Foundation’s second major project, and represents new approach to broad-based advocacy for the concerns of socially disadvantaged persons. In 2010, the Essl Social Index Pilot Study surveyed, in cooperation with some 56 NGO organisations around the world, the legal situations and living conditions of persons with disabilities by creating and comparing social indicators in 15 different countries. The clear appraisal of inequalities and injustices has proven to be an efficient method of garnering the interest of the media, and, thus, also, policymakers, for otherwise elusive issues, and for achieving improvements in this manner. The Pisa Study and Millennium Development Goals are particularly outstanding examples of this.

Our goal is broadly defined, but the Zero Project is clearly structured and defined:

1. Comparing Social Indicators, this year, in 36 countries (including, now, most of Europe, and the nine Austrian provinces), together with 56 partners in these countries, of how these countries are faring in their implementation of the UN Convention on the Rights of Persons with Disabilities.

2. Selecting Good Practices, together with a network of around 100 disability experts, which have proven concepts of how to improve the lives of persons with disabilities.

3. Selecting Good Policies in cooperation with the World Future Council – founded by Jakob von Uexküll, who started the Alternative Nobel Prize in 1980 - and using its Future Just Lawmaking Methodology, as well as finding the best regulations that are, according to the persons with disabilities, effectively improving living conditions in their own countries, and can also act as blueprints to be transferred to other countries.

Improvements can only be made together

The goals of the Essl Foundation can only be achieved with the involvement of everyone concerned: the disabled themselves, the representatives of their interests, civil society, NGOs and foundations, ministers, parliamentarians and other politicians, public servants and the media. The Essl Foundation acts as a source of data and information for improved decision-making and establishes communication channels so that all this information is made as easily accessible as possible. The Essl Foundation is not only publishing this report, but it is also launching a website where everyone involved can contribute, share and benefit. In addition, together with the World Future Council, we are organising an international conference in Vienna, Austria, on good policy for persons with disabilities, to be held in January 2012.

I would like to thank all of those who have collaborated on this report, particularly Michael Fembek, who, together with his team of Tom Butcher, Ingrid Heindorf and Caroline Wallner-Mikl, authored the report. I am personally grateful to all of the persons concerned, scholarly advisors, interest representatives and NGOs, who with their enormous commitment, have played an important role in the realisation of the Zero Project, including Prof. Thomas Druyen and Prof. Clemens Sedmak, to name just two. My sincere thanks is also owed to former EU Commissioners Vladimir Špidla and Benita Ferrero-Waldner, as well as Ashoka founder and Essl Social Prize Laureate 2010, Bill Drayton, who on a personal level, encouraged me to pursue the path embarked upon here. Finally, I am really happy that my daughter Natascha Essl provided a good helping hand to the research team.

May the Zero Project initiate a movement that engenders a spirit of transformation in civil society so that, in the future, many of the disadvantaged can also be helped on an international basis. Zero Project – our aim is a world with zero barriers. And we have only just started.

Martin Essl
Founder and Chairman of the Essl Foundation,
December 2011
Executive Summary

For many years, the Essl family, owners of the bauMax Group, have been involved in social activities both as a business, as well as privately. In 2007, Martin and Gerda Essl established the Essl Foundation which has two goals: promoting social innovation, and helping persons with disadvantages, especially disabilities. Since 2008, the Essl Social Prize, endowed with annual prize money of EUR 1 million, has been awarded each year to outstanding social entrepreneurs, to develop and implement an innovative project, as a role model that can be scaled up and copied in order to create a maximum of social impact.

The Zero Project

The Zero Project (www.zeroproject.org) is the Essl Foundation’s project which advocates, with a new and innovative approach, the rights of persons with disabilities internationally. The mission is: working for a world with zero barriers.

The Zero Project is based on the "Essl Social Index Pilot Study" which was published in 2010. The results of, and the experiences gained developing, the pilot study have led to expansion into other fields. The Zero Project creates platforms for sharing and developing models that clearly improve the daily lives, and legal rights, of persons with disabilities. The Zero Project-Report is the written summary of the project’s research and findings. It will, in future, be published on a regular basis.

Zero Project: Social Indicators, Good Practice and Good Policy

At this time the Zero Project has identified three areas of work that clearly help to improve the daily lives and the legal rights of persons with disabilities.

1. Zero Project Social Indicators that compare and measure the implementation of the CRPD (in addition to the excellent work done by ANED, by national Focal Points and shadow reports). The Zero Project Social Indicators will contribute material for discussion, supporting those who work to implement the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) nationally, or even regionally. For this report, 21 indicators have been reviewed based on a questionnaire that was sent to NGOs and experts in 36 countries, two states in the USA and nine Austria federal provinces. The questionnaire was completed by around 50 experts from NGOs, foundations and from academic fields.

2. Zero Project Good Practice: Good Practice Examples were a kind of by-product of the pilot study in 2010. It turned out that those included in the study were highly thought of, since they provided proven solutions to a number of the problems that were identified by the social indicators. In other words: moving from the “what to...” to the “how to...” At the core of the Zero Project is a platform for Good Practice that will be continuously developed and expanded. For this report an initial 27 Good Practices have been included, having been nominated by an expert committee and selected carefully in a two-step process.

3. Zero Project Good Policy. For the first time in this report eight Good Policy Examples have been included. Of either a regional or national nature, they have been in existence long enough to deliver identifiable improvements to advance disabled persons human rights. To research Good Policies, the Zero Project has teamed up with the World Future Council (WFC), a foundation informing policy-makers about future just solutions. The WFC applied its Future Just Lawmaking Methodology to the policies nominated by an international expert network and presented its evaluation to a Scientific Advisory Board, which selected the policies to be included in this report.

Zero Project: Report, Website and Conference

The Zero Project establishes three communications channels to promote its key fields of activity:

1. The present Zero Project Report, being published on the occasion of the International Day of Persons with Disabilities, 3 December 2011. It will be published either annually or bi-annually in the future, and will summarise all current results of the Zero Project. It will be available in print and also for free download from the Zero Project Website.

2. The Zero Project Website (www.zeroproject.org): It will be officially launched in January 2012. Its design is based on social media and will act as an interactive platform for everyone who is interested in
Social Indicators, Good Practice and Good Policy Examples in the field of disability. Participation will be possible in various ways, but with the overarching aim of highlighting the best solutions for creating change for the better. Thus, at this stage, it will focus on Good Practice and Good Policy.

3. The Zero Project Conference. The “International Conference on Good Policies for Disabled People” being organised in partnership with the World Future Council will take place in Vienna on 22 and 23 January 2012 and concentrate on Good Policies. In a carefully designed research and evaluation process adopted by the World Future Council, eight Good Policies have been selected by the Scientific Advisory Board to be presented and discussed with 200 international decision-makers in the field of disability policy. For the first time ever, parliamentarians, representatives of NGOs and foundations, from the European Union and the UN, academics and disability rights activists will come together to discuss inspiring policies from all around the world and to find ways to spread them to other countries. We are also very grateful to Bank Austria, which is hosting this event and supporting it generously.

Zero Project - Social Indicators: Results

For this year’s Zero Project Report, 21 social indicators were established and reviewed. To enhance clarity and comparability, all of the results have been summarised in traffic light colours, with GREEN representing a good solution, ORANGE a partial solution, and RED an unsatisfactory solution.

In terms of content, the social indicators are oriented exclusively toward implementation of the UN Convention on the Rights of Persons with Disabilities, since countries that have ratified the UN Convention have also incorporated it into their legal systems.

Based on concrete examples, the social indicators throw light on the extent to which the UN Convention has been incorporated into the legal system and lived experience of persons with disabilities in the various countries. Differences between the countries (and, in Austria, between the nine federal provinces, as a number of rules and structures exist at the provincial level) can, thus, be seen. Various articles, specifically Articles 8 - 33, of the UN Convention serve to underpin the questions asked. The social indicators are based on those used in the Essl Social Index Pilot Study. Out of an original 44 indicators, 21 have been used (with only minor alterations) in the Zero Project Report. The selection was based on issues of validity and reliability, as well as representativeness and transparency.

The survey took place between May and September 2011. More than 50 persons representing organisations in 36 different countries took part. Due to a lack of internationally comparable data, there remain issues of representativeness, validity, etc., that are connected with questioning expert panels. The lack of internationally recognised definitions of “disability” and consequently of international statistics is one of the biggest obstacles to overcome in this regard.

No simple count of traffic lights has, therefore, been done, since this number would be misleading as an indicator about how successfully a country implements the UN Convention. On the other hand, a simple count of “red”, “orange” and “green” traffic lights, totalled by question, is less biased and more acceptable.

Count and ranking of traffic lights per question

<table>
<thead>
<tr>
<th>No</th>
<th>In Brief</th>
<th>Green</th>
<th>Orange</th>
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<tr>
<td>1</td>
<td>Accessibility of new buildings</td>
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<td>10</td>
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<td>22</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Sign language in court</td>
<td>22</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Partial guardianship</td>
<td>20</td>
<td>9</td>
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<tr>
<td>19</td>
<td>Official statistics about education and employment</td>
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<td>15</td>
<td>8</td>
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<tr>
<td>14</td>
<td>Accommodations in the workplace</td>
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<td>13</td>
<td>3</td>
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<tr>
<td>9</td>
<td>Right to marry, have and raise children</td>
<td>16</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>20</td>
<td>State sponsorship of umbrella organisation</td>
<td>16</td>
<td>12</td>
<td>7</td>
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<tr>
<td>11</td>
<td>Alternative testing methods for students</td>
<td>14</td>
<td>18</td>
<td>3</td>
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<tr>
<td>13</td>
<td>Accessibility of medical practices</td>
<td>14</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Safeguards in institutions</td>
<td>12</td>
<td>15</td>
<td>7</td>
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<tr>
<td>17</td>
<td>Right to receive necessary support to vote</td>
<td>11</td>
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<td>21</td>
<td>Designation of “Focal Points” within government</td>
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<td>Legal time frame for accessibility</td>
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<td>4</td>
<td>Early warning system for national emergencies</td>
<td>3</td>
<td>11</td>
<td>19</td>
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The largest number of “green” lights was given to Question 1, regarding regulations for the accessibility of new buildings: The respondents from 27 countries...
confirm that such regulations are fully in place, and there are no “red” lights at all. Also Question 10 (mainstream education), Question 6 (sign language in court) and Question 5 (partial guardianship) each got 20 or more “green” lights.

At the bottom of ranking were questions 4 (early warning system), 12 (statistics on university graduates) and 3 (accessibility of public buses).

The most important results

Question 17: RIGHT TO RECEIVE NECESSARY SUPPORT TO VOTE
In 23 out 35 countries (or two thirds of the countries surveyed), persons with disabilities do not receive all the necessary support to vote in secret, according to the respondents of the questionnaire. Whilst some of the countries may be countries with relatively young democracies (yet all of them are democracies on paper), a majority of them have had democratic systems for a very long time, and the right to vote secretly for everyone should be deeply rooted.

Since the implementation of this right has, since 1950, been included in the European Convention on Human Rights, and its implementation does not involve huge costs, this is a quite surprising result.

Question 4: EARLY WARNING SYSTEM FOR NATIONAL EMERGENCIES
In only three countries – Denmark, the Netherlands and the UK – are the states’ early warning systems universally accessible to all those with disabilities. In 19 others, the early warning system has not even been designed to be universally accessible to all those with disabilities. Since these three countries have already blazed a trail, it should be up to all the others to learn from their examples.

With the effects that climate change seems to be having on once accepted weather patterns, in this area alone, national emergency early warning systems are becoming increasingly important.

Question 3: ACCESSIBILITY TO PUBLIC BUSES
Only three countries – Israel, the Netherlands and the UK (together with California) answered with a “green” light and, interestingly, three of these four (Israel, the Netherlands and the USA/California) have not even ratified the CRPD. So, in each of the other 32 countries, and in New York state, the capital’s bus system fell short in one way or another. With buses constituting the vital transportation mode for persons with disabilities, this has very far-reaching consequences for employment (getting to a job), education (getting to school), leisure activities, etc.

Question 15: STATE EMPLOYMENT OF PERSONS WITH DISABILITIES
Figures on state employment of persons with disabilities are published annually by only five countries. The fact that more than 20 countries are either not publishing them, or there are no official figures, or they are not annual, is another issue that could be tackled easily. And it is not financially burdensome.

There may be another reason why these figures are not published in many countries: to hide the fact that they do not actually employ persons with disabilities. The figures that have already been published tend to indicate this.

Question 12: STATISTICS ON UNIVERSITY GRADUATES
Another hardly believable fact: 15 “red” lights and 17 “orange”! Taking into account that arguably all universities (at least in Europe) receive state funding, it is hard to understand why this support is not linked to transparent figures about the inclusiveness of the education they provide. Self-identification (of being a person with a disability) is, of course, an issue, but it is not a general excuse for absent data.

Question 1: ACCESSIBILITY TO NEW BUILDINGS
Some good news: 27 out 35 countries have legislation in place that covers both all newly constructed buildings to which there is public access and covers all disabilities. No “red” lights have been given. This means that states are, at least, taking accessibility, in its most basic sense, seriously.

The coverage of all disabilities will always be an issue. But here is an area where lessons learned internationally, and shared, can help prevent the re-invention of the wheel.

Question 5: PARTIAL GUARDIANSHIP
It is enormously comforting to see that partial guardianship covering a wide range of different circumstances is
Question 10: RIGHT TO PRIMARY MAINSTREAM EDUCATION
With inclusion from the earliest possible age so important, to see that in 22 of 35 countries every child with a disability has at least the right to receive free and compulsory primary education within the mainstream educational system is encouraging. It is sad to note that in the Argentina, the right to inclusion in the mainstream educational system remains unrecognised.

Question 18: STATISTICS ON DISABLED PERSONS LIVING IN INSTITUTIONS
How can states hope to fulfil their responsibilities of care for persons with disabilities in institutions if they don’t know how many such persons are in institutions? And if they do know, why are such figures not published? These have to be two questions uppermost in one’s mind when looking at the answers to this question. In only five countries are these figures published annually and officially. So, why are no such figures officially published in seven states and only either partial and/or stale figures in some 23 others? De-institutionalisation should never be regarded as a secondary issue. Both Italy and Sweden show the way as to how to implement the CRPD in this respect.

Question 16: NUMBER OF EMPLOYEES WITH DISABILITIES
In nearly two thirds (21 of 34) of all the countries responding to this question, the figure either decreased or no figures were available. Whichever is the case, and perhaps both are, the situation is bad. If the figure in each of these countries has decreased, the immediate question is why? And if no figures are actually available, how does a state expect effectively to address these issues?

Question 14: ACCOMMODATIONS IN THE WORKPLACE
It is encouraging to note that the state obliges employers to make all the necessary accommodations in so many countries, 19 in total. And that actions, albeit limited, are legally required in a further 13. It is to be hoped that this last figure will decrease soon, as such limitations should not exist. The number of countries with no such obligations is gratifyingly low: three.

Question 19: OFFICIAL STATISTICS ABOUT EDUCATION AND EMPLOYMENT
Publication every 10 years could be seen as being exceptionally over-generous. However, on the basis that eight states have never undertaken any such study, and that the studies undertaken by 15 others have either not encompassed both education and employment, or are older than 10 years, over-generosity is, perhaps, not the issue. For the success of any policies focusing on persons with disabilities to be measured, figures need not only to be published regularly, but also to be complete. The plethora of unsatisfactory responses to this question can only raise, not least, concerns of either a lack of will to action, or systemic problems in evaluating the success of policy.

Question 6: SIGN LANGUAGE IN COURT
With equal access to justice such an important aspect of the Convention, and despite the intolerable situation for persons who are either deaf or hearing impaired in both Albania and Ireland, in over 60% of the countries surveyed, sign language is both an official language of the courts and persons with a hearing impairment have the right to a translator paid for by the state.

Question 8: SAFEGUARDS IN INSTITUTIONS
The question is predicated on the persons in question actually already having the choice of whether to stay or to leave, i.e. the question is about their ability to exercise an option they already have, not their requesting that option. Therefore, to find that in 15 out of the 34 countries surveyed, i.e., just under half, either safeguards do not exist or persons with disabilities are not informed of their freedom to choose, is awful. Perhaps even more awful is the fact that, in seven countries, this freedom of choice, already rightfully theirs, is denied them.

available in well over half (20) of the countries surveyed, and in at least a number of circumstances in nine further countries. In view of the paradigm shift from “substituted decision-making” to “supported decision-making” required by the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), this number of respondents answering in the full or partial affirmative is very encouraging. Ireland stands out as a particular anomaly, with only plenary guardianship possible in the country. And that covered by the unfortunately named Lunacy Act of 1871.
Differences between Austrian provinces

NGOs in nine federal provinces within Austria were also asked 13 out of these 21 questions. Since Austria is a federal state and many regulations concerning persons with disabilities are on a provincial level, these 13 questions were also asked to discover differences within Austria.

Notable results:
• Vienna is the only province where a focal point is already in place.
• There are significant differences in the accessibility of buildings. Both Carinthia and Upper Austria are at the top of the list.
• According to NGOs in Carinthia and Vorarlberg, these are the only two provinces in which there safeguards in place that ensure that no person has to stay longer than necessary in an institution (Question 8).
• There are also big differences between the provinces regarding the accessibility of medical practices (Question 13).
• Only respondents in Upper Austria and Tyrol report that official statistics about employment and education are available.

ZERO PROJECT - GOOD PRACTICE: RESULTS

The Essl Foundation has created an international network of more than 100 persons with disabilities, NGOs, social entrepreneurs, foundations, networks, media, companies (e.g. infrastructure providers), academics, administration staff, politicians etc. Based on this network, a three-stage process was developed to select the most outstanding Good Practices. The final selection comprised 27 nominations. These Good Practice Examples are described in detail in this report, and are the core selection for the Zero Project Website.

1. Assistance
• A support model for families to have “time off”
• A service to address sexual facilitation
• Cooperatively organised personal assistance
• An interdisciplinary commission to protect the rights of persons with disabilities
• A “baby simulator” to support decision-making for parenthood
• The ENIL-Initiative to live independently

2. Job Support and Job Creation
• An internet job platform that encourages companies to employ persons with disabilities
• A job creation initiative for persons with psychosocial disabilities in Asia
• An employment model for persons with Autism
• A training programme for blind women to screen other women for breast cancer
• An entertainment facility that creates jobs for blind persons and creates mutual understanding between the blind and the non-blind
• A consulting firm for staffing companies with persons with disabilities

3. Hardware/Software/Technical support
• Software that makes email- and web-texts more accessible for persons with disabilities
• A system for live transcription and subtitling of conferences and discussions
• An online map of wheelchair accessible and inaccessible places
• A standardised key for all toilet facilities in Europe

4. Awareness Raising, Policy Implementation
• A toolkit for practitioners to help refugees with disabilities
• Capacity building seminars and planning models for implementing the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) enter this category
• A model for how to plan the implementation of local/regional disability policy plans

5. Media/TV/Accessibility
• Subtitling TV news broadcasts in South America,
• Web TV specially targeted at the deaf/hard of hearing
• Evaluation tool for the accessibility of websites and other digital media

6. Coaching/Education/Training
• A training centre for persons with disabilities to become peer coaches for others with disabilities, and
• A campaign programme for young persons that enables them to raise awareness of the CRPD

7. International and Development Cooperation
• High-level guidance for development aid pro-
grammers on how to shape programmes in order to include persons with disabilities

- A monitoring system for the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in developing countries

8. Data/Statistics
- A global online database on ongoing government projects that include persons with disabilities in mainstream programmes in the field of education, livelihoods and health

**ZERO PROJECT - GOOD POLICY: RESULTS**

For nominations of Good Policies, the Essl Foundation and the World Future Council, together, reached out to disability policy experts from all around the world, including all members of the UN CRPD Committee, the European Disability Forum and the International Disability Alliance. This network of experts provided 18 nominations of laws or regulations from a country, state or province. The policies nominated were researched and evaluated by the World Future Council, which applied its Future Just Lawmaking Methodology. As a third step, eight good policies were finally selected by the Scientific Advisory Board. They were chosen for the Zero Project Report and at the same time constitute the core of the Zero Project Conference in January 2012.

The 8 Good Policies can be divided into two categories:

1. **Anti-discrimination and Equality Laws**

In many countries there are laws that serve as the basis for all measures that are to be taken to prevent discrimination in society. These laws vary highly in terms of comprehensiveness (some deal only with special types of disability, some, on the other hand, are targeted at any kind of discrimination, including race, religion, minority, gender, etc.) and in many other respects. Most importantly, these laws are crucial for improving the living conditions of persons with disabilities in a broad range of areas, foremost in education, employment, health, transport, access to information and many more. The final selection includes the anti-discriminatory and equality laws of Austria, of Spain and of the UK. All of them have their strengths and weaknesses, but – according to the experts – they are the laws to look at now.

2. **Special Policies**

In arguably every country of the world there are special laws and regulations with the focus to protect persons with disabilities, to support them by funding programmes, tax incentives, minimum requirements, by removing barriers, by awareness raising, by promoting training and education, or by the creation of transparency. However, these policies rarely take all human rights of persons with disabilities fully into account, as laid out in the UN Convention on the Rights of Persons with Disabilities, which entered into force in May 2008. Amongst all the nominations, the Scientific Advisory Board finally selected five as outstanding examples of Good Policy. They all have delivered identifiable improvements and can be hereby recommended for transfer to other countries.

**These five Good Policy Examples are:**

- The Swedish Ombudsman System to enable supported, instead of substituted, decision-making, which assists persons with severe mental and psychosocial disabilities in their decision-making, reducing guardianships, suicide, isolation (and costs as well).
- The “Representation Agreements” from British Columbia (Canada) that strengthen the right of persons with disabilities to make their own choices, to obtain support in decision-making and to prevent them being forced into guardianship.
- The Swedish right to live independently, which is one of the few policies in the world where persons with extensive disabilities can, themselves, choose the support that best suits their needs. They, and not the service providers, receive directly the financial support for directing personal assistance services, thus allowing them the maximum control and freedom of choice.
- The obligation of all nurseries, schools and universities in Italy to accept any child, pupil or student regardless of their disabilities, including the most severe, which has led to the fact that 99.6% of all pupils with disabilities are now included in mainstream schools.
- The system of universal access to justice in Israel, where every person with a mental, intellectual or communication disability has the right to be accommodated during investigative and judicial procedures.
### Signature, ratification of the Convention

- AUT
- BEL
- BUL
- CRO
- CZE
- DNK
- EST
- FIN
- FRA
- GER
- HUN
- IRL
- ITA
- NLD
- POR
- ROM

**ART.9: ACCESSIBILITY**

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**ART.11: SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES**

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**ART.12: EQUAL RECOGNITION BEFORE THE LAW & ART 13: ACCESS TO JUSTICE**

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**ART.19: LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY**

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**ART.23: RESPECT FOR HOME AND THE FAMILY**

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**ART.24: EDUCATION**

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**ART.25: HEALTH & ART.26: HABILITATION AND REHABILITATION**

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**ART.27: WORK AND EMPLOYMENT**

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**SURVEY WITHIN AUSTRIAN PROVINCES**

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<tr>
<td><em><em>Selected</em> in 20 countries or more</em>*</td>
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<td>Bizlink Support in finding employment &lt;br&gt; Art. 31 &lt;br&gt; Africa und Asia</td>
</tr>
<tr>
<td></td>
<td>Leonard Cheshire Disability Global disability database &lt;br&gt; Art. 31</td>
<td></td>
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<tr>
<td></td>
<td>Caritas Austria Support for families with handicapped children &lt;br&gt; Art. 26 &lt;br&gt; Austria</td>
<td>WAG Cooperatively organised personal assistance for persons with disabilities &lt;br&gt; Art. 19 &lt;br&gt; Austria</td>
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<tr>
<td></td>
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<td>The Swedish Disability Federation Implementation of the UN standard disability plans &lt;br&gt; Art. 33 &lt;br&gt; Sweden</td>
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<tr>
<td></td>
<td></td>
<td>Empowerment Center of Initiative for Independent Living Peer counselling and education &lt;br&gt; Art. 27 &lt;br&gt; Austria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New Life Psychiatric Rehabilitation Association Jobs for people with psychosocial disabilities &lt;br&gt; Art. 27 &lt;br&gt; Hong Kong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Light for the world Implementing the UN CRPD in developing countries &lt;br&gt; Art. 31, 32, 33 &lt;br&gt; Burkina Faso</td>
</tr>
<tr>
<td><em><em>Selected</em> in 16 to 20 countries</em>*</td>
<td></td>
<td>European Network of Independent Living Assistance for people with intellectual disabilities &lt;br&gt; Art. 19, 29, 30 &lt;br&gt; Sweden</td>
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<td></td>
<td></td>
<td>Lipida Sexualbegleitung Sexual facilitation &lt;br&gt; Art. 5, 22 &lt;br&gt; Austria</td>
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<tr>
<td></td>
<td></td>
<td>Development Reference Group High level guidance on disability-inclusive development &lt;br&gt; Art. 31, 32 &lt;br&gt; Australia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Career Moves Internet job platform for persons with and without disabilities &lt;br&gt; Art. 21, 27 &lt;br&gt; Austria</td>
</tr>
<tr>
<td><em><em>Selected</em> in 11 to 15 countries</em>*</td>
<td></td>
<td>Interdisciplinary Commission Chile Protecting the rights of persons with mental disabilities &lt;br&gt; Art. 15, 16, 33 &lt;br&gt; Chile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Association to Help People with Intellectual Disabilities Training seminars on UN CRPD &lt;br&gt; Art. 8, 12 &lt;br&gt; Slovakia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bartiméus Accessibility Foundation Promotion of inclusive accessibility of the internet &lt;br&gt; Art. 9, 19, 21 &lt;br&gt; The Netherlands</td>
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<tr>
<td></td>
<td></td>
<td>Women’s Refugee Commission Helping disabled refugees &lt;br&gt; Art. 11, 17, 28 &lt;br&gt; Five countries</td>
</tr>
<tr>
<td><em><em>Selected</em> in 7 to 12 countries</em>*</td>
<td></td>
<td>Specialist People Foundation Employment opportunities for people with autism &lt;br&gt; Art. 27 &lt;br&gt; Denmark</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AWO Decision support for disabled people who desire a baby &lt;br&gt; Art. 19, 23 &lt;br&gt; Germany</td>
</tr>
<tr>
<td><em><em>Selected</em> in 3 to 6 countries</em>*</td>
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</tbody>
</table>

* Respondents of the questionnaire could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their context.
### Of Experts, Appraised by National Experts on Local Applicability Good Practices: Map 2012

#### Key to Colours: Topics
- **Hardware/Software/Technical Support**
- **Coaching/Education/Training**
- **Jobs/Job Creation**
- **Awareness raising/Policy implementation**
- **Assistance**
- **International Cooperation/Development Cooperation**
- **Data/Statistics**
- **Media/TV Accessibility**

#### Key to the Map
- The 27 selected Good Practice Examples have been arranged according to:
  - **Importance (Usefulness, Applicability/Of Interest)** in the rows: Higher Positions mean that more experts on national level considered the Good Practices to be very important in their own country.
  - **Kind of disability** in the columns.
  - **Colours** indicate the topic of the Good Practice (see explanation below)
  - The name of the project is to be found at the top of every entry.
  - The Articles refer to the Articles on the UN Convention where this Good Practice Example is applicable and would mean a step towards better implementation of the UN CRPD.
  - The country refers the country of origin, or the countries where the Good Practice has been established so far.
  - Detailed information on the selection process can be found on page 24, detailed information on every Good Practice Example at page 96 ff.

### For Visual Impairment, Blindness

<table>
<thead>
<tr>
<th>Project</th>
<th>Topic</th>
<th>Art.</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dialogue in the Dark</td>
<td>Empowering disabled people</td>
<td>8, 27</td>
<td>Germany</td>
</tr>
<tr>
<td>discovering hands®</td>
<td>Visually impaired women detect breast cancer</td>
<td>6, 25, 27</td>
<td>Germany</td>
</tr>
<tr>
<td>RoboBraille Consortium</td>
<td>Electronic texts for the visually impaired</td>
<td>9, 21</td>
<td>Denmark</td>
</tr>
</tbody>
</table>

### For Hearing Impairment, Deafness

<table>
<thead>
<tr>
<th>Project</th>
<th>Topic</th>
<th>Art.</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>VerbaVoice</td>
<td>Transcription for hearing impaired people</td>
<td>9, 21, 27</td>
<td>Germany</td>
</tr>
<tr>
<td>Deaf Real Citizenship Corporation of Chile</td>
<td>Sign language on TV news</td>
<td>21</td>
<td>Chile</td>
</tr>
<tr>
<td>Eurokey</td>
<td>Guaranteed access to public facilities</td>
<td>9, 20</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Deaf and Hard of Hearing Clubs Association of Slovenia</td>
<td>Web TV for the deaf/hard of hearing</td>
<td>9, 21</td>
<td>Slovenia</td>
</tr>
</tbody>
</table>

### For Physical Disability

<table>
<thead>
<tr>
<th>Project</th>
<th>Topic</th>
<th>Art.</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelmap.org</td>
<td>Accessibility information for wheelchair users</td>
<td></td>
<td></td>
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</tbody>
</table>
### Anti-Discrimination and Equality Laws

<table>
<thead>
<tr>
<th>Participation in All Areas of Life</th>
<th>Description</th>
<th>Results</th>
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</table>
| **2006** Austria                  | The focus on accessibility in the public and private sector combined with a mandatory low-threshold conciliation procedure, which is promoted as Good Practice by disability organisations, are what distinguish the Austrian Federal Disability Equality Act. In particular, the law puts forth a highly interesting approach with regard to the achievement of an accessible built environment, which, in its original version, is favoured by the European Disability Forum as a model for the European Accessibility Act (announced for 2012). | • In 2010, the Disability Ombud answered over 1,200 requests.  
• In the same year, EUR 3.4 million was granted by the Federal Social Welfare Board to almost 200 undertakings for accessibility works.  
• From 2006 to 2010, there were 732 mandatory conciliation cases, of which approximately 60 percent could be solved out of court.  
• In addition, several ministries have published action plans with the objective of achieving accessibility.  
• The publication of a 10-year plan is expected soon.  
• The publication of a 10-year action plan is expected in 2012. |

| The Right to Equal Opportunities | The Law of Equal Opportunities, Non-Discrimination and Universal Access for People with Disabilities marked an unambiguous shift in Spanish disability policy toward a human rights perspective based on the social model of disability. Foremost, its provisions aim to guarantee the right to equal opportunities of disabled people by defining measures against discrimination and a series of affirmative actions. Crucial for achieving its objectives is the crosscutting goal of universal accessibility. | • Within six months of the law’s enactment, the National Action Plan on Accessibility 2004-2012 was launched.  
• In 2007, a series of further regulations were promulgated.  
• Reports have highlighted that improvements in quality of life have been made, foremost in accessibility of transport and of communication. Public and private attitudes have started to change.  
• In 2011, the enactment of Act no 26 has incorporated the definition of a person with disability of UN CRPD Article 1. |

| The Right to Equality | 116 separate pieces of legislation were consolidated and updated with the introduction of the single Equality Act, perhaps the most comprehensive and detailed anti-discrimination legislation in Europe. Its comprehensiveness derives not only from the range of the protected groups, but also from the areas covered by the Act, which include nearly all the functions of public authorities and the private sector. Particularly in the non-employment context, two promising tools for tackling discrimination can be found: the public sector equality duties, and the anticipatory reasonable adjustment duty. | In 2010, the Equality and Human Rights Commission took 50,000 calls to its helpline (unfortunately threatened by spending cuts).  
• With regard to the general public sector equality duty, there is an increasing number of successful cases and about 100-200 settlements per year.  
• The anticipatory reasonable adjustment duty appears to have inspired the European Commission to include a similar anticipatory duty in its draft of the Goods and Services Directive. |

### Special Laws

<table>
<thead>
<tr>
<th>Advancing Supported Decision-Making</th>
<th>Description</th>
<th>Results</th>
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| **1999** British Columbia          | With its Representation Agreement Act RSBC c.405, British Columbia has led the way in the recognition of the right to support in personal decision-making. The law’s flexible definition of capability is one of its main strengths, since it recognises trust as one of the defining features of support relationships and shifts the burden of proof of incapability to others. The legislation allows for the creation of personal planning tools known as representation agreements, which, unlike most personal planning tools, permit the appointment of an individual(s) to help an adult make decisions. | • Representation Agreements are praised by the disability community as highly successful in providing legal recognition of supported decision-making.  
• The non-profit organisation Nidus provides a centre for excellence in Best Practice with personal planning and supported decision-making, and operates a centralised registry with some 5,000 records.  
• Representation Agreements significantly prevent guardianship and are the reason why the number of private guardianships has remained fairly stable during the last years |
<table>
<thead>
<tr>
<th>Good Policy</th>
<th>Description</th>
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</table>
| **Universal Access to Justice** | 2005 Sweden

Many justice systems around the world are not accessible to people with mental, intellectual or communication disabilities, as investigative and judicial procedures are not adapted to meet their needs. As established by the *Investigation and Testimony Procedures Law*, in Israel, a Special Investigator is now assisting police interrogations. In addition, the law provides for important adaptations to the testimony given in court, including the exemption from cross-examination as a witness.

- From 2007 to 2010, there were 2,400 requests for special investigations. Almost 1,780 persons with intellectual disabilities were interrogated.
- The majority of the cases recorded – 78 percent - constituted victims of crime.
- Cases were brought to court which beforehand would have been dismissed.
- Parallel to its enactment, the law and its mechanisms enlightened the debate about the content and language of UN CRPD Article 13 on access to justice.

**The Right to Inclusive Education** | 1992 Italy

Italy abolished almost all segregated educational settings and, with its *Framework Law for the Assistance, Social Integration and the Rights of Disabled Persons No 104*, enshrined the entitlement of all students with special needs to experience a good quality of inclusive education. All day nurseries, schools, universities and any other education provider, including private institutions, have the obligation to accept pupils with disabilities, also those severely disabled. All disabled children have the right to be supported in learning by a professional. Of particular importance to the law’s objectives is the combination of clinical diagnosis, dynamic profile and tailored education plan to determine the personal potential of the pupil, and the broad cross-sectoral participation and cooperation of all stakeholders in working groups at different levels.

- Italy is, so far, the only European country in which almost all (99.6%) disabled pupils, out of a total of 170,000 (in 2007-2008), were included in mainstream schools.
- Inclusive education is achieved with the help of over 90,000 specialised teachers for learning support and an additional 25,000 educators employed by the schools.
- Physical barriers in access to schools have been almost eliminated.
- An amendment of 1999 concerned inclusive university settings and, as a result, an impressive 12,400 disabled students were enrolled in Italian universities in 2006, tripling within only six years.

**Safeguarding human dignity** | 2005 Sweden

The *Swedish Government Decision No 16* established a nationwide system of Personal Ombudsmen (POs) that provides support in decision-making for persons with severe mental or psychosocial disabilities. POs are highly skilled persons who do outreach work and establish, first and foremost, trusting relationships with individuals in need of support. They assist individuals in taking control of their own situation, identify care needs and ensure that they receive the necessary help.

- Support by a Personal Ombudsman shows highly positive response rates and reduces guardianship, isolation, drug addiction, homelessness, suicide and violence amongst the individuals addressed.
- Calculations have shown that PO operations reduce costs by approximately €80,000 per assisted person over a five year period.
- In 2010, 325 POs employed in over 100 businesses provided support to more than 6,000 individuals throughout the country.
- Recently, a personal support system was started by Oslo and one currently operates in Helsinki. Cities such as San Francisco, Vancouver, Sydney, Budapest, Riga and Prague have similar plans.

**The Right to Living Independently** | 1993 Sweden

Sweden legally entitles persons with extensive disabilities to cash payments for the purchase of self-directed personal assistance services. The *Act concerning Support and Service to Persons with Certain Functional Impairments* sets out the right for persons with considerable and permanent functional impairments to “good” as opposed to basic living conditions through the provision of ten measures for special support. One of the measures constitutes the right to personal assistance as regulated by the Assistance Benefit Act, setting the foundation for a demand-driven and competitive personal assistance market.

- In 2009, over 60,200 people received special support.
- The system of cash payments created a competitive market consisting of about 15,900 assistance users, 230 local governments and over 1,100 private entities, these last employing a total of 60,000 (full-time equivalent) personal assistants.
- It enables assistance users and their family members to return to work and provides jobs to people who often would otherwise live on unemployment insurance.
- It has been estimated that taxpayers have saved a minimum of SEK29 billion since 1994, compared to the costs of local governments’ services.
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16 ZERO REPORT 2012
EXCURSUS: AUSTRIAN FEDERAL PROVINCES COMPARISON OF 13 INDICATORS IN GERMAN LANGUAGE

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Zeitrafen für öffentlich zugängliche Gebäude (Art. 9, Frage 2)
Barrierefreie Benutzung von Linienbussen (Art. 9, Frage 3)
Anspruch auf finanzielle Unterstützung zur Teilnahme am Leben in der Gesellschaft (Art. 19, Frage 4)
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Offizielle Statistiken über Universitätsabsolventen (Art. 24, Frage 6)
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Beschäftigung im öffentlichen Dienst (Art. 27, Frage 8)
Zahl der Beschäftigten mit Behinderung (Art. 27, Frage 9)
Umfassende Barrierefreiheit beim Wahlrecht (Art. 29, Frage 10)
Statistik über in Einrichtung lebende Menschen (art. 30, Frage 11)
Statistik über Ausbildung/Beschäftigung (Art. 30, Frage 12)
Installation von „Focal Points“ (Art. 33, Frage 13)

Good Practice Examples

Awareness Raising/Policy Implementation
Promoting Access and Inclusion (in Five Countries)
Raising Awareness about the UN CRPD (Slovakia)
How to Implement UN Standards (Sweden)

Assistance
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**Imprint/Copyright** .................................................................................................. 2
The Zero Project Report would not have been possible without all the broad support that the Essl Foundation received. We are grateful to the Austrian NGOs for their continuous support, right from the beginnings of the “Essl Social Index”, and the first workshop in April 2009. Heads and experts of ÖAR, Caritas, Diakonie, Lebenshilfe, ÖZIV, Hilfsgemeinschaft der Blinden und Sehschwachen, Seraphisches Liebeswerk der Kapuziner helped us develop and test the first indicator system to measure the implementation of the UN CRPD: without their support the Zero Project would not have been possible.

During this year’s exercise, our cooperations have strengthened further, and, in addition to completing the questionnaire, many of our partners were also extremely helpful in the nomination of both Good Practices and Good Policies. We are very happy to have been welcomed by the international community of foundations, especially by the European Foundation Centre (EFC), and the European Consortium of Foundations on Human Rights and Disability (the Consortium) within the EFC – the group of foundations that focuses on disability issues. They helped us to widen the reach of the study to 36 countries. We are especially grateful to Miguel Angel de la Luna, Co-Chair of the Consortium and Maria Orejas, Disability Interest Group Coordinator of the EFC, for their personal and ongoing support.

We thank every one of the foundations and NGOs from the 36 countries that have contributed with filling in the questionnaire, nominating Good Practices and Good Policies, or – as nominated Good Policies or Good Practices – were willing to share their knowledge with us. This network has, now, grown to 56 persons and NGOs, and will be the basis for all further developments of the Zero Project (see table). We thank all the employees from the bauMax company who helped to strengthen our network, especially in Central and Eastern Europe.

We were really happy that we could start a cooperation with the World Future Council (WFC) by the beginning of 2011. The WFC helped us enormously to develop and sharpen our approach towards Good Policy and Good Practice. The research and evaluation process of the eight Good Policies, presented in this study, was entirely carried out by the WFC, and we are personally grateful to Jakob von Uexkull, Alexandra Wandel and Ingrid Heindorf from the WFC. The Zero Project Conference, that presents and discuss the Good Policies researched, is also organised jointly by the WFC and Bank Austria. Its CEO Willi Cernko and its head of sustainability, Fred Luks, personally supported the “Good Policies for Disabled People” conference in January 2012. The Zero Project Website has been launched together with the team of the media agency Kraftwerk, who were very helpful in the development of the Zero Project in social media. Robert Seeger, Alexandra Steiner and Nina Kasbauer added their knowledge on connectivity and on barrier-free access to the Zero Project.

On the foundation site, we are grateful to the board of the Essl Foundation for generously supporting the Zero Project.
Research Network

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Blerta Çani, Albanian Disability Rights Foundation

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Australia
Christine Walton, CBM Australia/Australian Disability and Development Consortium (ADDC)

Austria
Paul Barbist, Lebenshilfe Tyrol
Albert Brandstätter, Silvia Weissenberg, Lebenshilfe Österreich, Georg Dembien, Caritas Austria
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Walburga Fröhlich, aTempo Styria
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Eringard Kaufmann, Lebenshilfe Lower Austria
Stefan Marchewa, Diakonie Galineukirchen
Michael Mellizer, Diakonie del la Tour Carinthia
Bernhard Schmid, Lebenshilfe Vienna

Belgium – Federal State Walloon
Pascale Taminiaux, Foundation Roi Baudouin
Antoine Filigonio, AWIPH Agence Wallonne pour l’Intégration des Personnes Handicapées

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Vesna Bajsanski-Agic, Mozaik Foundation

Bulgaria
Tsvetomir Doumanov, Caritas Bulgaria

Canada
Anna MacQuarrie, Canadian Association for Community Living (CACL)

Croatia
Marijana Jankovic, Udruga za promicanje inkluzije

Czech Republic
Vjtech Groulik, Letohradek Vendula

Denmark
Signe Højsteen, Disabled Peoples Organisations Denmark

Estonia
Katarina Seeherr and Katrin Pedaste, Pahkla Camphillii Küla

Finland
Kalle Könkkölä and Juha-Pekka Konttinen, The Threshold Association / VIKE

France
Catherine Agius, La Fondation de France

Germany
Sylvia Brinkman and Martina Menzel, Diakonisches Werk der EKD e.V.

Hungary
Tiborné Szekeres, Egyenlő Esélyekért Alapítvány

Ireland
Charles O’Mahony, Centre for Disability Law & Policy, National University of Ireland, Galway

Israel
Esther Sivan and Sharon Primor, Bizchut - The Israel Human Rights Center for People with Disabilities

Italy
Sara Novara, La Fondazione CRT

Kosovo
Zamira Hyseni Duraku, Kosovo Mental Disability Rights Initiative

Macedonia
Zoran Stojkovski, Center for Institutional Development – CIRa

Mexico
Sofía Galván, Disability Rights International
Keiran Gibbs, Disability Rights International

Montenegro
Anica-Maja Boljevic, Fund for Active Citizenship – fAKT

The Netherlands
Henry Leerentveld, Social Consultant

Portugal
Helena Vaz da Silva, Fundação Calouste Gulbenkian
Joaquim Martins, Lawyer
José Seródio, Instituto Nacional para a Reabilitação, I.P, INR, I.P

Romania
Francisc Simon and Monica Stanciu, “Organizatia Nationala a Persoanelor cu Handicap din Romania” - ONPHR

Serbia
Dragana Ciric Milovanovic, Disability Rights International/Mental Disability Rights Initiative MDRI-S
Damjan Tatic, Serbia’s National Umbrella Organisation of DPO – NOOIS

Slovakia
Dušan Mikulec, Lapsi svet

Slovenia
Cveto Uršič, Ministry of Labour, Family and Social Affairs

South Africa
Thomas Ong’olo, The Secretariat of the African Decade of Persons With Disabilities
Spain
Lourdes Márquez de la Calleja, Fundación ONCE

Sweden
Annika Åkerberg, Human Rights Lawyer

Switzerland
Caroline Hess-Klein, Egalité Handicap

Turkey
Hanzade Germiyanoglu, Sabanci Foundation

United Kingdom
Guy Parckar, Leonard Cheshire Disability

USA – California
Bruce Curtis, World Institute on Disability

USA – New York State
Arlene Kanter, Syracuse University College of Law

Nominators of Good Practice and Good Policy

Australia
Christine Walton, Australian Disability & Development Consortium

Austria
Klaus Candussi, aTempo
Gregor Demblin, Career Moves/Caritas Austria
Thomas Druyen, Sigmund Freud Privat University Vienna
Paul Elmaier, Familienberatungsstelle der Lebenshilfe Salzburg
Bernadette Feuerstein, Selbstbestimmt Leben Österreich - SLÖ Independent Living
Wolfgang Glaser, Empowerment-Center der SLI OÖ
Andreas Gruber, Federation of Austrian Industries
Johanna Mang, Light for the World
Daniele Marano, Relief Organisation for Austria’s Blind and Visually Impaired
Eva Oberbichler, Evangelisches Diakoniewerk
Gallneukirchen, Austria
Otto Perny, Lebenshilfe Lower Austria, Austria
Eduard Riha, Österreichische Arbeitsgemeinschaft für Rehabilitation (ÖAR)
Roswitha Schachinger, WAG Assistenzgenossenschaft gemeinn. e.Gen.
Ulrike Schneider, Vienna University of Economics
Christoph Wallenstein, Wien Work
Angela Wroblewski, Institute for Advanced Studies

Bulgaria
Tsvetomir Doumanov, Caritas Sofia,

Canada
Peter Eyvindson, Broken Wings Missions Inc.

Chile
Maria Soledad Cisternas Reyes, United Nations Committee on the Rights of Persons with Disabilities

Germany
Theresia Degener, United Nations Committee on the Rights of Persons with Disabilities

Frank Hoffmann, discovering hands®
Rainer Höll, Ashoka Deutschland GmbH
Ricarda Wank, Handicap International

India
Pavithra YS, Vindhya e-Infomedia Pvt Ltd

Ireland
Gerard Quinn, Centre for Disability Law and Policy, University Galway,

Italy
Rita Barbuto, DPI Italia ONLUS
Sunil Deepak, AIFO (Italian R. Follereau Association)

Jordan
Mona Abdeljawad, Higher Council for the Affairs of Persons with Disabilities
Mohammed Al-Tarawneh, United Nations Committee on the Rights of Persons with Disabilities

The Netherlands
Paulien Bruijn-Rietveld, Dark and Light (Light for the World)

Norway
Berit Vegheim, Stopp diskrimineringen

Portugal
Maria Guida de Freitas Faria/Henrique Cayatte, Fundação LIGA/Centro Português de Design

Slovakia
Iveta Mišová, The Association for Help to People with Mental Handicap in the Slovak Republic

Slovenia
Frida Planinc, Deaf and Hard of Hearing Clubs Association of (ZDGNS)
Irena Reberšak, Zavod Zarja
Cveto Uršič, Ministry of Labour, Family and Social Affairs

Spain
Jamie Bolling, ENIL - European Network on Independent Living
Beatriz Rabadán López, Fundacion ONCE

Sweden
Ingemar Färm, Past President of the Swedish Disability Federation, HSO
Thorkil Sonne, Specialist People Foundation

Switzerland
Miriam Baumgartner, Center for Disability and Integration, University of St. Gallen
Barbara Murray, International Labour Organisation

United Kingdom
Nolan Quigley, formerly with Leonard Cheshire Disability

USA
Dale Buscher, Women’s Refugee Commission,
Joan Durocher, National Council on Disability
Steve Jacobs, Apps4Android, Inc
Rosita Najmi, The Center for Financial Inclusion at ACCION International
About the Essl Foundation

The Essl Foundation was established in March 2008. Its purpose, established in the deed of foundation, is: to support people in need and to promote public awareness about the necessity of support for those in need and to provide the individuals concerned with appropriate training. In particular, persons with disabilities, social innovation and social entrepreneurship are all supported. Sharing the mission of working towards a world with zero barriers.

Since 2008, the Essl Foundation has begun several activities, first and foremost the Essl Social Prize for experienced social entrepreneurs to develop social innovations that benefit people in need. The Essl Foundation also supports Ashoka in Austria and internationally. In addition, it cooperates with a group of foundations and philanthropists in Austria to promote the social innovation and venture philanthropy called Sinnstifter.

The Essl Foundation is closely connected to the bauMax company, one of the biggest retail chains in Central and Eastern Europe specialising in home improvement. bauMax was founded in 1976, currently runs 155 markets in nine countries, and employs around 11,000 people.

The company has a strong ethical foundation, based on the Protestant Christian beliefs and ethics of its founding family. The support and employment of persons with disabilities is core to the business ethics of the bauMax group, but not only that: employing more than 250 persons with disabilities – with a focus on persons with intellectual disabilities – has proven to be a key factor in the corporate culture of bauMax and plays a significant part in its business strategy. The support of persons with disabilities is, likewise, at the core of the Essl Foundation’s activities. Issues like employment or accessibility are common to both the Essl Foundation and bauMax, and can be tackled from both the philanthropic and the entrepreneurial sides.

2010: The Project “Essl Social Index”

In 2009, the Essl Foundation started the “Essl Social Index”, a pilot study to develop social indicators. The indicators were aimed at measuring the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD). It was not intended that the Essl Social Index replace the supervisory, control and reporting mechanisms that exist at various levels, but, rather, provide them with additional instruments, arguments and facts and to reinforce them. Specifically, the detailed information provided by the Essl Social Index indicators would complement and reinforce the monitoring process stipulated as part of the UN CRPD.

The survey was based on questionnaires sent out to experts in various countries, and also in the nine Austrian federal states, where different laws and practices apply. Since the Essl Social Index was initially developed together with Austrian NGOs and experts, it was natural to include an “Austrian section” in the survey. The Essl Social Index Pilot Study was published in November 2010 and received considerable attention in Austria and internationally. The Essl Foundation evaluated the feedback that it received and also approached experts, persons with disabilities, academics, NGOs, politicians and the media, etc. Based on the aggregated responses, the decision was made to start the Zero Project.

The three key aspects of the Zero Project

The present Zero Project Report is part of the Zero Project that was launched in 2011 by the Essl Foundation. The overarching mission of the Zero Project is to improve the living conditions of persons with disabilities. It creates platforms for sharing and developing models that clearly improve the daily lives and legal rights of persons with disabilities. It does this by including persons with disabilities themselves at various stages of the decision-making process. At this time the Zero Project has identified three areas of work where platforms are – after intensive talks with various stakeholders and persons with disabilities – much needed and welcome:

1. Social indicators that compare and measure the implementation of the CRPD: Since ANED, Focal Points and shadow reports also measure its implementation, using, in part, social indicators of their own, the biggest need is seen in adding indicators that are based on examples and anecdotal evidence, and
can be easily researched and communicated. The system of Zero Project Indicators will contribute arguments to the discussion, helping support those who work to implement the CRPD nationally or even regionally.

2. Good Practice: Good Practices were a kind of by-product of the pilot study in 2010. Respondents to the questionnaire supplied them in some cases to illustrate their answers. The editing team compiled them and added them to the report. It turned out that these Good Practices were highly regarded by the readers of the report, since they often supplied them with proven solutions to their existing problems. At the core of the Zero Project is a platform for Good Practices that helps decision-makers to improve the implementation of the CRPD and improve the lives and legal rights of persons with disabilities. The platform is designed as a dedicated database for decision-makers, and to actively involve various kinds of stakeholders and experts, who nominate, comment, appraise and evaluate Good Practices. The Zero Project distinguishes between Good Practices that – primarily in a “bottom up” approach – are developed by persons with disabilities themselves, by NGOs, entrepreneurs, academics, etc., and improve the situation of those with disabilities with new technologies, new ways of communication or advocacy, education systems, removal of barriers, employment models, etc., and Good Policies that – primarily in a “top down” approach – have been implemented and have been demonstrated to improve significantly the lives and legal rights of persons with disabilities, thus, advancing social change.

3. Good Policy: Good Policies that advance disabled people’s rights under the principles of the UN Convention can originate in many different areas, from respect for inherent dignity, individual autonomy and independence, to full and effective participation and inclusion in society, to equality of opportunity, and accessibility. Either of a regional or national nature, they have been in existence long enough to prove their effective implementation and, most importantly, deliver identifiable improvements – today and in the future. Good Policies are inspiring, innovative and effective policies that reflect a holistic perspective, that overcome the social, legal, economic, political and environmental conditions that act as barriers to the full exercise of rights by persons with disabilities, that provide them with the opportunities to participate fully in society and with the adequate means to claim their rights, and are therefore likely to perform well applying the Future Just Lawmaking Methodology adopted by the World Future Council.

The three communication channels of the Zero Project

The Zero Project establishes three communications channels to promote its key fields of activity:

1. The present Zero Project Report. It will be published either annually or biannually in the future, and will summarise all results of the Zero Project. The Zero Project Report is based on research done between May and September 2011, containing all three parts of the project: Social Indicators, Good Practice and Good Policy. It is published in English, with the exception of the parts covering the Austrian states, which are in German.

2. The Zero Project Website. It will be officially launched in January 2012. Its design is based on social media and will act as an interactive platform for everyone who is interested in Social Indicators, Good Practice and Good Policy in the field of disability. Participation will be possible in various ways, but with the overarching aim of highlighting the best solutions for creating change for the better. At this stage, therefore, the focus will be on Good Practice and Good Policy.

3. The Zero Project Conference. The Zero Project Conference, which will be organised in Vienna on 22 and 23 January 2012 for the first time, concentrates on Good Policies. To research and select Good Policies, as well as to participate in organising the conference, the Zero Project has teamed up with the World Future Council, a foundation founded by Jakob von Uexküll informing policy-makers about future just solutions and advising them on how to implement them. After a multi-level research and evaluation process, applying the Future Just Lawmaking Methodology adopted by the World Future Council, finally, an international Scientific Advisory Board selected the Good Policies to be presented to, and discussed with, 200 stakeholders and decision makers at the International Conference on “Good Policies for Disabled People”. The conference is generously supported by Bank Austria, which is also hosting this event, and to which we are most grateful.
Details of the Social Indicator system
The Zero Project Social Indicators are specifically aimed at rendering international (or in federalist government systems also internal) differences transparent and tangible. Using key figures, the Zero Project Social Indicators condense the overall picture in one country (or province) and, in doing so, help render it both transparent and comparable as well. This is reinforced by a simple optical traffic light colour code:

**GREEN:** in the respective country/province the problem addressed is satisfactorily solved;

**ORANGE:** in the respective country/province the problem addressed is partially/sometimes solved;

**RED:** in the respective country/province the problem addressed is not satisfactorily solved.

Various articles, specifically Articles 8-33, of the UN Convention serve to underpin the questions asked. For most of the articles this is not possible, however. In this regard, specific facts had to be selected based on the characteristics of representativeness, objectivity and surveyability.

Requirements of the Social Indicators for the Zero Project Report

- Measurable, representative and comparable facts
- Surveyability with reasonable effort and costs by international experts and NGO networks in the absence of available statistics and figures
- Selectivity so that, to some degree, there are solutions in at least one of the countries considered
- Objective surveyability, independent of the respondent and questioner
- Simple, understandable language for the questions and clearly specified options for response
- Long-term representativeness
- Representative consideration of various groups among persons with disabilities
- Avoidance of questions in which the definition of disability plays a role, as this definition varies extremely in different contexts
- Illustration of concrete problems or laws for which improvement can occur as directly as possible
- Possibility for supplementary descriptions.

The survey was conducted using questionnaires, in the spring and summer of 2011, by:

- Foundations (with strong support from the European Foundation Centre)
- NGOs with international connections
- International networks of scientists and experts

Altogether 56 persons and organisations contributed to the survey (see list on p. 20). The follow-up and summarising was carried out by the Essl Foundation.

Background of the Good Practice Research
The Essl Foundation has created an international network of more than 100 persons with disabilities, NGOs, social entrepreneurs, foundations, networks, media, companies (e.g. infrastructure providers), academics, administration staff, politicians etc. who have not only proven to be experts in their fields, but have proven their willingness to contribute to the Zero Project (and its predecessor, the Essl Social Index). Based on that network a four-stage process was developed to select the most outstanding Good Practices.

1. The network was asked to nominate (up to 3) Good Practices using a questionnaire in which the Nominees also had to fill in details about their nominations and reasons why they considered them as outstanding. Altogether 70 projects, products, organisations etc. were nominated as Good Practices.

2. In a second step, experts at the Essl Foundation assessed the nominations based on basic research. 30 nominations passed this hurdle. The criteria for selecting Good Practices were: outstanding innovation, proof-of-concept, potential to be scaled up and internationalised, potential for improvements in both qualitative and quantitative terms.

3. In the next step, the nominated organisations were contacted to provide in-depth information about themselves and authorise the research results to be used and published as part of the Zero Project. 27 nominations were involved in this final selection step.

4. Finally, all the respondents of the questionnaire (except the Czech Republic and the UK) also assessed the importance of the selected Good Practices to their own countries. This they did considering relevance, importance and practicability issues. Each respondent could choose up to 10 Good Practices for his/her country. They were marked with a “black traffic light”, all the others remained white. Thus, in every description of the Good Practice, the number of “black lights” indicates how important it is considered. These 27
Good Practice are not only published in the present report, but will also be at the core of the Zero Project Website. Some of them will also take part and contribute to the Zero Project Conference.

**Background of the Good Policy Research**

Cognizant of the fact that laws are fundamental instruments to implement the UN Convention on the Rights of Persons with Disabilities by setting principles and guidelines of action for millions of people, organisations and companies, the Essl Foundation entered into partnership with the World Future Council, a Hamburg-based foundation advising and advancing policy change. Together, the World Future Council and the Essl Foundation reached out to their networks, to all UN CRPD Committee members, and disability rights organisations around the world, asking for nominations of Good Policy. This network provided 18 policies from 14 countries, from the Middle East (2), from Latin America (1), from North America (2), from Europe (12) and from Australia (1).

This year the research, evaluation and selection process of the nominated policies has been carried out by Ingrid Heindorf (political scientist, MA in International Relations Hons), Policy Officer for Disabled People at the Just Societies Programme of the World Future Council. The researcher applied the *Future Just Lawmaking Methodology* adopted by the World Future Council (WFC), conducted interviews with representatives from governments, science or academia and non-governmental organisations for each of the nominated policies, and produced a final evaluation report. In addition, the researcher drew on the Guidelines for the UN CRPD Implementation: A tool for assessing progress, provided as Annex I to the Study on Challenges and Good Practices in the implementation of the UN Convention on the Rights of Persons with Disabilities VC/2008/1214, conducted by the European Foundation Centre.

In order to select the policies to be presented and discussed at the **International Conference on "Good Policies for Disabled People"** a transnational Scientific Advisory Board composed of renowned experts, including people from the disability rights movement, international organisations and national human rights institutions, and leading academics, was established. Its role was to discuss, on the basis of the final evaluation report, and to decide, which policy frameworks indicate the best solutions for protecting and guaranteeing disabled people’s rights, and which can serve as examples and good practice to other countries or regions.

**The international Scientific Advisory Board**

1. Stefan Trömel, Executive Director, International Disability Alliance, Spain
2. Prof. Anna Lawson, Senior Lecturer, School of Law, Faculty of Education, Social Sciences and Law, University of Leeds, and Member of the Scientific Advisory Board of the European Commission’s Academic Network of European Disability experts (ANED), UK
3. Marko Vuoriheimo, Special Representative for Promoting the Rights of People with Disabilities to Alexander Stubb, Finnish Minister of Foreign Affairs, and Hip-hop artist "Signmark", Finland
4. Oliver Lewis, Executive Director, Mental Disability Advocacy Centre, Hungary
5. Dr Adolf Ratzka, Founder and Co-Director, Independent Living Institute, Sweden
6. Prof. Gerard Quinn, Director of the Centre for Disability Law & Policy, NUI Galway School of Law, Ireland
7. Mr Miguel Angel Cabra de Luna, Director for Social Relations, International Affairs and Strategic Planning, Fundacion ONCE and Co-Chair of the EFC Consortium of Foundations on Human Rights and Disability, Spain
8. Dr. Valentin Aichele, Head of the CRPD National Monitoring Committee, German Institute for Human Rights, Germany
9. Dr. Klaus Vogel, President, National Council for Persons with Disabilities, Austria
10. Javier Güemes, Acting Director, European Disability Forum, Belgium
11. Alexandra Wandel, Director, World Future Council, Germany

The Board discussed and commented upon all policies evaluated by the World Future Council Research Department in two steps: firstly, anti-discrimination laws and, secondly, the policies related to other UN CRPD articles. **Out of the 18 policies nominated, only eight qualified as Good Policies**, and they will all be presented at the International Conference on "Good Policies for Disabled People", to be held on 22-23 January 2012 in Vienna, Austria.
The United Nations Convention on the Rights of Persons with Disabilities is an international agreement that specifies the human rights that already exist for disabled persons. For this reason fundamental human rights are also found in the text of the agreement, such as the right to life and the right to liberty of movement.

The implementation of the Convention by the States Parties is supported by a United Nations body, the UN Committee on the Rights of Persons with Disabilities, the headquarters of which is in Geneva.

Like all human rights conventions, the Convention is directed primarily toward the state as guarantor of these rights. The state ratifies the Convention and is thus legally obliged to implement it.

**Origin and entry into force**

The Convention and Optional Protocol were adopted on 13 December 2006 at the headquarters of the United Nations in New York. The Convention, as well as the Optional Protocol, entered into force on 3 May 2008 after 20 states had ratified the Convention.

As of 1 November 2011, 153 states had signed the Convention and 106 states had ratified it. 90 had signed the Optional Protocol and 63 had ratified it. In 2011 alone, the CRPD was ratified by Romania, Togo, Colombia, Belize, Cyprus, Pakistan, Bahrain, Luxembourg and Cape Verde.

In addition to the EU itself, all its 27 member states had signed the Convention and 19 had ratified it. 22 had signed the Optional Protocol, and it had been ratified by 16 countries. Bulgaria, Estonia, Finland, Greece, Ireland, Malta, the Netherlands and Poland have still to ratify the Convention.

**Aims of the UN Convention**

The Convention seeks to promote the equality of opportunity of persons with disabilities and to prohibit their discrimination in society. The critical potential of human rights versus involuntary exclusion from communities or society is to be developed more strongly than before.

The UN Convention does not require "integration", rather "social inclusion". This means participation in society to the full extent, while, at the same time, preserving autonomy and independence. Under the General Principles (Art. 3) it says: "Full and effective participation and inclusion in society". "[r]espect for difference and acceptance of persons with disabilities as part of human diversity and humanity".

By aiming to liberate persons with disabilities from having to view themselves as a “deficit”, the Convention simultaneously aims to liberate society from an incorrectly understood fixation on health, by which all those who fail to satisfy the imperatives of fitness, youth and continuous performance are pushed to the margins.

The Convention is based on an understanding of disability which explicitly affirms every form of physical, mental or sensory impairment as a normal aspect of human life and human society and also appreciates them as a potential source of cultural enrichment ("diversity approach"). Persons with a disability should be able to live with all others and to feel a sense of belonging.

The most important points of the UN Convention, which, on the other hand, represent the greatest need for action for many states, include:

**Equal recognition before the law (in accordance with Art. 12 of the Convention)** – According to the text of the Convention, the States Parties of the Convention shall take appropriate measures to provide persons with disabilities with access to the support they may require in exercising their legal capacity. Thus persons with disabilities or mental illness are to be provided with legal support – not a representative – rather than fundamentally deprived of their legal capacity.

**Access to justice (in accordance with Art. 13 of the Convention)** – As a general rule, for disabled persons
the principle of barrier-free access applies: blind or visually impaired persons shall have legally relevant texts read to them or made accessible in another manner. Hearing or speech impaired persons shall be provided with the required assistance at hearings. Cognitively impaired persons have a right to have legal documents explained to them in a language they understand.

**Liberty and security of person (in accordance with Art. 14 of the Convention)** – The existence of a disability shall in no case justify a deprivation of liberty.

**Living independently and being included in the community (in accordance with Art. 19 of the Convention)** – This right includes the freedom to choose the place of residence and the freedom to decide where and with whom to live. Obliging persons with disabilities to live in particular living arrangements is also contrary to the law. Access to community support services at home and in institutions, including personal assistance necessary to support living and inclusion in the community shall also be guaranteed. Isolation or segregation from the community are to be prevented in this manner.

**Education (in accordance with Art. 24 of the Convention)** – No one may be excluded from the general system of education. In accordance with the UN Convention on the Rights of Persons with Disabilities, students with physical or mental disabilities shall be taught in regular schools and institutions of tertiary education.

**Health (in accordance with Art. 25 of the Convention)** – The right to the highest attainable standard of health.

**Habilitation und Rehabilitation (in accordance with Art. 26 of the Convention)** – Not only professional assistants, but also other persons with disabilities (peer support) shall support persons with disabilities in order to ensure maximum independence, full physical, mental, social and vocational abilities.

**Work and employment (in accordance with Art. 27 of the Convention)** – Right to gain a living by work.

**Adequate standard of living and social protection (in accordance with Art. 28 of the Convention)**

**Participation in political and public life (in accordance with Art. 29 of the Convention)**

**Participation in cultural life, recreation, leisure and sport (in accordance with Art. 30 of the Convention)**

**Statistics and data collection (in accordance with Art. 31 of the Convention)** – States Parties shall undertake to collect appropriate information, including statistical and research data, which enables them to formulate and implement policies to give effect to the present Convention.

**Implementation of Focal Points to monitor the implementation of the CRPD (Art. 33 of the Convention)**

**Implementation of the UN Convention**

The ratification of the UN Convention obliges a country to implement it according to international laws, which means in most countries that the national parliament has voted in favour of the ratification and the Convention becomes an integrated part of the national law and judicial systems.

Nonetheless, as many critics of the Convention remark, how it is implemented or within what timeframe is not addressed. Some preemptive steps have been taken within the Convention against potential inactivity and the articles include an extensive monitoring system. Nations who sign the additional Protocol even subject themselves to two procedures established to strengthen the procedure, including the right of individuals to bring petitions directly to the Committee claiming breaches of their rights.

**Endeavours to support the implementation**

Acknowledging the importance of the Convention and its unique opportunities to support the rights of persons with disabilities, various endeavours are underway to support its implementation, amending the official monitoring systems.

In several countries, local NGOs, or their umbrella organisations, are publishing annual or bi-annual “shadow reports” and file them with the Committee. The European Union supports ANED (Academic Network of European Disability experts), which works on a broad social indicator system to measure the living conditions and legal situation of persons with disabilities. Various other efforts are being undertaken by the EDF (European Disability Forum) and other organisations on different levels.
Signature & Ratification of the Convention

Accessibility of newly constructed buildings with public access _ 01

Legal timeframe for existing buildings with public access to be made accessible _ 02

Accessibility of public buses _ 03

National emergencies: accessible early warning system _ 04

Partial guardianship _ 05

Sign language in the courts _ 06

Financial support for inclusion in the community _ 07

Right to leave institution safeguarded _ 08

Right to marry, have and raise children _ 09

Right to mainstream primary education _ 10

Right to alternative testing at university _ 11

Official statistics on university graduates with disabilities _ 12

Legal requirement for medical practices to be accessible _ 13

Accommodations in the workplace _ 14

Statistics on number of persons with disabilities employed by the state _ 15

Number of employees with disabilities _ 16

Right to receive necessary support to vote in secret _ 17

Official statistics on persons with disabilities living in institutions _ 18

Official statistics on education and employment of those with disabilities _ 19

State sponsorship of umbrella organisation _ 20

Designation of "focal points" within government _ 21
INTERNATIONAL COMPARISON OF 21 INDICATORS
Which states have signed and ratified the Convention?

**BRIEF EXPLANATION OF THE QUESTION**

The Convention and the Optional Protocol were passed on 13 December 2006 at the seat of the United Nations New York. The Convention, as well as the Optional Protocol entered into force on 3 May 2008 after 20 states had ratified the Convention. As of November 1, 2011, 153 states had signed the Convention and 106 states had ratified it. 90 had signed the Optional Protocol and 63 had ratified it. In 2011 alone, the CRPD was ratified by Romania, Togo, Colombia, Belize, Cyprus, Pakistan, Bahrain, Luxembourg and Cape Verde.

In addition to the EU itself, all of its 27 member states had signed the Convention and 19 had ratified it. 22 had signed the Optional Protocol, and it had been ratified by 16 countries. Bulgaria, Estonia, Finland, Greece, Ireland, Malta, the Netherlands and Poland have still to ratify the Convention.

**SUMMARY OF RESULTS**

Of the countries that participated in the survey, 25 countries had ratified the Convention, nine countries had signed but not ratified it, and neither Kosovo nor Switzerland had either signed or ratified it." The Optional Protocol had been ratified by 20 countries and signed, but not ratified, by a further six countries. And, Switzerland and Kosovo aside, only eight countries out of the 36 had not signed the Optional Protocol.

**FURTHER INFORMATION**

http://www.un.org/disabilities/countries.asp?id=166
SIGNATURE & RATIFICATION OF THE CONVENTION

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- The state has ratified the UN Convention. The "R" and "S" indicate that the state has, respectively, also ratified or signed the Optional Protocol.
- The state has signed the UN Convention, but has not yet ratified it. The “S” indicates that the state has also signed the Optional Protocol.
- The state has not signed the UN Convention.

SELECTED REMARKS

**RKS:** As of 1 November 2011 Kosovo was not a UN Member State.
1. Are all newly constructed buildings, to which there is public access, required by law to be accessible?

**RELATES TO CONVENTION – ARTICLE NO.**
9 Accessibility

**BRIEF EXPLANATION OF THE ARTICLE**
To enable persons with disabilities to live independently and participate fully in all aspects of life, they must be ensured “access, on an equal basis with others, to the physical environment and to other facilities and services open or provided to the public, both in urban and rural areas.”

The Convention further calls for appropriate measures to develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public.

**BRIEF EXPLANATION OF THE QUESTION**
The review included three questions on the topic of universal accessibility and the absence of barriers. This question addresses the relatively simple and inexpensive measure of requiring (only) newly constructed buildings to feature universal accessibility. However, it intentionally includes not only “public buildings” (ministries, courts, etc.), but also buildings “to which there is public access”, for example, supermarkets, cinemas, hotels and restaurants. It also asks directly about comprehensive accessibility to persons with all types of disabilities, since the vision-impaired tend to be given less consideration than persons with impaired mobility.

An additional definition of universal accessibility, and the absence of barriers, was also given by stating that: “Accessibility should be based on widely known and respected sets of criteria. This ensures both that it meets the interest of all persons with disabilities, and that it conforms to the highest standards.”

**SUMMARY OF RESULTS**
In the significant majority (27, together with both California and New York state in the USA) of the 35 countries surveyed this year there was legislation in place covering accessibility to both all newly constructed buildings and all disabilities.

While such legislation exists in all countries surveyed, in those countries where a qualified “Yes” was given as an answer, the most common reason given for qualification was that accessibility did not cover all disabilities, with more consideration being given to persons with impaired mobility.

As always, however, the existence of legislation does not necessarily mean that it is implemented.
1. ACCESSIBILITY TO NEW BUILDINGS

- Legislation is in place and covers all newly constructed buildings to which there is public access and all disabilities.
- There is legislation only for certain newly constructed buildings. Or they are accessible only to persons with certain disabilities, etc.
- There is no such legislation.

SELECTED REMARKS

ALB: Legislation for all kind of buildings, newly constructed and also those under reconstruction have the duty to make them accessible. Legislation covers some kinds of disabilities. However, the main issue remains the lack of implementation and often there are coordination issues among the responsible actors.

HRV: Buildings generally have access to persons with physical disabilities but not for example “floor guides” for blind persons or sound information in an elevator.

MEX: The General Law for the Inclusion of Persons with Disabilities (GLIPD) – that entered into force on 31 May 2011- states that persons with disabilities are entitled to accessibility. Public buildings are subject to Art. 17 which provides that it is universal, compulsory and adapted for all persons; including the use of signage and guide dogs, among others. Art.18 states that new public and private buildings must include considerations of accessibility in the architecture.

SWE: Many of the laws concerning accessibility relate only to persons with limited mobility and orientation capacity. This leaves out all those others in Sweden who are covered by the Convention.

UK: The UK has both building regulations that require new buildings to be developed to a certain standard, and anti-discrimination legislation that requires “reasonable adjustments” to be made to ensure that any public services is accessible to disabled persons.
2. Is there a legal time frame for all existing buildings to which there is public access to be made accessible to those with disabilities? If “Yes”, by when?

RELATES TO UN CONVENTION – ARTICLE NO.
9 Accessibility

BRIEF EXPLANATION OF THE ARTICLE
See Question 1.

BRIEF EXPLANATION OF THE QUESTION
This question asks whether deadlines exist by when all existing buildings with public access must be made accessible. This question was selected as an extension to Question 1 because, without a deadline for existing buildings, it would take decades for general accessibility to be achieved.

SUMMARY OF RESULTS
Only eight of the countries surveyed (together with California) actually had regulations in place requiring accessibility by 2015. In Turkey, for example, the deadline is 2011, while in Montenegro it is 2013. In 11 countries (together with New York state) no such legislation currently exists.
In those 16 countries answering with a qualified “Yes”, qualifications included: deadlines as far out as 2021 (Israel), missed deadlines – 1997 (Argentina) and 2010 (Sweden), consideration of only certain disabilities (Serbia) and a requirement only when buildings undergo renovation, restoration etc (Italy).
How and whether legislation, where it exists, distinguishes between “public” buildings and “buildings to which there is public access” was not noted.
### 2. LEGAL TIME FRAME FOR ACCESSIBILITY

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- **All existing buildings to which there is public access are required by law, without exception, to be fully accessible to those with disabilities by 2015 – at the latest.**
- **Not all buildings are included. Or the law may only apply to the courts or public administration buildings. Or the law covers only certain disabilities.**
- **There is no such legislation.**

### SELECTED REMARKS

**ARG:*** Law 24.314 complemented by Law 22.431 established a maximum period of 3 years from the date of entry into force (1994), however only considered the reforms necessary for accessibility of buildings and spaces for public use by mobility impaired wheelchair users. At the present time (2011) not all the buildings and public spaces are accessible and new deadlines have not been set for the complete compliance. In the area of the City of Buenos Aires legal actions have been filed to enforce compliance with this Law.

**IRL:*** The building regulations apply to construction of new buildings after 1 January 2001 and any extension work or renovations carried out after this date. Certain parts of the regulations apply to existing buildings where a material change of use takes place. Section 25 of the Disability Act 2005 requires that the Department ensure its public buildings are, as far as practicable, made accessible to persons with disabilities and that it do so no later than 2015.

**ITA:*** In general, when existing public buildings and buildings with public access undergo a process of renovation, restoration or maintenance, accessibility criteria are required.

**UK:*** There is already legislation in the UK requiring all providers of goods and services to make reasonable adjustments (including to the physical accessibility of buildings and services) to ensure that any goods or services made available to the public are accessible to disabled persons. However, the law does not require specific standards to be met, it requires whatever can “reasonably” be done to be done to make a building accessible. This could mean, for example, that if the costs of making a building accessible were prohibitively high then that building could be left inaccessible.
ACCESSIBILITY OF PUBLIC BUSES

3. Are all public buses in the state’s capital accessible to those with disabilities?

RELATES TO UN CONVENTION – ARTICLE NO.
9 Accessibility

BRIEF EXPLANATION OF THE ARTICLE
Article 9 of the UN Convention refers several times to the accessibility of public transportation, emphasising that minimum standards for all types of disabilities must be established. This includes not only the removal of physical barriers, but also training for "stakeholders" (in this case, the employees of transportation companies and, indirectly, other passengers as well), plus the use of generally accessible signage and electronic information systems as required to ensure universal accessibility to persons with mental disabilities or visual impairments.

BRIEF EXPLANATION OF THE QUESTION
The bus system in the capital of a country (or province) was selected as an appropriate indicator for measuring the accessibility of a transportation system. Buses are a critical means of public transportation in all large cities (in contrast to tram lines and metro systems, which do not exist everywhere). In the interests of clarity and focus, it should be accepted that the question is intentionally restricted to the (typically better) transportation situation in larger cities. Accessibility options for the vision-impaired and persons with mental disabilities were also specifically included in the question.

SUMMARY OF RESULTS
In only two of the countries surveyed were none of the buses in the capital accessible: Kosovo and Montenegro. On the other hand, in only three countries, Israel, the Netherlands and the UK (together with California) were the buses fully accessible, with trained drivers.
In the vast majority of capitals surveyed, at least some buses were accessible to some persons with disabilities. The situation in none of them, however, was ideal. Of the qualifications provided, one of the most common was lack of training on the part of drivers. In some of the countries, only the newer buses were accessible, and in several others (Croatia, Portugal and Sweden) there were issues regarding consideration of disabilities other than those affecting mobility.
Where figures were provided, significant proportions of bus fleets are accessible (Belgium – Wallonia: 57 percent, France: 70 percent and Ireland: 88 percent).
### 3. ACCESSIBILITY TO PUBLIC BUSES

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- All such public buses are accessible to all those with disabilities. In particular, drivers are trained and each bus can carry two (2) wheelchairs.

- Some buses cannot carry two (2) wheelchairs, or some buses are not accessible to all those with disabilities or drivers are not trained.

- None of the state capital's buses is accessible to those with disabilities.

### SELECTED REMARKS

**BIH:** They are accessible, but a person is dependent upon the driver’s mood or knowledge [of how] to lower the bus.

**HRV:** Some buses are still not accessible to persons with disabilities; the drivers are not trained, they merely have [a] “recommendation” to help; also, if most of buses are accessible, bus stops misfits (sic) sometimes; only new buses and trams have “sound information” for blind persons.

**IRL:** According to Dublin 88 percent of the Dublin Bus fleet is low floor wheelchair accessible and it is expected that the total fleet will be accessible by 2011. 70 percent of all Dublin Bus routes are accessible, while 40 percent of Dublin Bus stops have been installed with low floor accessible kerbing. All drivers are trained in disability awareness.

**MKD:** There are no trainers who will train the drivers how to approach the persons with disabilities. The new buses are made with special ramps for lifting the wheelchairs, but they are rarely used.

**SRB:** There is a small number of accessible buses, but the public transportation company in Belgrade adopted the policy that all new vehicles must be accessible. There are also assistants in some buses that help persons using wheelchairs. Persons with disabilities also can book/call for a public vehicle to get from one place to another.

**UK:** Buses in London are all now “accessible”, although there is a wide variation in levels of accessibility across the whole country. There are also still some reports of accessibility being let down by a lack of training or, for example, ramps up to buses not being operable.
EARLY WARNING SYSTEM FOR NATIONAL EMERGENCIES

4. In national emergencies, is the state’s early warning system universally accessible?

RELATES TO UN CONVENTION – ARTICLE NO.
11 Situations of risk and humanitarian emergencies

BRIEF EXPLANATION OF THE ARTICLE
The UN Convention contains a separate article on situations of risk and humanitarian emergencies, and includes rights to food, water, the right to protection from infectious diseases and the right to education. Since minorities as well as persons with disabilities are frequently “forgotten” during many catastrophes, this has also been included in the UN Convention as a separate point.

BRIEF EXPLANATION OF THE QUESTION
In the context of this survey, it is only possible to inquire about measures that are taken in the event of a national emergency. One particular requirement for all measures – in any country – is that the emergency alarm must also reach all persons with disabilities in good time (simultaneously). The siren alarms used in most countries are not sufficient to meet this criterion, particularly for the hearing impaired. The question also elicits an important answer should no such early warning system actually exist.

SUMMARY OF RESULTS
It is, in itself, alarming that 60 percent (19) of the countries that responded to this question have early warning systems that have not been designed to be universally accessible. And that only three countries (Denmark, the Netherlands and the UK), together with New York state, actually do. (Only Australia does not consider itself a member of this category only be-

cause our respondent could not prove the existence of “easy read” formats.)
A particular hurdle in making such systems universally accessible is reaching those who are deaf or have hearing impairments. Of the six countries singling out this issue in particular, three (Belgium, Ireland and Italy) indicate that efforts are currently being made to address it. Australia already employs SMS and, of these three, Belgium’s “Crisis Alert by Text” system will start to be implemented in the last quarter of 2011. The delivery of a visual warning at home will, however, be predicated on possession of a suitable apparatus to convey that warning, for example a mobile phone or a television, and that it is turned on: this is not, of course, something that can be guaranteed.
4. EARLY WARNING SYSTEM FOR NATIONAL EMERGENCIES

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- The state's early warning system is universally accessible to all those with disabilities.
- The early warning system has not been designed to be universally accessible to all those with disabilities.
- The early warning system is accessible only to those with certain disabilities, for example hearing disabilities, or only at certain times of day.

SELECTED REMARKS

**BEL:** The internal Service Public Fédéral (SPF) has been collaborating for over a year with the Fédération Francophone des Sourds de Belgique* (FFSB), la "Federatie van Dovenorganisaties" (FEVLADO) and TELECONTACT to develop a project known as "Crisis Alert by Text". The alert system that this provokes will be gradually implemented during the last quarter of 2011.

**IRL:** The government committee charged with planning for a national emergency have indicated they will keep persons informed through TV and radio announcements. As such, IF the TV announcements were subtitled...they would be accessible to most persons with hearing loss who had access to a TV.

**ITA:** The Civil Defence is trying to implement empowered measures to alert and assist persons with motor, cognitive and sensorial disabilities in case of national emergency: Http://www.protezionecivile.gov.it/

**ESP:** The Spanish legislation about situations of risk and humanitarian emergencies should be reviewed in light of the Convention in order to establish protocols of action to care for persons with disabilities.

**UK:** This is covered in legislation.
PARTIAL GUARDIANSHIP

5. Does the law provide for the possibility of partial guardianship?

The question is, therefore, formulated simply to ascertain whether this possibility exists, without addressing how this option is implemented in practice. As such, the question does not examine the extent to which support is favoured over substitution.

SUMMARY OF RESULTS
While it is excellent to see that in 20 countries (together with both California and New York state), partial guardianship is available to cover a wide range of different circumstances, there are still nine countries in which only plenary guardianship is possible: Bulgaria, Ireland, Mexico, Montenegro, Romania and the UK.

As the respondent from Ireland unfortunately describes the situation there: “Ireland operates an antiquated system of wardship under the Regulation of Lunacy Act 1871.”

And, even in those countries in which partial guardianship is available, whether it is used or not, can be quite a different matter: “...it is rarely used and plenary guardianship is dominant” (Serbia).

RELATES TO UN CONVENTION – ARTICLE NO.
12 Equal recognition before the law & 13 Access to justice

BRIEF EXPLANATION OF THE ARTICLE
Article 12 is one of the most heavily discussed articles in the Convention. Many experts and commentaries note a paradigm shift from the principle of “substituted decision-making” to “supported decision-making”. In other words, persons with disabilities should, in future, be supported in making their decisions, rather than their decisions being made for them. This is a prerequisite for fully enjoying many other rights that are firmly anchored within the Convention. The consensus among experts is that implementation of this change has wide-ranging consequences for many established systems of “disempowerment” and “guardianship”. However, experts warn that many states are not aware of this broad scope, believing that the established systems already fulfil the requirements of Article 12.

BRIEF EXPLANATION OF THE QUESTION
Guardianship should only ever protect and assist persons with disabilities. It should never remove freedom of choice unnecessarily. Plenary (that is, covering all delegable legal rights and powers), as opposed to partial guardianship, for example, removes any freedom of choice. Limited partial guardianship, on the other hand, still permits temporary limitation of choice or guardianship only in certain matters, for example, of property.
## 5. PARTIAL GUARDIANSHIP

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- Partial guardianship is available to cover a wide range of different circumstances. For example, temporary guardianship, guardianship only of property, etc.

- Partial guardianship is possible only in a limited number of different circumstances. For example, there is no possibility of guardianship of property.

- Only plenary guardianship is possible.

## SELECTED REMARKS

**FIN:** Guardianship Services Act 1999, section 14: The appointment of a guardian shall not disqualify the ward/client from self administering his/her property or entering into transactions, unless otherwise provided elsewhere in the law.

In future a supported decision-making system should be developed.

**IRL:** Ireland operates an antiquated system of wardship under the Regulation of Lunacy Act 1871. The shortcomings with the current system are many and do not provide for supported decision-making in any way. The Government is currently preparing a Bill on legal capacity and the responsible government committee recently called for submissions on the published Scheme of the Bill. The Scheme of the Bill as is currently stands adopts a functional approach to legal capacity based on guardianship; while it refers to “supported decision making”, it lacks detail on the supports.

**MEX:** Mexico’s law on guardianship and legal capacity falls well short of the requirements of international human rights law. In practice, protections afforded under Mexican law are routinely ignored for persons detained in institutions. Whether a person is technically admitted as a “voluntary” or “involuntary” patient, placement in an institution in Mexico, for the vast majority of individuals, carries with it a total loss of rights guaranteed under article 12 of the CRPD.

**SRB:** Yes: The law provides it, both temporary and partial, but it is rarely used and plenary guardianship is dominant.

**ESP:** Article 12 calls for a protection system based on supporting decision-making, whereby you could not replace persons with disabilities in exercising their rights, except in situations where the communication was nonexistent, and preferably not based on the existence of a disability. The configuration of a new system should ensure support beyond the existing capacities of persons with disabilities.
SIGN LANGUAGE IN COURT

6. Is sign language an officially recognised language in the courts?

RELATES TO UN CONVENTION – ARTICLE NO.
12 Equal recognition before the law & 13 Access to justice

BRIEF EXPLANATION OF THE ARTICLE
These articles involve ensuring that persons with disabilities have equal access to justice. With respect to the courts, participation within the judicial system should be as effective and direct as possible in all roles.

BRIEF EXPLANATION OF THE QUESTION
Persons with hearing impairments only enjoy equal access to justice if sign language is an officially court-recognised language; otherwise, for example, interpreters may not be automatically permitted, or the court may not cover the costs for interpreters. This question was selected primarily because it permits the implementation of this point to be very clearly determined.

SUMMARY OF RESULTS
Of all the 35 countries, together with California and New York state, surveyed some 22 responded with an unqualified “Yes”. Only two countries, Albania and Ireland, responded with a “No”.

Of those 11 countries qualifying their “Yes”, in Bulgaria, sign language maybe “officially approved” but the state does not pay for the service. And, in Canada, while the translation service may be paid for by the state, it appears that sign language itself may not be recognised as an official language of the Federal courts.

In looking at access to sign language, it is important to recognise that the legal process does not take place only in the courts. The example of France is, perhaps, illustrative: “...the State doesn't pay for the intervention of a translator for an hearing impaired witness during an inquiry.”
6. SIGN LANGUAGE IN COURT

- Sign language is both an official language of the courts and persons with a hearing impairment have the right to a translator paid for by the state.
- Sign language is only officially recognised in some courts. Or those with a hearing impairment do not have the right to a translator. Or a translator is not paid for by the state.
- Or only by custom are translators made available, and paid for, by the state.
- Sign language is not recognised in the courts, those with a hearing impairment have the right neither to a translator, nor for any translator to be paid for by the state and translators are, by custom, neither made available nor paid for by the state.

SELECTED REMARKS

**ALB:** There are disposiions in the Penal Procedure for sign language and the right to have a sign language interpreter during the penal process. However, this is not recognised officially and it is omitted.

**ARG:** Argentina has ratified the American Convention of Human Rights and the Pact of Civil and Political Rights; both instruments form part of the constitutional block and both instruments recognise the right of every person in accessing the judiciary to have a translator and / or interpreter paid by the State.

**IRL:** Ireland does not recognise ISL (Irish Sign Language) as an official language. However, under the Disability Act, public facilities should be accessible (unless impracticable), and public service providers must make a “reasonable accommodation” to make public services accessible. In practice, this means that courts do pay for interpreters when requested to do so, (as to refuse to do so would generally be seen to be unreasonable), but it is not an explicit right.

**SRB:** At this moment there is no such legislation, but, Government is announcing a new law on sign language which would guarantee free translation in all public buildings – hospitals, courts, administration.

**UK:** Courts should provide sign language interpretation, although there are still problems for jurors who require a sign language interpreter.
FINANCIAL SUPPORT FOR INCLUSION IN THE COMMUNITY

7. Are all those with disabilities legally entitled to all the finance needed to support their living and inclusion in the community?

RELATES TO UN CONVENTION – ARTICLE NO.
19 Living independently and being included in the community

BRIEF EXPLANATION OF THE ARTICLE
Persons with disabilities must have the same options for participating in the community as other persons. The necessary conditions and structures for this must be established. It must be ensured that persons with disabilities can choose their place and manner of residence, as well as with whom they wish to live, on an equal basis with others. In order to realise this, personal assistance must be made available that supports living within the community and helps prevent isolation and segregation. Such assistance must be offered by organisations with close community ties and must also be accessible to all persons with disabilities.

BRIEF EXPLANATION OF THE QUESTION
If the government legally mandates or organises personal assistance services, the question remains whether these are also affordable for persons with disabilities and whether they are offered to all such persons. Many NGOs and affected persons have noted here the situation of persons with mental disabilities, since they require more specialised – and frequently also more expensive – assistance services. This question refers both to the extent of the finance to which persons with disabilities are legally entitled, and to who actually is entitled to such finance.

SUMMARY OF RESULTS
Equal numbers of countries, seven, provide either all, or none, of the finance needed support their living and inclusion in the community.
In the 21 other countries, together with California and New York state, the finance available is so either only to certain persons with disabilities, or it is limited, or even both (France). Inadequacy is frequently mentioned as an issue. The nature of the support, qualification to receive the finance and difficulties in actually receiving finance were all issues noted by respondents. With the current perilous state of the world’s economy, the risks of cuts in such finance (however limited it may be) in all countries become ever greater.
7. FINANCIAL SUPPORT FOR INCLUSION IN THE COMMUNITY

- All persons with disabilities are legally entitled to receive all the finance needed to support their living and inclusion in the community.

- Such finance, although mandated by law, is either not available to all, or is limited in extent.

- No person with disabilities is legally entitled to any such finance.

SELECTED REMARKS

**CAN:** The provision of supports and services is provided, in general, by Provincial and Territorial Governments. While Governments do provide direct support to persons with disabilities, I'm not aware of an explicit law that mandates the provision of all the support required.

**FIN:** [The] Disabled Services Act and other legislation is quite clear that necessary support should be provided to persons with disabilities. In practice the situation is not clear. Local municipalities have a lot of different kinds of law interpretations which are not promoting inclusion.

**IRL:** The Disability Act 2005, provides for an independent needs assessment which is undertaken to "determine, in respect of a person with a disability, the health and education needs (if any) occasioned by the disability and the health services or education services (if any) required to meet those needs" The health service is further defined to be a personal social service. The independent needs assessment must be applied for by person with a disability or by a specified person. Upon completion of the independent needs assessment, a service statement is drawn up. Provision of services within this statement are conditional on resources.

**ITA:** All kinds of disabilities are legally entitled to receive financial support. The amount is calculated on the base of both disability level and personal income.

**SRB:** Not all the persons that should be entitled to such support actually receive it. Even for those that do, these "givings" are very low and certainly not sufficient to support their living.

**UK:** There is support available for many persons to support independence and community living, but funding will not always be sufficient to ensure genuine equality of opportunity. There are also some specific planned changes to benefits and support that could have a significant impact on the support that some persons receive to remain independent.
SAFEGUARDS IN INSTITUTIONS

8. Do safeguards exist to ensure that, when persons with disabilities in institutions have the choice as to whether to stay or to leave, they stay only under their own volition?

RELATES TO UN CONVENTION – ARTICLE NO.
19 Living independently and being included in the community

BRIEF EXPLANATION OF THE ARTICLE
See Question 7. An important part of this right to self-determination consists of persons with disabilities having the option to select and choose freely their place of residence and not being required to live in a particular domestic arrangement.

BRIEF EXPLANATION OF QUESTION
In practice, the largest impediment in many countries to free selection of place of residence and living arrangements, is that persons with disabilities live more or less compulsorily in facilities (“institutions”, “homes” etc), and no true freedom of choice exists for persons with disabilities.

The safeguards mentioned in the question could take the form, for example, of regularly informing persons with disabilities that they have the freedom to choose whether or not to remain at a facility. (In evaluating the response, it should be noted that some of the NGOs undertaking the review may also operators of facilities for persons with disabilities.)

SUMMARY OF RESULTS
In just over a third (12) of the countries replying to this question do such safeguards exist. However, even when such safeguards exist, they may not actually be that effective: “Centres for social welfare have this mandate, but they are overloaded with work and usually it takes too much time to fulfil a person’s need/request” (Bosnia and Herzegovina).

However, no such safeguards exist in seven countries (Croatia, Finland, Ireland, Kosovo, Macedonia, Mexico and Slovakia). That is, in the worst case, even if the choice of leaving an institution exists, a disabled person may never be able to exercise it.

Perhaps of as much concern should be the number of countries, 15 and both California and New York state, where there were qualifications. Indeed, how much of a choice is there, in reality, when “the finance to support social inclusion is not sufficient” (France), or “an alternative in the community will most probably not be offered” (Israel).
8. SAFEGUARDS IN INSTITUTIONS

- Every institution is, for example, screened annually by an independent body. Persons with disabilities are always given the choice as to whether to stay or to leave.
- Institutions may not be screened, or persons with disabilities in those institutions may not be informed of their freedom to choose as to whether they want to remain in them.
- Institutions are not screened and persons with disabilities therein have no freedom of choice as to whether they remain there or not.

SELECTED REMARKS

**EST:** Yes, but it depends on the degree of disability.

**FIN:** The Parliamentary Ombudsman of Finland carries out occasional inspections at closed institutions. In practice persons with disabilities have no freedom of choice.

**IRL:** There is a move towards independent living and policy is geared in this direction. However, there are no formal safeguards. There are HIQUA standards but these are not enforced.

**MEX:** Under the Norma Oficial Mexicana 025, involuntary commitment requires only the written approval of a psychiatrist and a family member or legal guardian. Law 025 does not require judicial oversight of the civil commitment process. There is no mechanism requiring any review of the initial commitment, and there is no process for period review of commitment (DRI). Mexico’s first official report to the UN, para. 305: “In the case of persons with disabilities subject to a internment, it is the tutor who will make decisions.”

**SRB:** Although such safeguards exist in legislation they are not implemented in practice. The majority of persons in institutions are under plenary or temporary guardianship. In many cases, when they are not under guardianship, they are officially treated as voluntary clients although they have no real freedom of choice as to whether they want to remain in an institution or to receive some treatment or not.

**UK:** Any residential accommodation will be covered by regulatory frameworks. Lack of accessible housing can, though, sometimes create barriers to genuine choice for all persons about their accommodation.
RIGHT TO MARRY, HAVE AND RAISE CHILDREN

9. Do persons with disabilities have the same rights as others to marry, have children and raise those children?

RELATES TO UN CONVENTION – ARTICLE NO. 23 Respect for home and the family

BRIEF EXPLANATION OF THE ARTICLE
Persons with disabilities are entitled to the same rights as all other persons with regard to marriage, family, parenthood and partnerships. They have the right to enter into marriage and to start a family. It must be ensured that they may freely and responsibly decide the number of children they will have, and that they have access to information and education on matters of reproduction and family planning. Persons with disabilities have the right to retain their fertility on an equal basis with others.
It should be noted regarding this article that these rights should differ in no way from the rights of all other persons, and that they are already included in the UN Universal Declaration of Human Rights.

BRIEF EXPLANATION OF THE QUESTION
The question looks only at restrictions to these rights, and does not address the obligation set forth in the UN Convention to strengthen these rights through various means.
The questionnaire contains the remark that restrictions, in violation of human rights, may consist of persons with disabilities being sterilised against their will, or in marriage being prohibited for “health reasons.”

SUMMARY OF RESULTS
Nearly equal numbers of respondents gave responses of “Yes” (16, plus California) and “Yes, with qualifications” (17, plus New York state). There were only two “No”s – Austria and Macedonia.
That said, however, a “Yes” is certainly not unequivocal good news. The experience of the respondent from Canada (“Yes”) was echoed directly or indirectly in a number of other answers: “It has been our experience that while persons with disabilities have the same rights, they do not have the same opportunities... There is a significant gap between theory and practice on this issue.” And that gap can be very significant, if, as the respondent from Canada also says: “We hear frequent stories of women with intellectual disabilities who have their children removed from their care.”
## 9. RIGHT TO MARRY, HAVE AND RAISE CHILDREN

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* The rights of those with disabilities are in no way different from the rights of anybody else with regard to any and all of these.

* The rights of those with disabilities differ from the rights of anybody else with regard to one or two of these.

* The rights of those with disabilities differ from the rights of anybody else with regard to all of these.

### SELECTED REMARKS

**BIH**: Persons with mental disabilities need acceptance/permission by the safeguardian (sic).

**DEN**: Persons with disabilities are free to marry as they please. Sterilisation by force is no longer in use. There is an option to apply for sterilisation after a certain age for everybody – persons with and without disabilities alike.

**EST**: In principle they are allowed to marry and raise children, but in reality it looks different.

**MKD**: Often the choice for marriage is made by the family. A love relationship or a marriage between persons with disabilities is still considered a taboo.

**MEX**: Yes, with qualifications: Persons with disabilities do not have the same rights as “anybody else” in terms of the right to choose or not to choose sterilisation because family members/tutors are able to sign for the sterilisation of such persons. For example, para. 305 of the Mexico’s first official report to the UN, as discussed above, gives all decisions to tutors. As well, the Mexican Institute of Social Security (IMSS) has a programme which was mandated from Art. 31 VII of the GLPD. One of the goals of this programme is to promote birth control to groups who are particularly vulnerable in society, including persons with disabilities. Thus, sterilisation is one possible goal.

**SRB**: Yes: They have them on paper. But, a significant number of persons with disabilities are deprived of their legal capacity, the majority, but not all of them, with intellectual/mental disabilities. Their right to have and raise children is especially questioned. Often, girls and women with disabilities are sterilised without their consent, especially in institutions where the risk of being raped is high.
**10. Does a child with disabilities have the right to receive free and compulsory primary education within the mainstream educational system?**

**RELATES TO UN CONVENTION – ARTICLE NO.**
24 Education

**BRIEF EXPLANATION OF THE ARTICLE**
The States Parties shall ensure an inclusive education system at all levels and lifelong learning. In particular, they shall ensure that persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live. The right to an inclusive education is explicitly established, rather than a “good education at ‘special schools’”.

**BRIEF EXPLANATION OF THE QUESTION**
Persons with disabilities must not be excluded from the general education system, whether at the primary, or subsequent, levels. All necessary support must be provided to ensure complete and efficient inclusion.

Since there is a fundamental organisational distinction in Austria and most other countries between primary school and the other levels of education, primary education, in particular, was singled out in this question. The question asks whether every child has the right to an inclusive education.

**SUMMARY OF RESULTS**
Although the right to such education exists in nearly two thirds of the countries surveyed, whether the children are able to exercise that right is a totally different matter. Indeed, in many of these countries, the difference between theory and practice remains distinct.

Amongst the difficulties cited in achieving inclusion are attitude (Australia), a dearth of “specialists to teach children with severe difficulties” (Estonia), accessibility (Sweden), and, a perennial problem, funding (Italy et al).

As the respondent from Spain so succinctly states: “[H]ere are a lot of measures that must be taken in order to get the inclusive education as a reality (accessibility, resources, coordination among the entities involved...)”.

However, true education is not just about book work, and the respondent from Macedonia makes an extremely important related point with the statement, that although the right exists in the country: “There are no special programmes for including the handicap children in the process of socialisation”. 
10. RIGHT TO PRIMARY MAINSTREAM EDUCATION

- Every child with a disability has the right to receive free and compulsory primary education within the mainstream educational system.

- Only children with certain disabilities have such a right, others must attend special schools.

SELECTED REMARKS

ARG: The National Education Law 26.206 (2006) provides special education as a subsystem of the general education system directed to attention of the educational needs of persons with disabilities of all ages and all levels of education. In that sense, establishes that the competent authorities shall perform appropriate actions to ensure inclusive education at all levels and throughout life, but does not recognize the right to inclusion in the mainstream educational system.

AUS: Although there are no legal barriers, there are examples of attitudinal [barriers] and policy preventing persons from attending schools. http://www.abc.net.au/news/2010-03-22/students-with-disabilities-denied-school-enrolment/374856

BIH: All children have the right to education, but numerous psychological, physical and sociological barriers, as well as a lack of capacities within the schools to meet the needs of each child, exist.

FIN: Instead of special schools some children are placed in special classes. The number of the children placed in segregated education has increased in recent years.

UK: Every child has this right, although the quality of provision can be variable and disabled children’s educational attainment levels remain below that for non-disabled children.
ALTERNATIVE TESTING METHODS FOR STUDENTS

11. Do university students with disabilities have access to alternative testing methods?

RELATES TO UN CONVENTION – ARTICLE NO. 24 Education

BRIEF EXPLANATION OF THE ARTICLE
The right to an inclusive education also includes the right to a university education (and vocational education). In order to realise this right, various preconditions and access options must be established. An earlier committee listed the following “4 As”:

- Availability
- Accessibility
- Acceptability
- Adaptability – flexible so as to adapt to the needs of changing societies.¹)

BRIEF EXPLANATION OF QUESTION
The question refers only to university students as a representative group. It asks whether the testing methods utilised are accessible to persons with various types of disabilities and whether alternative testing methods to written and oral tests are offered. For some students with disabilities, these may, for example, include their not having to sit exams, but having their performance tested alternatively through course work, participation, assignments, etc. The question, also, refers only to “access to” and not to “the right to” alternative testing methods.

SUMMARY OF RESULTS
Although it is comforting to see that there are only three countries in which no alternative methods are available to students, the fact that, in just over one third of countries (plus California), such methods are available in all universities is, perhaps, is disappointing.

Specific measures include: “[A]dditional time for the exams, human assistance (secretary or translator), additional years to pass the exams, and in certain cases, no exam (upon decision of the Head of the University)” (France).

However, in one particular country – Ireland – the availability (and, indeed, use) of such methods can come at a very questionable cost: “Unfortunately when reasonable accommodations are provided to a student in State exams, the reasonable accommodations are flagged on the transcript.” Qualifications include accommodation only for certain disabilities, the availability of only certain methods or their availability only in certain disciplines at university.

¹) CESCR, General Comment 13, The right to education, Article 13, para 6
### 11. ALTERNATIVE TESTING METHODS FOR STUDENTS

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- At all universities, students with disabilities have access to alternative testing methods.
- At not one university is there access to alternative testing methods.
- There is access only at some universities. Or the choice of alternative testing methods is restricted to persons only with certain disabilities.

**SELECTED REMARKS**

**ARG:** Yes, with qualifications: Law 26.206 establishes the right of students to appropriate assessment systems, inclusive and non discriminatory. However, not all institutions develop a systematic evaluation methodology for all disciplines and all disabilities.

**ITA:** All universities have an office for students with disabilities, entitled to solve any possible problem and choose a personal tutor for students with disabilities. Professors can choose alternative course works and testing methods.

**MKD:** There is a legal framework that is respected only in certain faculties. • It is left to the will of management to decide.

- There are no flexible programmes which will help the students to adapt.

**SWE:**

**UK:** Universities are covered by duties to ensure accessibility and to make reasonable adjustments, although some disputes still arise about the exact legal protection that persons enjoy when it comes to examinations.
12. Are official statistics published covering the number of persons with disabilities who graduate from university?

RELATES TO UN CONVENTION – ARTICLE NO.
24 Education & 31 Statistics and data collection

BRIEF EXPLANATION OF THE ARTICLE
According to Article 24, persons with disabilities must have equal access to general tertiary education, vocational training, adult education and lifelong learning. Reasonable accommodation must be provided to ensure this. Article 31 also requires that information, statistics and data be collected.

BRIEF EXPLANATION OF QUESTION
From the combination of these two articles, it can be concluded that official statistics should also provide information on the percentage of persons with disabilities among graduates of higher education programmes, since this is the only way in which the success of an inclusive education policy can be measured. Whilst the definition of a disability can play an important role in this context, by asking only whether statistics are available, the phrasing of the question makes this irrelevant.

It is possible to evaluate the successful implementation of an inclusive educational policy by means of long-term analysis, regardless of the selected definitions (e.g. self-assessment by the students), as long as these definitions are not changed.

SUMMARY OF RESULTS
It is truly remarkable that, in so many countries (15, together with New York state), no statistics are available (officially or otherwise) on the number of persons with disabilities who graduate from university. And, indeed, it would appear that only in the Czech Republic, Slovakia and the UK are they published on an annual basis.

While there will always be issues of accuracy in any such statistics “...[be]cause some students don’t want to identify” (Croatia), this should not be the reason for a total dearth of numbers.

There are, perhaps, deeper, systemic issues that merit further investigation.
## 12. STATISTICS ON UNIVERSITY GRADUATES

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**SELECTED REMARKS**

**ARG**: The latest statistics from the National Survey on Disability (2003) of the official statistics institution, records the number of persons with disabilities based on the highest educational level attained, these records do not include the category of university graduates. In the overall results of the 2001 national census, this data is not recorded, and results in the area of education of the last census (2010), have not yet been published.

**MKD**: There are no official statistics, but there are some unofficial that were made by Student groups or NGO.

**SRB**: There were some research projects conducted by disability organisations but there are no systematic data that we are aware of. Findings of research conducted by Association of Students with Disabilities in 2006, state that only 12.5 percent persons with disabilities graduate from university, 1 percent has MA and 0.2 percent PhD.

**ZAF**: They are not official published but are available at the different institutions.

**SWE**: We do not have such information. There is just an estimated figure based on surveys conducted every second year. The exact number of students with disabilities who graduate is unclear. The statistics concerning students who graduate every year is general. The existence of disabilities among those who graduate is unclear.

**UK**: Survey data are published in this area.
13. Are all medical practices required by law to be accessible to those with all types of disability?

**RELATES TO UN CONVENTION – ARTICLE NO.**
25 Health & 26 Habilitation and rehabilitation

**BRIEF EXPLANATION OF THE ARTICLE**
In the context of the rights of persons with disabilities, the right to health is predicated on accessibility. Without accessibility, any such right is severely compromised. Rehabilitation is a complex process, of which the medical process is only part. Participation and inclusion in the community, together with all aspects of society, are vital for rehabilitation’s success.

**BRIEF EXPLANATION OF THE QUESTION**
Access to medical practices is of vital importance in terms of both the right to health, and participation and inclusion in the community. Accessibility should cover not only physical access, say, to a building, but also access to the medical services themselves. For example, is sign language translation available for those persons who may be deaf?

**SUMMARY OF RESULTS**
It is a surprise that there should be any countries in which there is no legal requirement for medical practices to be accessible to those with disabilities. However, this appears to be the case in Albania, Bosnia and Herzegovina, France and Germany.

On a more positive note, some 14 countries, together with California, are required to be so, at least by 2015.

Of the qualifications provided, in Israel the requirement is by 2021, in Australia accessibility affects "[o]nly new buildings and new additions to old buildings", and in Serbia, amongst other issues, "...medical equipment is inappropriate."

Access to medical practices may be a necessary, but not sufficient, requirement for access to medicine. Access to both, however, is a necessity and one that, in a number of countries, does not appear, yet, to be available.
## 13. ACCESSIBILITY OF MEDICAL PRACTICES

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- All medical practices are required by law to be accessible, using generally accepted criteria, for example, those of “universal access”, to those with all types of disability by 2015.

- For example, only newly built medical practices. Or just some medical practices have this obligation. Or the criteria are ineffective.

- There is no legal requirement for medical practices to be accessible to those with any type of disability.

### SELECTED REMARKS

**EST:** The law may require accessibility, but in reality the situation is not always such that every doctor understands the needs of disabled persons. In the countryside accessibility is not provided everywhere.

**ITA:** Legal regulations are really generic on this issue, so every medical practice may implement its accessibility policy.

**SRB:** Although there is a legal obligation, the majority of medical practices are still not accessible. Also, medical equipment is inappropriate and very few facilities have equipment that allows examinations to be performed, for example, gynaecological examinations for women with physical disabilities.

**ESP:** There is no specific legal framework in the health sector to ensure full equality of opportunity and adequate health provision aimed at meeting the current and potential needs of persons with disabilities.

**SWE:** The Health and Medical Service Act (Hälso-och sjukvårdslagen) stipulates that the goal of the health service is good health and good healthcare on equal terms for the entire population. Care shall be given with respect to the individual and according to needs. Cases where an individual feels that he or she has not been given the best possible care can be reported to The National Board of Health and Welfare (HSAN).

**UK:** Medical practices are required by law to make reasonable adjustments to ensure that they are accessible to all. In practice there remains considerable variation in the extent of accessibility. Most medical practices (although not all) will be physically accessible, but many will not offer a full range of accessible equipment etc.
ACCOMMODATIONS IN THE WORKPLACE

14. Does the state oblige employers to take the necessary action on accommodations made in the workplace for all employees with disabilities?

RELATES TO UN CONVENTION – ARTICLE NO.
27 Work and employment

BRIEF EXPLANATION OF THE ARTICLE
As with Articles 25 and 26, accessibility is at the heart of Article 27 covering the employment of persons with disabilities. While no specific references are made in the article to the provision of either personal assistance or special equipment, it requires "States Parties" to "(e)nsure that reasonable accommodation is provided to persons with disabilities in the workplace". In addition, with regard to both work and employment, non-discrimination is also a major issue.

BRIEF EXPLANATION OF QUESTION
For employees with disabilities both to work, and to work effectively for their employers, such accommodations will need to be made in the workplace. Obliging such action on the part of employers should go a long way not only to ensuring both, but also to ensuring that persons with disabilities are properly included in the workforce. It is important for employers to realise that such action should be active, and not just reactive.

SUMMARY OF RESULTS
In just over half the countries surveyed, employers are obliged by the state to take the necessary action on accommodations. Perhaps, surprisingly, in Switzerland, in addition to Kosovo and Romania, no such obligation exists.

However, even for countries replying in the unqualified affirmative, there can be a range in the extent of these accommodations. In Israel, they need only be "reasonable". In Macedonia, under the law "Lex specialis", "[T]he employers are bound with this law to do everything they can for the persons with disabilities to have better access to their work places."

In a number of countries, although the obligation may exist, there is still a gap between theory and practice: "...there is a lack of "know how" and nothing is happening in practice in this direction" (Albania); "...there is no service that monitors and supervise[s] how the process of adaptation or training is going on" (Croatia); and, "...[M]any employers still see employees with disabilities as carrying an extra cost." (South Africa).

The funding of such accommodations, as an obstacle, was not raised by one respondent.
Employers are obliged to take the necessary action on accommodations made in the work place for all employees with disabilities.

The action that needs to be taken may be limited. Or certain disabilities may be excluded etc. Or only for a certain number of disabled employees, etc.

No such obligation exists.

**SELECTED REMARKS**

**ARG:** Law 22.431 establishes the obligation of state agencies and enterprises with state participation, to a minimum of 4 percent of its staff are persons with disabilities and that they are entitled to the same working conditions of all employees.

**EST:** The idea of employing persons with disabilities is not really reality yet in Estonia. The laws may exist, but society has not accepted different persons yet.

**FRA:** Employers obligations: medical supervision is reinforced, employers are obliged to adapt the workplace or to relocate the worker in case of difficulties. In case of dismissal, the notice of termination is doubled within the limits of 3 months. The employer can also get advice or funding to better include persons with disabilities.

**ITA:** National funds are available to help employers in adapting work places and providing accessible furniture, devices and technologies.

**MNE:** Employers are obliged to accommodate the work place for a person with disabilities – the state subsidises these costs 100 percent; however, employers rarely employ a person with disabilities because they have a choice: to employ, or to make payment into the Fund for employment and professional rehabilitation of persons with disabilities (which they prefer). So, there is very small number of employed PWD.

**UK:** Employers are required to take action with regard to physical accessibility as well as the accessibility of practices and procedures. Evidence of the full extent of this provision is patchy, and duties as to exactly what employers should and should not provide are not always clear. Disabled persons are still far less likely than non-disabled persons to be in employment in the UK.
STATE EMPLOYMENT OF PERSONS WITH DISABILITIES

15. Is the number of persons with disabilities employed by the state both calculated and published?

RELATES TO UN CONVENTION – ARTICLE NO.
27 Work and employment

BRIEF EXPLANATION OF THE ARTICLE
As with Articles 25 and 26, accessibility is at the heart of Article 27 covering the employment of persons with disabilities. While no specific references are made in the article to the provision of either personal assistance or special equipment, it requires "States Parties" to "(e)nsure that reasonable accommodation is provided to persons with disabilities in the workplace". In addition, with regard to both work and employment, non-discrimination is also a major issue.

BRIEF EXPLANATION OF THE QUESTION
This question is only about the availability of these figures, not about the figures and percentages themselves. That said, the figure itself will, of course, be important.

SUMMARY OF RESULTS
Although in over 70 percent of countries surveyed some figures on the number of persons with disabilities employed by the state are both calculated and published, in surprisingly few is this actually done both annually and officially: Bulgaria, Canada, France, Slovakia and the UK. And in at least 10 countries, together with New York state, such figures are neither calculated or published. With around 60 percent of countries qualifying their "Yes", the inevitable question is "Why?"
15. STATE EMPLOYMENT OF PERSONS WITH DISABILITIES

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- The figure is published annually in an official publication, together with some description covering in which state bodies these persons are employed.
- Such a figure may be calculated, but is not published. Or it is not an official figure. Or it is only published either irregularly or every, say, five years.
- Such a figure is neither calculated nor published.

SELECTED REMARKS

**HRV:** The Croatian Employment Service published number of employed persons with disabilities on regular base. But persons who are not employed by the CES are not included in the statistics.

**FRA:** The data are scattered.

**RKS:** There is no sufficient information; even the statistics that are published by the Statistical Office of Kosovo on the number of employed or unemployed persons does not include persons with disabilities.

**MEX:** It is unlikely that this figure is calculated. It is not published on the National Database of Statistics and Geography. There does not seem to be another way to find this information easily.

**SRB:** Only the figures that are provided by National Employment Agency are systematically collected and published annually, but they do not have data about persons who did not find employment through their service. Nevertheless, there have been some efforts to collect such data.

**UK:** Regular labour force figures are published, including records of the numbers of disabled persons in employment.
16. Did the percentage of persons with disabilities employed increase in calendar year 2010?

RELATES TO UN CONVENTION – ARTICLE NO.
27 Work and employment

BRIEF EXPLANATION OF THE ARTICLE
As with Articles 25 and 26, accessibility is at the heart of Article 27 covering the employment of persons with disabilities. While no specific references are made in the article to the provision of either personal assistance or special equipment, it requires "States Parties" to "(e)nsure that reasonable accommodation is provided to persons with disabilities in the workplace". In addition, with regard to both work and employment, non-discrimination is also a major issue.

BRIEF EXPLANATION OF THE QUESTION
This question refers to the results of disability policies and of Article 27. Since the percentage of employees with disabilities remains below the percentage of other employees in every country of the world, every increase in the percentage can be considered an advance.
The question refers only to employment in companies that are required by law to employ persons with disabilities. The answer is "No" if no figures are available. Without figures it is impossible to know if persons with disabilities are, in fact, being employed as required.

SUMMARY OF RESULTS
In only six countries were there any indications that the percentage of persons with disabilities employed increased in 2010: Bulgaria, France, Italy, Serbia, Slovakia and the UK. In the case of Serbia, there was in increase due to a new law based on quotas and "sanctions for employers who fail to fulfil their obligations." Of the 21 countries, together with California and New York state, who responded with a "No" in just under half no statistics were available; in Austria the actual figure decreased; and, in neither Belgium nor Sweden is there any obligation to employ persons with disabilities.
The absence of available figures alone is a matter of grave concern, especially in those countries where there are legal requirements regarding the employment of persons with disabilities.
### 16. NUMBER OF EMPLOYEES WITH DISABILITIES

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- The percentage increased. Or the percentage has not increased because all companies required by law to employ persons with disabilities actually do so.
- The percentage remained the same.
- The percentage decreased. Or no figures are available.

### SELECTED REMARKS

**ARG:** The last census (2010-2011) with data about the economically active population in Argentina has not yet been published.

**RKS:** Since we lack statistics regarding the employment of persons with disabilities we are unable to have the information whether the percentage of employees with disabilities have increased or decreased.

**UK:** The percentage of disabled persons of working age in employment is published, and currently stands at around 50 percent in the UK. This is significantly below the number for non-disabled persons, but it has been increasing steadily, albeit at a very slow pace in recent years.
17. Does a person with disabilities have the right to receive all the necessary support to vote, in secret, in elections for parliament?

**RELATES TO UN CONVENTION – ARTICLE NO.**
29 Participation in political and public life

**BRIEF EXPLANATION OF THE ARTICLE**
In its two sections, in addition to the principle of accessibility, and the use of “assistive and new technologies”, this article specifically addresses, specifically, both the right to vote, in secret, with assistance from a person of choice, and full and effective general political participation.

**BRIEF EXPLANATION OF THE QUESTION**
This question is predicated on every voter’s inalienable right to vote secretly. The question only refers to parliamentary elections. This was mentioned in the questionnaire. The question also refers to assistive devices as some states have either already introduced, or are considering the introduction of, for example, Braille ballots or templates to enable blind persons to vote in true secrecy.

**SUMMARY OF RESULTS**
Just one country, Argentina, answered in the negative: amongst other problems there is securing the vote for “a significant number of voters with disabilities who are hospitalised”. In just about one third (11) of the countries surveyed did apparently voters receive all the necessary support to vote in secret. Therefore in some 23 countries, together with California and New York state, there are problems. Amongst the issues mentioned were: the inability of blind persons to vote in secret and supported decision-making for persons with intellectual disabilities (Canada); the lack of availability of Braille templates (Croatia); the lack of free transport and the inaccessibility of some ballots (Israel); and, the inability of those in institutions to vote (Serbia). On the other hand, in Finland, for example, persons can vote from home and request assistance if desired. And, in Australia, voters who are blind or have low vision can vote, secretly, via telephone.
17. RIGHT TO RECEIVE NECESSARY SUPPORT TO VOTE

- Any voter with a disability receives all necessary support to vote in secret.
- Transport may not be free. Or personal assistance may be limited. Or a Braille ballot or template may not be available. Or a voter may not be able to vote freely or secretly in his or her institution.
- No such right exist. Or, perhaps, a medical practitioner has prevented a person from voting by declaring him or her incompetent.

SELECTED REMARKS

**AUS:** For the 2010 federal election, electors who were blind or had low vision had the option to cast a secret vote via telephone to a specially established call centre. There were 126 voting locations across Australia, consisting of AEC Divisional offices and other designated sites which will be open for approximately two and a half weeks in the lead up to and on polling day. Alternatively, electors could undertake an assisted vote at an early voting or polling centre. [Link](http://www.aec.gov.au/Voting/ways_to_vote/)

**FIN:** Any voter with disability can request voting at home without any documents. All poles are not accessible. Voters can have own assistant or voting assistant provide by municipality.

**IRL:** ...A presiding officer may refuse a person with a disability access to vote if they require assistance to do so and arrive in the last two hours of voting. This is because the officer may feel it is obstructing other voters from voting...

**MEX:** ...The Dean of Law at the University of La Salle in Mexico mentioned that for the 2011 Presidential Election there will be policies in place to aid in accessibility for disabled persons, however, the mandate is not public and does not appear to be mandatory or binding on the federal government.

**ROM:** There is no free transport and personal assistance is very limited. Braille templates are not available.

**UK:** Adjustments are made to support disabled persons to vote, although research suggests that far from all polling stations are fully accessible. Disabled persons in the UK are more likely than non-disabled persons to vote by post.
18. Are official statistics published annually covering, at the minimum, the number, age group, sex, and care provided to all those persons with disabilities living in institutions?

RELATES TO UN CONVENTION – ARTICLE NO.
31 Statistics and data collection

BRIEF EXPLANATION OF THE ARTICLE
Article 31 explicitly states: “States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.”
This is remarkable, since “(t)here is no precedent for such a provision in core human rights treaties” (Schulze), and the creation of tools to assist the assessment of the Convention’s implementation is absolutely necessary.
Besides data protection, one of the major obstacles to the full implementation of this article is the lack of commonly used definitions of impairments and disabilities. The risk of an inaccurate picture is high. For example, if the definition of impairment or disability is very narrow, this has a significant effect on the outcome.

BRIEF EXPLANATION OF THE QUESTION
This question refers only to official statistics and only to “institutions”. The official figures need to cover all kind of “institutions” where persons with disabilities live. These will include: old persons’s homes, prisons, “asylums for old persons and adult invalids”, “asylums for children-invalids”, “boarding school for orphans”, secure facilities, “centres for placement and rehabilitation”, “psychiatric institutions”, sheltered accommodation, residential homes, residential educational facilities etc. This question was chosen since “institutions” are in the heart of any political decision-making. A lack of trusted or available information on this sensitive issue would be a major obstacle to good governance. The term “asylum” may, quite understandably, be found by many to be offensive, and burdened with history. The term is, however, still in use in a number of states and has, therefore, been included in the (not exhaustive) list of kinds of institution.

SUMMARY OF RESULTS
In only five countries, out of 35, is such information published both annually and officially: the Czech Republic, Hungary, Ireland, Slovakia and Switzerland. And in seven countries, together with New York state, no such statistics are officially published. With, therefore, some 23 countries, together with California, qualifying their “Yes”, there is a lamentable absence of this very important information.
In Australia, such information is only collected every five years. In Canada, access to this information remains “piecemeal at best”. And in Serbia, data can only be obtained with an “official request”.
In at least one country, however, this information is much less relevant. Italy has, for the last 30 years, pursued an active policy of de-institutionalisation.
### 18. Statistics on disabled persons living in institutions

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- All this information is to be found in a single official publication published on an annual basis and figures are no older than one year.
- Some of these figures are not published. Figures are not published annually, or are over a year old when published. Figures cover only selected institutions.
- No such statistics are officially published.

### SELECTED REMARKS

**ARG**: The last census (2010-2011) with data about population living in institutions in Argentina have not yet been published. However, the results of the last census (2001) recorded the number of persons living in nursing homes, children and adolescents, prisons and psychiatric hospitals. 


**ITA**: Apparently there are no official annual statistics concerning persons with disabilities in "institutions". Over the last 30 years Italian policy about institutionalisation has tried to avoid any kind of segregation in "institutions". Orphanages, psychiatric buildings, special buildings etc. have gradually been closed in favour of smaller residential structures or home reintegration. Data on hospitalised persons with disabilities in institutions can be found on the website: [www.fondazionepromozionesociale.it](http://www.fondazionepromozionesociale.it).

**MEX**: …[T]he government does not keep track/calculate the number of persons who are institutionalised that have disabilities for both children and adults… Thus, the government engages in little or no oversight of institutions for both adults and children with disabilities. Without such oversight official statistics of persons with disabilities living in such institutions is impossible.

**UK**: Some figures are published in this area, but generally only when funding is provided directly by the state.
19. Are official statistics about the education and employment of persons with disabilities published at least every 10 years?

**RELATES TO UN CONVENTION – ARTICLE NO.**
31 Statistics and data collection

**BRIEF EXPLANATION OF THE ARTICLE**
See question 18

**BRIEF EXPLANATION OF THE QUESTION**
This question was chosen because a sustainable effort at inclusion has to result in rising percentages of both graduates and employees with disabilities. This question refers only to whether such statistics are published or not. And to their quality. It does not refer to what the statistics actually tell us about one state in contrast with another – based on those statistics. That is, it simply asks whether such statistics are collected and, additionally, if so, what is their quality?

**SUMMARY OF RESULTS**
At least some work has been undertaken, in the last 10 years, in over 75 percent of the countries to provide some picture on the education and employment of persons with disabilities. And in 11 of these, at least one study has been published that provides a clear picture. However, it is very surprising that in eight countries, together with California, no such study has ever been undertaken.

In Finland, there is "little official data" and the "[d]efinition of disability is one challenge". In France, "[f]igures are open to interpretation". In several other countries, there may have been studies, but they were of either education or employment, not both.
### 19. Statistics on education and employment

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- In the last 10 years, at least one official study has been undertaken and the results published that provide a clear picture of the education and employment of persons with disabilities.
- Only certain figures are available. Or figures are older than 10 years. Or figures are open to interpretation.
- No such official study has ever been undertaken.

### SELECTED REMARKS

**ARG:** The last state publication of statistics on disability was carried out in 2002-2003 by the National Institute of Statistics and Census, and the detailed demographic characteristics of the population in terms of access to education and employment was registered.

**ISR:** [O]nly education.

**ESP:** So far the National Employment Institute (INE) has published three macro disability surveys have provided an important source of information about this group (1986, 199, 2008). In late 2010, the INE in collaboration with the Imserso and CERMI published "The employment of disabled persons" operation that uses statistical information derived from the integration of statistical data provided by the Labour Force Survey (EPA) and administrative data recorded in the state database of Persons with Disabilities (boepd).

**SWE:** There are annual, official statistics concerning the education system. The quality of those general statistics is good, but, the existence of disability among the pupils is not highlighted in the statistics. Several additional investigations are, therefore, undertaken every year. The quality of those investigations is good, but not always comparable. Since investigations differ, you cannot compare the result. Sometimes the gender perspective is missing in statistics focusing on pupils with disabilities.

**UK:** Figures are regularly published in this area, generally based on broad-based survey data.
20. Is there an umbrella organisation representing, at minimum, 50 percent of all those associations for persons with disabilities, that receives directly basic state funding?

RELATES TO UN CONVENTION – ARTICLE NO. 32 International cooperation

BRIEF EXPLANATION OF THE ARTICLE The Convention requires all states to "undertake appropriate and effective measures" to cooperate internationally, and "as appropriate, in partnership with relevant international and regional organisations and civil society, in particular organisations of persons with disabilities". Measures will include the facilitation of, and support for, capacity building through, for example, the exchange and sharing of experience, information and best practices. Or, for instance, the provision of technical and economic assistance.

BRIEF EXPLANATION OF THE QUESTION International cooperation, lobbying and representation can be at its best when there is a well-equipped umbrella organisation that represents as many NGOs at possible.

SUMMARY OF RESULTS In just under half (16) of the countries surveyed there were such organisations that received direct state funding. In seven countries, no such organisation exists. In the remaining 12 countries, such organisations may exist, but they may not either represent over 50 percent of all those associations for persons with disabilities, or do not receive direct state funding. In a couple of instances, Macedonia and Serbia, there are conflicting views as to which organisation really represents "the interest of persons with disabilities" (Macedonia).
20. STATE SPONSORSHIP OF UMBRELLA ORGANISATION

- Such an organisation exists, represents over 50 percent of all those associations for persons with disabilities and receives directly basic state funding.

- Such an organisation exists, but may not either represent over 50 percent of all those associations for persons with disabilities, or does not receive directly basic state funding.

- No such organisation exists that represents over 50 percent, and that receives directly basic state funding.

SELECTED REMARKS

ARG: There are groups of civil society organisations working on disability issues. However, none represents more than 50 percent of all existence. Also still very few civil society organisations have been formed and are run exclusively by persons with disabilities, being shaped generally by families, professionals and/or volunteers, especially in intellectual and psychosocial disabilities organisations.

BEL: The Belgian Disability Forum (BDF) brings together 19 Belgian organisations representing persons with a disability. The BDF represents persons with a disability at European and supranational levels. The BDF has two sources of financing: its running costs are paid for by the SPF Sécurité sociale, and it also receives subscriptions from its members.

SRB: This sometimes presents a problem because they are prone to present themselves as the ONLY legitimate representatives of persons with disabilities. Representation of persons with intellectual/mental disabilities is very low.

UK: There are many disability organisations in the UK, some of which receive Government funding and some of which do not. There is not a single, representative body quite as described in the question, although there are many large organisations, including a number that have membership made up of many different disability organisations.
DESIGNATION OF “FOCAL POINTS” WITHIN GOVERNMENT

21. If the state has signed, or ratified, the Convention, has it designated "focal points" within government to address matters relating to the Convention’s implementation?

RELATES TO UN CONVENTION – ARTICLE NO.
33 National implementation and monitoring

BRIEF EXPLANATION OF THE ARTICLE
The article envisages that within each State Party there will be three different bodies to implement and monitor the Convention: "focal points" within government; a coordination mechanism within government; and, an independent mechanism based on Paris Principles. This is a unique provision, vis-à-vis implementation, in such a treaty.

With regard to "focal points" in particular, they require that "every State Party’s administration shall include a body that sees to the legal and practical implementation of the Convention’s rights" (Schulze).

The article also requires that: "Civil society, in particular persons with disabilities and their representative organisations, shall be involved and participate fully in the monitoring process.”

BRIEF EXPLANATION OF THE QUESTION
For those states that have ratified the Convention, in line with Article 33, Paragraph 1, "State Parties" need to designate one or more "focal points" within government "for matters relating to the implementation" of the Convention. In addition, in line with the other two paragraphs in this article, there need not only to be "independent mechanisms" to "promote, protect and monitor" its implementation, but "civil society" also needs to be involved and participate "fully" in the monitoring process.

SUMMARY OF RESULTS
While it provides some comfort to see at least 10 countries that actually have "focal points" and in which civil society is fully involved, it is still a matter of puzzlement that Ireland, in over four and a half years since signing the Convention, still has not decided where the focal points will lie.

It is very encouraging to see that, while Albania may not have yet ratified the Convention, “[t]here are focal points that actually are responsible for monitoring the implementation of the Albanian National Disability Strategy.” On the other hand, even though it is a long-time signatory, in Estonia, ”[c]ivil society is not really yet involved. persons with disabilities are not yet fully integrated or accepted.” The opposite is, however, the case in Macedonia (which has no focal points), where “...civil society is completely engaged in fulfilling the articles of the [C]onvention, but the state and the government does not take care for such matters.”
21. Designation of “focal points” within government

- There are "focal points", they are effective and civil society is fully involved.
- There are "focal points", but, for example, civil society does not participate “fully” in monitoring the state’s implementation of the Convention.
- The state has not yet designated one "focal point" within government for such matters. (Or: State has not signed the Convention).

SELECTED REMARKS

ARG: The Argentine government has delegated to the National Advisory Committee for the Integration of Persons with Disabilities, the power to implement the CRPD in the country emphasising the cross impact on institutions. The direct involvement of disabled people is still partial and work continues to strengthen it, the focal points for implementation are more defined by the agenda of civil society organisations rather than a specific agenda of the Executive.

BEL: In Belgium, different focal points have been established according to the various levels of government. The associations of disabled persons and defence of those with a disability, as well as civil society in its broader sense, were all involved in drawing up the first Belgian report dated July 2011.

MEX: The National Commission on Human Rights and the thirty-two local human rights commissions were designated by the Mexican government as the monitoring mechanism. Civil society was never consulted in accordance with the standards described.

TUR: The focal points are not officially assigned but there are public institutions that work specifically on disability.

UK: The Office for Disability Issues within the Department for Work and Pensions has been designated.
Im Folgenden finden Sie den deutschsprachigen Teil des Zero Project Reports.

Er umfasst das deutschsprachige Executive Summary und die Analyse der 13 Sozialindikatoren, die auch innerhalb der neun österreichischen Bundesländer abgefragt wurden.

Barrierefreiheit neuer, öffentlich zugänglicher Gebäude _ 01
Zeitrahmen für öffentlich zugängliche Gebäude _ 02
Barrierefreie Benutzung der Linienbusse _ 03
Anspruch auf finanzielle Unterstützung zur Teilnahme am Leben in der Gesellschaft _ 04
Kontrollmechanismus – Aufenthalt in Einrichtungen _ 05
Offizielle Statistiken über Universitätsabsolventen _ 06
Barrierefreiheit von Arztpraxen _ 07
Beschäftigung im öffentlichen Dienst _ 08
Zahl der Beschäftigten mit Behinderung _ 09
Umfassende Barrierefreiheit beim Wahlrecht _ 10
Statistik über in Einrichtung lebende Menschen _ 11
Statistik über Ausbildung/Beschäftigung _ 12
Installierung von „Focal Points“ _ 13
EXKURS: 
EXECUTIVE SUMMARY

VERGLEICH 
VON 13 INDIKATOREN 
ZWISCHEN DEN 
ÖSTERREICHSCHEN 
BUNDESLÄNDERN
Executive Summary


Das Zero Project


Der Zero Project Report ist die schriftliche Zusammenfassung der Ergebnisse der laufenden Forschungsarbeit. Er wird zukünftig jährlich oder alle zwei Jahre veröffentlicht.

Zero Project: Sozialindikatoren, Good Practice und Good Policy

Das Zero Project ist in drei Arbeitsbereiche gegliedert, die alle helfen, das tägliche Leben und die Rechtslage von Menschen mit Behinderung zu verbessern.

1. Die Zero Project Sozialindikatoren: Diese Sozialindikatoren messen und vergleichen die Umsetzung der UN-Konvention für Menschen mit Behinderung (UN CRPD), in Ergänzung zur herausragenden Arbeit von ANED (Academic Network of European Disability Experts) oder zu anderen über nationale Berichte und Schattenberichte an die UN.

Die Zero Project Sozialindikatoren bieten Argumentationshilfe zur Unterstützung von all jenen, die an der nationalen oder regionalen Umsetzung der UN CRPD beteiligt sind. Für diesen Report wurden 21 Indikatoren mittels eines Fragebogens erstellt, der an NGOs und Experten in 35 Ländern, zwei amerikanische Bundesstaaten und die neun österreichischen Bundesländer geschickt wurde. Insgesamt wurde er von mehr als 50 Experten im akademischen Bereich, von NGOs und von Stiftungen ausgefüllt.


Zero Project: Report, Webseite und Konferenz

Das Zero Project besteht aus drei Kommunikationskanälen, um dessen Hauptbereiche zu fördern:

1. Der aktuelle Zero Project Report, erschienen anlässlich des Internationalen Tages der Menschen mit Behinderung am 3. Dezember 2011: Der Report wird zukünftig entweder jährlich oder alle zwei Jahre er-
scheinen und fasst alle aktuellen Resultate des Zero Projects zusammen. Er ist sowohl als ausgedruckte Version als auch als kostenloser Download auf der Zero Project Website verfügbar.


**Zero Project Sozialindikatoren: Ergebnisse**


Die Sozialindikatoren orientieren sich inhaltlich aus- schließlich an der Umsetzung der UN-Konvention über die Rechte von Menschen mit Behinderung, da die Länder, die der UN-Konvention zugestimmt haben, diese in ihr Rechtssystem aufgenommen haben, und mehr als 100 Staaten der Welt die UN-Konvention bereits ratifiziert haben.


**Reihung der Fragen nach der Ampelfarben-Bewertung**

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<td>Frühwarnsystem für nationale Notfälle</td>
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**Sozialindikatoren: Die wichtigsten Ergebnisse**

**Frage 17: RECHT AUF UNTERSTÜTZUNG BEIM WÄHLEN**

Laut den Auskunftspersonen bekommen in 23 von 35 Ländern (oder in zwei Drittel der befragten Länder) Menschen mit Behinderung nicht die notwendige Hilfestellung, ihr Wahlrecht geheim auszüuben. Während einige der Länder erst seit Kurzem eine Demokratie
EXECUTIVE SUMMARY

sind (jedes der befragten Länder ist offiziell eine Demokratie), hat die Mehrheit seit Langem ein demokratisches System, und in diesem sollte das geheime Wahlrecht tief verankert sein.

Frage 4: FRÜHWARNSYSTEM FÜR NATIONALE NOTFÄLLE
In nur drei Ländern – Dänemark, den Niederlanden und Großbritannien – sind die staatlichen Frühwarnsysteme universell für Menschen mit Behinderung zugänglich. In 19 anderen Ländern wurde solch ein Frühwarnsystem nicht einmal erstellt.

Da es drei Staaten gibt, die hier eindeutig eine Vorreiterrolle einnehmen und die Umsetzbarkeit beweisen, sollte es anderen Ländern nicht besonders schwer fallen, diesem Beispiel zu folgen.

Frage 3: ZUGÄNGLICHKEIT VON ÖFFENTLICHEN BUSSEN

Frage 15: STAATLICH BESCHÄFTIGTE MENSCHEN MIT BEHINDERUNG

Frage 12: STATISTIKEN ÜBER UNIVERSITÄTSABSOLVENTEN

Frage 1: ZUGÄNGLICHKEIT VON NEUEN GEBÄUden
Einige positive News: Von 35 Ländern haben 27 in Gesetzen verankert, dass alle neu errichteten Gebäude für Menschen mit Behinderung zugänglich sein müssen – und dies für alle Arten von Behinderungen. Kein einziges Land wurde hier mit „rot“ bewertet, was wiederum bedeutet, dass die Staaten Zugänglichkeit zumindest grundsätzlich ernst nehmen. Die Schwierigkeit liegt darin, universelle Zugänglichkeit für alle Arten von Behinderungen zu schaffen, und auch bei diesem Thema dürfte sich internationale Zusammenarbeit auszahlen, um nicht überall „das Rad neu erfinden zu müssen“.

FRAGE 5: PARTIELLE SACHWALTERSCHAFT (ENTMÜNDIGUNG)
In mehr als der Hälfte (20) der befragten Länder ist eine partikulare Sachwalterschaft in verschiedenen Formen rechtlich möglich, in neun Ländern ist dieses Recht zumindest ansatzweise gegeben. Dieses Ergebnis ist ganz im Sinne des Paradigmenwechsels von der „delegierten Entscheidungsfindung“ zur „unterstützten selbstbestimmten Entscheidungsfindung“ (supported decision making), den die UN-Konvention fordert. Irland ragt in dieser Übersicht heraus, denn es bietet nur die Möglichkeit einer vollständigen Sachwalterschaft – verankert in einem Gesetz, das noch aus der Zeit der britischen Besetzung stammt.

Frage 10: RECHT AUF EINEN REGULÄREN SCHULUNTERRICHT
EXECUTIVE SUMMARY

Frage 18: STATISTIKEN ÜBER MENSCHEN MIT BEHINDERUNG IN INSTITUTIONEN
Wie können Staaten ihre Verantwortung gegenüber Menschen mit Behinderung in Institutionen wahrnehmen, wenn sie nicht einmal wissen, wie viele Menschen in solchen Institutionen leben? Und wenn sie es doch wissen, warum werden solche Zahlen nicht veröffentlicht?
Nur fünf Länder (unter ihnen Irland, das die UN-Konvention nicht ratifiziert hat, und die Schweiz, die die UN-Konvention nicht einmal unterschrieben hat) veröffentlichen Zahlen jährlich und offiziell.

Frage 16: ZAHL DER MITARBEITER MIT BEHINDERUNG
In fast zwei Drittel (21 von 34) der befragten Länder gibt es entweder keine Zahlen über die Beschäftigung von Menschen mit Behinderung oder die Zahl der Beschäftigten mit Behinderung ist gesunken. Beide Befunde sind unerfreulich: Wenn die Quote in jedem dieser Länder gesunken ist, dann lautet die unmittelbare Frage: Aus welchem Grund? Und wenn derzeit keine Zahlen bekannt sind – wie will sich ein Staat diesem Problem stellen, wenn nicht einmal seine Dimension bekannt ist?

Frage 14: ADAPTIERUNG DES ARBEITSPLATZES

Frage 19: OFFIZIELLE STATISTIKEN ZUR BILDUNG UND BESCHÄFTIGUNG

Frage 6: GEBÄRDENSPRACHE VOR GERICH
Weiter wird für Menschen mit Gehörbehinderung ein vom Staat finanziertes Übersetzer bereitgestellt.

Frage 8: KONTROLLMECHANISMEN IN INSTITUTIONEN
Die Resultate dieser Frage sind besorgniserregend. Der Indikator misst nur, ob die Menschen mit Behinderung grundsätzlich das Wahlrecht haben, in einer Einrichtung zu bleiben oder diese zu verlassen. Es geht nicht darum, ob dieses Recht auch tatsächlich ausgeübt wird.
In fast der Hälfte der befragten Länder (15 von 34) existieren entweder keine Kontrollmechanismen oder Menschen mit Beeinträchtigung werden nicht über ihr Wahlrecht informiert.

Unterschiede der österreichischen Bundesländer
NGOs in den neun österreichischen Bundesländern wurden zu 13 dieser 21 Fragen befragt – auch um Unterschiede in Österreich aufzuzeigen. Da Österreich ein Bundesstaat ist, gehören viele Bestimmungen betreffend Menschen mit Behinderung zum Tätigkeitsbereich der Bundesländer.

Die wichtigsten Resultate:
• Wien ist das einzige Bundesland, in dem ein „Focal Point“ bereits eingerichtet worden ist.
• Es gibt signifikante Unterschiede bei der Zugänglichkeit von Gebäuden. Sowohl Kärnten als auch Oberösterreich sind hierbei führend.
• Laut den NGOs in Kärnten und Vorarlberg sind diese zwei Bundesländer die einzigen, die Kontrollmechanismen eingeführt haben, um sicherzustellen, dass keine Person in einer Institution länger bleiben muss als nötig. (Frage 8)
EXECUTIVE SUMMARY

- Weiters gibt es große Unterschiede betreffend der Zugänglichkeit von Arztpraxen. (Frage 13)
- Laut Auskunftspersonen sind Oberösterreich und Tirol die einzigen zwei Bundesländer mit offiziellen Statistiken über Beschäftigung und Bildung.

Zero Project Good Practice, Ergebnisse

Die Essl Foundation hat ein internationales Netzwerk ins Leben gerufen, bestehend aus mehr als 100 Menschen mit Behinderung, NGOs, Sozialunternehmen, Stiftungen, Netzwerken, Medien, Unternehmen (z.B. Infrastrukturanbietern), Akademikern, Regierungsmitarbeitern, Politikern etc. Basierend auf diesem Netzwerk wurde ein Drei-Stufen-Prozess für die Auswahl der bemerkenswertesten Good-Practice-Beispiele entwickelt. Die endgültige Auswahl ergab 27 Good-Practice-Beispiele, die in diesem Report im Detail beschrieben werden und das Kernstück der Zero Project Webseite sind. Es wurden acht Kategorien entwickelt, um die Good Practice nach ihrem Ansatz zu ordnen.

1. Assistenz
- Eine Hilfestellung für Familien, die „Zeit zum Abschalten“ ermöglicht,
- ein Service zur Sexualbegleitung,
- eine Organisation für genossenschaftlich organisierte persönliche Assistenz,
- eine interdisziplinäre Kommission, die die Rechte von Menschen mit Behinderung schützt,
- ein Babysimulator als Entscheidungshilfe für die Elternschaft und
- die ENIL-Initiative für selbstbestimmt Leben.

2. Unterstützung am Arbeitsplatz und Schaffung von Arbeitsplätzen
- Eine Internet-Jobplattform, die Unternehmen dazu ermutigt, Menschen mit Behinderung zu beschäftigen,
- eine Beschäftigungsinitiative für Personen mit psychosozialen Behinderungen in Asien,
- ein Beschäftigungsmodell für Personen mit Autismus,
- ein Ausbildungsprogramm für blinde Frauen, um Brustkrebsuntersuchungen bei anderen Frauen zu übernehmen,
- eine Unterhaltungseinrichtung, die sowohl Arbeitsplätze für blinde Menschen als auch gegenseitiges Verständnis zwischen Menschen mit und ohne Sehbehinderung schafft, und
- ein Personalvermittlungsunternehmen, das die Beschäftigung von Menschen mit Behinderung unterstützt.

3. Hardware/Software/Technische Hilfsmittel
- Eine Software, die E-Mail- und Webseitentexte zugänglicher für Menschen mit Behinderung macht,
- ein System der Echtzeitübersetzung und Untertiteln für Konferenzen und Diskussionen,
- ein interaktiver Online-Stadtplan, in den jeder Nutzer barrierefreie Plätze (und Barrieren) eintragen und kommentieren kann, sowie
- ein standardisierter Schlüssel für alle sanitären Einrichtungen in Europa, wurden in diese Kategorie gewählt.

4. Bewusstseinsbildung/Aufklärung/Transparenz/politische Umsetzung
- Eine Initiative für Ärzte, um Flüchtlingen mit Behinderung zu helfen,
- kompetenzstärkende Seminare und Planungsmodelle, um die UN-Konvention umzusetzen, und
- ein Modell zur Unterstützung der lokalen/ regionalen Umsetzung der UN-Konvention.

5. Medien/TV
- Untertitelung der Fernsehnachrichten in Südamerika,
- ein spezieller Web-TV-Kanal für Gehörlose oder Schwerhörige, und
- ein Auswertungsverfahren für die Zugänglichkeit von Webseiten oder anderen digitalen Medien.

6. Coaching/Ausbildung
- Ein Trainingszentrum für Menschen mit Behinderung, das Peer-Berater für Menschen mit Behinderung ausbildet, und
- eine Kampagne für junge Menschen, die es ihnen ermöglicht, mehr Bewusstsein für die UN-Konvention zu fördern.

7. Internationale Kooperation/Einwicklungszusammenarbeit
- Leitlinien für Koordinatoren der Entwicklungshilfe, um Menschen mit Behinderung in Entwicklungsprogrammen stärker einzubeziehen, und
Ein Überwachungssystem für die Umsetzung der UN-Konvention in Entwicklungsländern.

8. Daten/Statistik

• Eine weltweite Online-Datenbank über aktuelle staatliche Projekte, die Menschen mit Behinderung in Bildungs-, Existenzsicherungs- und Gesundheitsprogrammen einbeziehen.

Zero Project Good Policy, Ergebnisse


Als dritter Schritt wurden die acht Good Policies schlussendlich von einem wissenschaftlichen Beirat ausgewählt. Die acht Good Policies können in zwei Kategorien unterteilt werden:

1. Antidiskriminierungs- und Gleichstellungsgesetze


2. Spezielle Gesetze


Diese fünf Good Policies sind:

• Das schwedische Ombudsmannsystem, welches Personen mit schweren geistigen oder psychosozialen Behinderungen unterstützte, an Stelle von Stellvertretenden Entscheidungen ermöglicht und welches Entmündigung, Selbstmord, Einsamkeit (und zudem Kosten) reduziert.

• Die „Vertretungsvereinbarungen“ von British Columbia (Kanada), die das Recht auf freie Entscheidung von Menschen mit Behinderung stärken, den betroffenen Personen eine bedarfsgeorechte Unterstützung gewähren und sie vor einer Zwangsvormundschaft schützen.

• Das schwedische Recht auf selbstbestimmt Leben, eines der weltweit wenigen Gesetze, die Menschen mit schweren Behinderungen erlauben, eigenständig jene Hilfestellungen auszuwählen, die am besten zu ihren Bedürfnissen passen. Sie, und nicht die Anbieter von Dienstleistungen, bekommen die finanzielle Unterstützung direkt, um die persönlichen Assistenzleistungen anzufordern. Dies gestattet den betroffenen Personen maximale Kontrolle und Entscheidungsfreiheit.


• Das System des universellen Rechtszugangs in Israel, wo jede Person mit mentaler und intellektueller Behinderung oder mit Kommunikationschwierigkeit, das Recht auf adäquate Vorkehrungen während Ermittlungs- und Gerichtsverfahren hat.
1. Müssen alle neu errichteten Gebäude, die öffentlich zugänglich sind, barrierefrei sein?

ZUSAMMENFASSUNG DER ERGEBNISSE

ZUSATZINFORMATION
OIB Richtlinie: http://www.oib.or.at
Zentrum für barrierefreie Lebensräume: www.designforall.at
„BARRIERE:FREI! Handbuch für barrierefreies Wohnen, 4/2011; Hg. BMASK

AUSGEWÄHLTE ERLÄUTERUNGEN
OÖ: Laut oö. Bautechnikgesetz §27 sind alle neu zu errichtenden Gebäude, die öffentlich zugänglich sind, barrierefrei zu errichten.
T: Der Personenkreis von intellektuell beeinträchtigten Personen wird teilweise nicht adäquat berücksichtigt.

Die Gesetzgebung schließt alle Arten von Behinderungen ein und deckt alle Neubauten mit öffentlicher Zugänglichkeit ab.
Es gibt nur für bestimmte, neu gebaute Gebäude (Kinos können z.B. nicht umfasst sein) eine gesetzliche Regelung. Oder es ist nur die Zugänglichkeit für Menschen mit bestimmten Behinderungen abgedeckt
Es gibt keine solche Gesetzgebung.
ZEITRAHMEN NEUER ÖFFENTLICHER GEBÄUDE

2. Gibt es einen Zeitrahmen, in dem alle öffentlich zugänglichen Gebäude barrierefrei sein müssen?

ZUSAMMENFASSUNG DER ERGEBNISSE


AUSGEWÄHLTE ERLÄUTERUNGEN

OÖ: Laut telefonischer Auskunft beim Amt der oö. Landesregierung müssen alle Bauvorhaben, die bereits bewilligt und gebaut sind, nicht im Sinne der Barrierefreiheit verändert werden. Werden Um- oder Zubauten vorgenommen, so müssen diese barrierefrei gestaltet werden.

T: Auf Landesebene gibt es diesbezüglich keine entsprechende Gesetzgebung hinsichtlich öffentlicher Gebäude (wie Universitäten, Schulen, Krankenhäuser...)

VBG: Bundesgesetz schon, aber nicht auf Landesebene

- Alle existierenden Gebäude mit öffentlichem Zugang sind, ohne jegliche Ausnahme, per Gesetz dazu verpflichtet bis spätestens 2015 komplett barrierefrei für Mensch mit Behinderung zugänglich zu sein.
- Es gibt keine solche Gesetzgebung.
3. Sind alle Linienbusse in der Hauptstadt für alle Menschen mit Behinderung nutzbar?

ZUSAMMENFASSUNG DER ERGEBNISSE


<table>
<thead>
<tr>
<th>Bundesland</th>
<th>Bewertung</th>
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<tbody>
<tr>
<td>Burgenland</td>
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<td>Kärnten</td>
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<td>Tirol</td>
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<td>Vorarlberg</td>
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<td>Wien</td>
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Nur einige Busse haben Platz für zwei (2) Rollstühle oder manche Busse sind für Menschen mit Behinderung nicht zugänglich bzw. der Fahrer ist nicht geschult.

Keiner der öffentlichen Busse der Hauptstadt ist für Menschen mit Behinderung zugänglich.

AUSGEWÄHLTE ERLÄUTERUNGEN


OÖ: Laut Auskunft der LinzAG sind alle eingesetzten Busse für Rollstuhlfahrer benutzbar. Allerdings muss jeweils der Fahrer dem Rollstuhlfahrer behilflich sein, da die Rampen händisch angebracht werden müssen.

STMK: Laut Website der Verbundlinie sind alle Busse barrierefrei, aber Busfahrer sind nicht geschult. Es gibt immer wieder Beschwerden über deren Verhalten.

T: Es mangelt meist an der adäquaten Unterstützung der beeinträchtigten Personen insb. bei Personen mit intellektueller Beeinträchtigung. Fahrpläne in einfacher Sprache gibt es nicht.

VBG: Ja, aber: Nur einige, braucht Unterstützung. Fahrer nicht geschult. Angewiesen auf bemühte Fahrer.

Wien: Ja, aber: Nicht alle Busse und Fahrer sind gleich zugänglich bzw. geschult. Selbstfahrer mit intellektueller Beeinträchtigung bräuchten leichter verständliche Fahrpläne und Hilfe bei der Orientierung.
ANSPRUCH AUF FINANZIELLE UNTERSTÜTZUNG

4. Gibt es einen rechtlichen Anspruch auf die finanzielle Unterstützung, um die volle Teilnahme am Leben in der Gemeinschaft zu ermöglichen?

ZUSAMMENFASSUNG DER ERGEBNISSE

In sechs Bundesländern ist die finanzielle Unterstützung nicht für alle bzw. nur begrenzt verfügbar. In Tirol wird nach den Informationen der NGO Persönliche Assistenz „nur Personen mit körperlicher Beeinträchtigung bewilligt. Personen mit intellektueller Beeinträchtigung erhalten keine persönliche Assistenz. Wenn sie über 75 Stunden/Monat Assistenz benötigen, müssen sie in Wohngemeinschaften leben“. In Oberösterreich steht im Chancengleichheitsgesetz (§ 16), „dass alle Personen, die eine Hauptleistung aus dem CHG beziehen, auch ein monatliches Mindesteinkommen gewährleistet werden muss.“ In den meisten Bundesländern handelt es sich um eine „Kann-Leistung“. In Burgenland und in Vorarlberg gibt es bis dato keine persönliche Assistenz laut Angaben der NGO.

ZUSATZINFORMATION

Der Sozialausschuss hat am 15. März 2011 betreffend persönliche Assistenz Folgendes beschlossen: „Der Bundesminister für Arbeit, Soziales und Konsumentenschutz wird ersucht, gemeinsam mit den Ländern Vorschläge für eine bundesweit einheitliche Regelung der Persönlichen Assistenz in allen Lebensbereichen im Rahmen einer Vereinbarung nach Art. 15a B-VG zu erarbeiten und diese bei der Neuordnung im Zuge des nächsten Finanzausgleichs mit zu verhandeln.“ (www.bizeps.or.at)

AUSGEWÄHLTE ERLÄUTERUNGEN

STMK: Es ist die Leistung "Persönliches Budget" vorgesehen. Diese ist jedoch sowohl von der Zielgruppe her als auch vom finanziellen Aufwand begrenzt.


Wien: Menschen mit intellektueller Beeinträchtigung oder Sinnesbeeinträchtigung sind explizit von Persönlicher Assistenz ausgeschlossen.
5. Gibt es Kontrollmechanismen, durch die sichergestellt wird, dass Menschen mit Behinderung nur aufrund ihrer eigenen Entscheidung in Institutionen bleiben?

**ZUSAMMENFASSUNG DER ERGEBNISSE**


**ZUSATZINFORMATION**

www.sachwalter.at (Die Bewohnervertretung)

- Jede Einrichtung wird z.B. jährlich von unabhängigen Instituten, Ärzten etc. überprüft und wo eine Person mit Behinderung in der Lage ist, selbst zu entscheiden, hat diese Person auch das Wahlrecht, in der Einrichtung zu bleiben (oder auch nicht), d.h. die Entscheidung, dort zu bleiben oder nicht, liegt bei der Person selbst.
- Institutionen werden nicht überprüft oder Menschen mit Behinderung werden nicht darüber informiert, dass sie die Freiheit haben zu wählen, ob sie in diesen Institutionen bleiben wollen.
- Einrichtungen werden nicht überprüft und Menschen mit Behinderung dort haben kein Recht zu entscheiden, ob sie dort bleiben oder nicht.

**AUSGEWÄHLTE ERLÄUTERUNGEN**


6. Gibt es offizielle Statistiken über die Zahl der Universitätsabsolventen mit Behinderung?

ZUSAMMENFASSUNG DER ERGEBNISSE

Der Großteil der Bundesländer (acht von zehn) gibt an, dass es keine Zahlen von Studienabsolventen gibt oder diese ihnen nicht bekannt sind. Das Institut Integriert Studieren an der Universität Linz bestätigt, dass es zwar Zahlen gibt, aber diese nicht publiziert werden. Die NGO aus Niederösterreich gab keine weitere Information zu seiner „Orange“-Entscheidung an.

ZUSATZINFORMATION


AUSGEWÄHLTE ERLÄUTERUNGEN

KTN: Laut Auskunft der Uni-Klagenfurt gibt es keine gesetzliche Grundlage, die eine solche Statistik erlaubt.

OÖ: Laut telefonischer Auskunft am Institut Integriert Studieren an der Johannes Kepler Universität Linz gibt es nur inoffizielle Statistiken, da die Daten in Bezug auf Beeinträchtigungen sensible Daten sind, die nicht offiziell erhoben werden. Bei der Absolventenstatistik wird nur nach Kriterien wie z.B. Geschlecht unterschieden, nicht aber nach Absolvent mit Beeinträchtigung oder ohne Beeinträchtigung.


Die Behindertenbeauftragte der UNI Graz gibt an, dass es keine eigenen Statistiken für das Land Steiermark gibt.

T: Entsprechende Statistiken sind nicht bekannt.
7. Müssen alle Arztpraxen rechtlich barrierefrei zugänglich sein?

ZUSammenfassung der Ergebnisse
Bei dieser Frage kommt es zu stark divergierenden Antworten. Knapp die Hälfte der NGOs halten die Arztpraxen in ihren Bundesländern für barrierefrei, wobei wie in Oberösterreich und Kärnten nur die Neuerrichtung von Arztpraxen barrierefrei ausgeführt sein muss. „Alle Arztpraxen, die bereits bewilligt und gebaut sind, müssen nicht im Sinne der Barrierefreiheit verändert werden. Werden Um- oder Zubauten vorgenommen, so müssen diese barrierefrei gestaltet werden.“, so die Bemerkung der NGO Oberösterreich. Einschränkend wird von einer NGO angemerkt, dass dies nicht kontrolliert wird. Die NGOs aus Tirol und Salzburg sind der Ansicht, dass es rechtliche Bestimmungen gibt, allerdings fehlen dazu Informationen. „Intellektuell beeinträchtigende Personen erhalten oft nicht die für sie adäquate und entsprechende Informationen (= Barriere).“ Die NGOs aus dem Burgenland, aus der Steiermark und aus Vorarlberg gehen davon aus, dass es keine rechtlichen Bestimmungen gibt oder kennen aus eigener Erfahrung Barrieren.

Zusatzinformation

AUSGEWÄHLTE ERLÄUTERUNGEN
OO: Alle Arztpraxen, die bereits bewilligt und gebaut sind, müssen nicht im Sinne der Barrierefreiheit verändert werden. Werden Um- oder Zubauten vorgenommen, so müssen diese barrierefrei gestaltet werden.
T: Intellektuell beeinträchtigte Personen erhalten oft nicht die für sie adäquaten und entsprechenden Informationen (= Barriere).
BESCHÄFTIGUNG IM ÖFFENTLICHEN DIENST

8. Wird die Anzahl von Menschen mit Behinderung, die im öffentlichen Dienst beschäftigt sind, berechnet und publiziert?

ZUSAMMENFASSUNG DER ERGEBNISSE
Es ergibt sich ein einheitliches Bild von „Orange“ in Österreich. Kritisch wird von den NGOs in manchen Bundesländern angemerkt, dass es zu diesem Thema mehrfach interne Statistiken gibt, die aber nicht veröffentlicht werden – siehe die Pressemitteilung aus Tirol. Auch laut Auskunft der Statistikabteilung des Landes OÖ „werden diese Zahlen erfasst, aber nicht veröffentlicht. Es können aber jederzeit Auswertungen erfolgen.“ Es scheitert also nur an der regelmäßigen bzw. jährlichen Veröffentlichung von vorhandenen Daten in den einzelnen Bundesländern.

ZUSATZINFORMATION
http://www.bizeps.or.at/news.php?nr=12100

AUSGEWÄHLTE ERLÄUTERUNGEN
KTN: Wird auf Basis der Ausgleichszahlungen regelmäßig erhoben und kontrolliert.

Die Anzahl wird jährlich in einem Bericht veröffentlicht, der auch inkludiert wo und mit welchen Tätigkeiten die Menschen mit Behinderung beschäftigt sind, aber gleichzeitig Datenschutz vollständig gewahrt bleibt.

Solch eine Zahl wird erfasst, aber nicht veröffentlicht oder sie ist nicht offiziell. Oder wird nur unregelmäßig veröffentlicht und ist 2010 nicht aktuell

Die Anzahl wird weder erfasst noch veröffentlicht.
ZAHLE DER BESCHÄFTIGTEN MIT BEHINDERUNG

9. Ist der Anteil von beschäftigten Menschen mit Behinderung im Kalenderjahr 2010 gestiegen?

ZUSAMMENFASSUNG DER ERGEBNISSE


Von drei Bundesländern konnten die NGOs keine Daten erheben.

AUSGEWÄHLTE ERLÄUTERUNGEN

KTN: Der Anteil der Menschen mit Behinderungen, die sich auf Arbeitssuche befinden, ist gestiegen (Auskunft Behindertenanwaltschaft).


Wenn man aber die Frage inklusive Erläuterung ganz genau liest: Ob die Beschäftigung bei einstellungspflichtigen Dienstgebern zu- oder abgenommen hat, ließe sich nur über die Statistik Austria beantworten!
UMFASSENDE BARRIEREFREIHEIT BEIM WAHLRECHT

10. Hat ein Mensch mit Behinderung das Recht auf jede notwendige Unterstützung, um sein freies und geheimes Wahlrecht in der Wahl zum Parlament auszuüben?

ZUSAMMENFASSUNG DER ERGEBNISSE

Der Großteil der Bundesländer ist "Orange" gefärbt, womit die NGOs signalisieren, dass es nicht jede (oder nicht ausreichende) Unterstützung für die Ausübung eines freien und geheimen Wahlrechtes gibt. Vorarlberg gibt als Antwort, dass „Persönliche Assistenz sicherlich hilfreich wäre“. In Kärnten, Oberösterreich und Steiermark gibt es ausreichend Hilfe z.B. kann beantragt werden, dass eine Wahlbehörde in die Einrichtung bzw. bei Immobilität in das Eigenheim des Wählers kommt oder in Kärnten werden Schablonen für sehbehinderte Personen zur Verfügung gestellt.

- Es gibt kein solches Recht oder es ist durch Ausnahmen leicht einzuschränken, indem z.B. ein Arzt das Wahlrecht absprechen kann.

AUSGEWÄHLTE ERLÄUTERUNGEN

KTN: Es gibt zum Beispiel Schablonen für sehbeeinträchtigte Personen. Die Wahlkommission kommt in besonderen Fällen auch zum Wahlberechtigten nach Hause.

11. Gibt es offizielle, jährlich aktualisierte Statistiken über jene Menschen mit Behinderungen, die in Institutionen leben?

ZUSAMMENFASSUNG DER ERGEBNISSE
Der Großteil der Bundesländer bestätigt, dass Daten erhoben werden. Diese Daten decken nur ausgewählte Einrichtungen ab und ergeben kein Gesamtbild, wie in Oberösterreich: „...in der Statistik nicht erfasst: Menschen mit Behinderung, die in Gefängnissen, Seniorenzentren usw. betreut werden (also nicht im Sinne einer im Chancengleichheitgesetz vorgesehenen Leistung.)“ Oder die Daten werden nicht von einer einzigen Stelle veröffentlicht, wie die Aussage aus Kärnten belegt: „...Statistiken werden regelmäßig aktualisiert. Es gibt aber keine regelmäßige (jährliche) öffentliche Publikation, welche einen Gesamtüberblick bietet“. Eine andere Art der Einschränkung. Verfügbare Daten sind nicht "offiziell". Im Burgenland sind der NGO überhaupt keine dieser Daten bekannt.

ZUSATZINFORMATIONEN:
Siehe Sozialberichte in den jeweiligen Bundesländern.


- Es sind keine offiziellen Statistiken verfügbar.
12. Gibt es offizielle Statistiken über Ausbildung und Beschäftigung von Menschen mit Behinderung?

ZUSAMMENFASSUNG DER ERGEBNISSE
Die NGOs aus Oberösterreich und Tirol geben an, dass es offizielle Statistiken gibt, die ein klares Bild über die Ausbildung und Beschäftigung von Menschen mit Behinderung ergeben und weisen dabei auf die Sozialberichte hin. Wien und Salzburg halten fest, dass es nur bestimmte Daten gibt, oder diese nicht regelmäßig oder nicht schlüssig sind.


ZUSATZINFORMATIONEN
Oberösterreichischer Sozialbericht 2010:

Bundessozialamt, Geschäftsbericht 2010

- In den letzten 10 Jahren wurde mindestens eine offizielle Studie durchgeführt und die veröffentlichten Resultate geben ein klares Bild über die Ausbildung und Beschäftigung von Menschen mit Behinderung.
- Nur bestimmte Zahlen sind vorhanden oder die Zahlen sind älter als 10 Jahre oder sie lassen sich auf unterschiedliche Weise interpretieren.
- Es gibt darüber keine offizielle Studie.

AUSGEWÄHLTE ERLÄUTERUNGEN
INSTALLIERUNG VON FOCAL POINTS

13. Falls der Staat die UN-Konvention unterzeichnet hat, wurden „Focal Points“ installiert, die die Umsetzung überwachen?

ZUSAMMENFASSUNG DER ERGEBNISSE

Wien ist das einzige Bundesland, das bislang eine Monitoringstelle eingerichtet hat und deren Mitglieder ihre Arbeit bereits aufgenommen haben (siehe Zusatzinformation). In der Steiermark gibt es eine provisorische Lösung laut Tätigkeitsbericht der Anwaltschaft: „Das Monitoring im Hinblick auf die UN-Konvention wird derzeit von der Anwaltschaft für Menschen mit Behinderung wahrgenommen“. In Oberösterreich nimmt derzeit der Planungsbeirat (lt. Chancengleichheitsgesetz) die Umsetzung der UN-Konvention wahr, so die NGO. Alle anderen Bundesländer haben entweder noch keinen Focal Point eingerichtet oder es wurden keine Angaben von den NGOs gemacht.

ZUSATZINFORMATION

Die Mitglieder der Monitoringstelle für das Land Wien sind: vier Vertreter der organisierten Menschen mit Behinderung, eine Vertreterin einer anerkannten im Bereich der Menschenrechte tätigen gemeinnützigen Nichtregierungsorganisation und ein Experte aus dem Bereich der wissenschaftlichen Lehre. ¹)

¹) Email vom 5.10.2011, StR Sandra Frauenberger

AUSGEWÄHLTE ERLÄUTERUNGEN

**OÖ**: In Oberösterreich nimmt derzeit der Planungsbeirat (lt. Chancengleichheitsgesetz) die Umsetzung der UN-Konvention wahr. Es soll ein eigener Monitoringausschuss in OÖ eingerichtet werden.

**STMK**: Ja, aber: Die Anwaltschaft für Menschen mit Behinderungen in der Steiermark (Hr. Mag. Suppan) übernimmt diese Funktion aus „eigem Antrieb“. (siehe Seite 8 des Tätigkeitsberichts der Anwaltschaft: „Das Monitoring im Hinblick auf die UN-Konvention wird derzeit provisorisch von der Anwaltschaft für Menschen mit Behinderung wahrgenommen“. )
<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
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<tbody>
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<td>Awareness/Raising/Policy Implementation</td>
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<tr>
<td>Raising Awareness about the UN CRPD (Slovakia)</td>
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<td>How to Implement UN Standards (Sweden)</td>
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<td>Assistance</td>
<td>Support for Families (Austria)</td>
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<td>Professional Sexual Facilitation (Austria)</td>
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<td>Personal Assistance Cooperative (Austria)</td>
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<td>Interdisciplinary Commission (Chile)</td>
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<td>Baby Simulator (Germany)</td>
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<td>Right to Live in Society (Sweden)</td>
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<td>Coaching/Education/Training</td>
<td>Peer Counseling and Education (Austria)</td>
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<td>Youth Advocacy of the UN CRPD (in 21 countries)</td>
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<td>Jobs/Job Creation</td>
<td>Inclusive Job Platform (Austria)</td>
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<td>Jobs for Persons with Psychosocial Disabilities (Hong Kong)</td>
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<td>Equal Employment Opportunities (Denmark)</td>
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<td>Blind Women Detect Breast Cancer (Germany)</td>
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<td>Dialogue Social Enterprise (Germany)</td>
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<td>Supporting Persons Finding Employment (Singapore)</td>
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<td>Hardware/Software/Technical Support</td>
<td>Accessible Electronic Texts (Denmark)</td>
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<td>Live Transcription (Germany)</td>
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<td>Accessibility Information for Wheelchair Users (Germany)</td>
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<td>Guaranteed Access to Facilities (Switzerland)</td>
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<td>Media/TV Accessibility</td>
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<td>Sign Language – Web TV (Slovenia)</td>
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<td>Internet Accessibility (The Netherlands)</td>
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<td>Data/Statistics</td>
<td>Global Disability Database Project (Africa and Asia)</td>
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<td>International Cooperation</td>
<td>Development Reference Group (Australia)</td>
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<td>Monitoring the Implementation of the UN CRPD (Burkina Faso)</td>
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The Women's Refugee Commission (WRC) conducted an assessment on refugees with disabilities that resulted in the first comprehensive report and toolkit for practitioners on promoting access and inclusion in all programmes. The WRC used report findings to promote a UN High Commissioner for Refugees’ Conclusion on Refugees with Disabilities. The WRC built a coalition of NGOs, advocated with Member States, and drafted the Conclusion language which was adopted by the UNHCR’s governing body in 2010. The WRC is working with the UNHCR on a strategy to roll out their global guidance for implementation of the Conclusion including piloting the guidance in four refugee settings and one internal displacement context to demonstrate and advocate for improvement in practices globally.

Key figures/scope
An estimated 4 million refugees and internally displaced persons under the care of UNHCR have disabilities and will eventually benefit from improvements in policy and practice.

Implementation in the following countries
Piloting will take place in India, Kenya, the Philippines, Thailand and Uganda. The UNHCR’s 100 country offices around the world are now mandated to implement the Executive Committee Conclusion. The trainings will pilot how this can be done.

Expansion to other contexts/countries
UNHCR offices around the world are now mandated to implement the adopted UNHCR Executive Committee Conclusion. This will take time, but will eventually improve the protection of, and opportunities for, refugees with disabilities everywhere.

Why this is an example of Good Practice
Refugees with disabilities have long been ignored. Humanitarian agencies providing shelter, water, education, health and livelihoods, do not have specific policies or practices on how to include refugees with disabilities in their programmes. Specialised disability agencies often do not play a convening role to help non-disability experts apply a disability lens to their work. This project focused on: researching the extent of the issue; developing practical guidance to assist field-based practitioners around the world; addressing the policy gap; and, working on guidance development for policy implementation and piloting of the guidance in order to inform global advocacy efforts.

GOOD PRACTICE EXAMPLES – AWARENESS RAISING/POLICY IMPLEMENTATION

Promoting Access and Inclusion

Organisation: Women’s Refugee Commission

Country: five countries
A toolkit for practitioners for promoting access to, and inclusion in, refugee programmes and for developing guidance for political implementation.

Relevant articles of the UN CRPD: Art. 11 Situations of risk and humanitarian emergencies, Art. 17 Protecting the integrity of the person, Art. 28 Adequate standard of living and social protection
"It isn’t about doing more, it’s about doing differently, it’s about changing the way we work."

Dale Buscher,
Senior Director for Programmes

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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Further information and reading
http://www.unhcr.org/cgi-bin/texis/vtx/home/open-docPDFViewer.html?docid=4cee2b979&query=EXCOM%20Conclusion%20ON%20DISABILITIES
http://www.womensrefugeecommission.org/programmes/disabilities

Contact details
Women’s Refugee Commission
122 East 42nd Street, 11th floor, New York, NY 10168, USA
Phone: +1 212 551-3129
Email: daleb@wrcommission.org
Raising Awareness about the UN CRPD

Organisation: Association for Help to People with Mental Handicap in the Slovak Republic

Activities: Pursuing the aim of introducing the UN CRPD, the association recently organised two types of capacity-building seminars, one for persons with intellectual disabilities, the second for parents, guardians and experts. Importantly, the association coordinated a group of experts, who prepared analyses of Slovak guardianship law and drafted the guardianship reform proposal. Experts from different NGOs and Ministry of Justice and Ministry of Social Affairs commented upon the proposal and actively participated during the process.

Key figures/scope

Seventeen seminars across the Slovak Republic for parents, guardians and experts (number of participants: 380), 148 seminars for persons with intellectual disabilities in Bratislava (number of participants: 39), two national seminars for various stakeholders, two legal analyses, four roundtables of the Coalition for Change and a draft of the guardianship reform

Implementation in the following countries

Slovakia

Expansion to other contexts/countries

This example of Good Practice was established by the Association for Help to People with Mental Handicap in the Slovak Republic.

Why this is an example of Good Practice

Our project helped fight discrimination against persons with mental disabilities and facilitated effective and proper implementation of the UN CRPD. This example of Good Practice helps both to remove discrimination from the lives of persons with intellectual disabilities and implement the UN Convention on the Rights of persons with disabilities on three levels:

1) we lectured persons with intellectual disabilities about the UN CRPD, their rights and the possibilities of using the Convention as a legal tool to improve their quality of life;

2) we trained parents, guardians and experts and explained to them the concept of supported decision-making in the context of overall support for persons with intellectual disabilities; and,

3) we drafted the guardianship reform proposal in line with Article 12 of the CRPD. Our project also brought together the public sector and NGOs, which will help to effect positive changes faster.

Relevant articles of the UN CRPD: Art. 8 Awareness-raising, Art. 12 Equal recognition before the law
“We need to change ourselves, our views, attitudes and prejudices, we must spread new ideas not only amongst parents, but also judges, doctors, psychiatrists, teachers, social workers and the wider public.”

Dr Iveta Mišová, Director

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Usefulness/Applicability/Of Interest

Further information and reading
http://www.zpmpvsrc

Contact details
Association for Help to People with Mental Handicap in the Slovak Republic /ZPMP v SR/
Heydukova 25, 811 08 Bratislava, Slovakia
Phone: +421 2 6381 4968
Email: zpmpvsrc@zpmpvsrc.sk
How to Implement UN Standards

Organisation: The Swedish Disability Federation

Key figures/scope

Agenda 22 was created in 1996. It has been put into practice in many Swedish municipalities. In 2001, the model was presented at a European level and, since then, it has been presented and put into practice in many European countries. The Agenda 50 strategy is new and will be presented in Sweden during 2011.

Implementation in the following countries

Sweden and many other European countries

Expansion to other contexts/countries

"Agenda 22 – disability policy planning instructions for local authorities" has been translated into about 20 languages and has been presented at seminars and projects in many European countries and at a Middle East disability capacity building course.

Why this is an example of Good Practice

The Agenda 22 model has provided a practical model for how to use and implement the UN standard rules. The model has highlighted:

- The importance of structured planning in disability policy plans as a way of implementing the Standard Rules and human rights
- That such plans shall be based on and follow the Standard Rules
- The importance of equal partnership in the co-operation between disabled persons organisations and local authorities
- The importance of objectives based on the Standard Rules and concrete descriptions of measures
“Agenda 22 presented a model for how to implement the UN Standard Rules and the necessity of close co-operation between authorities and disabled persons organisations.”

Maryanne Rönnersten,
Former Project Manager of Agenda 22 and Agenda 50

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
Maryanne.ronnersten@hso.se

Contact details
Handikappförbunden
Sturegatan 4. Box 1386, 172 27 Sundbyberg, Sweden
Phone: +46 8 546 404 20, TTY: +46 8 546 404 50, Fax: +46 8 546 404 44
Email: Maryanne.ronnersten@hso.se
The family support organisation "KIB" in Vienna is aimed at parents of children and adolescents with physical, sensory, mental and multiple disabilities who require special medical care. The caregivers are given the opportunity to take time off temporarily from their stressful situation. In order to ensure this, the Caritas Vienna employee cares for the child and adolescent within the environment familiar to them, thus encouraging a positive process of separation from the family. Through their regular presence in the families, family assistants ensure regularly scheduled times off for family members. The aims of assistance are: support and relief for primary caregivers, qualified, reliable and family-affiliated support for children and adolescents, instrumental and emotional support for children and adolescents, prevention of impairment to the family system resulting from overburdening, and assurance of the opportunity to live in the family environment over the longer term.

Implementation in the following countries
Austria (Vienna)

Expansion to other contexts/countries
No

Why this is an example of Good Practice
Previously there was no family support for parents of children with special needs (families with children who have major disabilities) in a state-subsidised form. Caregivers are frequently overburdened because of the lack of childcare places and the lack of flexibility in addressing the individual requirements of the children and adolescents. Children are removed from their families and placed in out-of-home care. In order to prevent this, family assistance and its range of services provide both timely support and relief for the families concerned.

Key figures/scope
KIB family support was established at the beginning of 2010. During last year, 71 families were given support. A total of 7,645 hours were provided. At present, there are 17 family assistants in "classic family assistance" and KIB. Classic family assistance accounts for 50 percent of the hours, and KIB family assistance for the other 50 percent.
“Every change starts with a beginning.”

Ingrid Schnötzinger,
Director of Family Assistance

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading

Contact details
Familienhilfe
Caritas der Erzdiözese Wien
Siebenbrunnergasse 44/2nd floor; 1050 Vienna, Austria
Phone: +43 (0)1 544 37 51, Email: familienhilfe@caritas-wien.at
Professional Sexual Facilitation

Organisation: Libida-Sexualbegleitung

LIBIDA-SEXUALBEGLEITUNG is a service which allows clients (persons with or without disabilities), with the support of professional sexual facilitation, to deal with their bodies in a joyful and sensitive way. These facilitators have special training and are obliged to comply with special quality requirements. The service offered lasts for a set length of time and costs EUR 70-100 (exclusive of room and transport fees).

Sexual facilitation is a sexual service for women and men of legal age. Professional training, supervision and continuing education as well as standardised practices and health standards assure the quality of the service. The equality of all human beings is the foundation of this service. Sexual facilitators offer support for manifold experiences of sexuality. They are women and men who use their bodies and minds to establish a dialogue with their clients and to create sensual, erotic and sexual experiences. The wishes of the client are paramount in these activities.

Sexual facilitators respect their clients’ abilities for self-determination and act only upon the wishes of the client. They reject any form of violence. By touching, and letting themselves be touched, by caressing, experience of the naked body, with massages and assistance for masturbation they provide support for physical well-being and relaxation. These practices are designed to promote the self-respect of the client as well as of the sexual facilitator. Every sexual facilitator determines and describes the services he or she offers in a personal profile. For legal reasons, there is neither intercourse nor oral contact.

Key figures/scope
Since LIBIDA-SEXUALBEGLEITUNG started in May 2009 demand has been significant:
- 2009: 181 sexual facilitations
- 2010: 585 sexual facilitations
- 2011: probably over 600 meetings between sexual facilitators and persons with disabilities
- Over 140 persons have tried this support service. 12 percent are female clients.
- There are six female and one male Libida facilitators. In 2011 this number will expand by six to eight sexual more facilitators.

The centre offers six “Libida Erotic Workshops” per year, on Friday nights, for prospective clients to get to know more about LIBIDA and their own sexuality.

Implementation in the following countries
LIBIDA-SEXUALBEGLEITUNG is offered in Austria. It is a project financed by the federal government of Styria.

Expansion to other contexts/countries
Since its establishment, the service has been in a network with projects in Switzerland and Germany. New initiatives from Austria and Germany occasionally contact the service.

Why this is an example of Good Practice
This service actually addresses an issue that has long been, and, for many, still is, taboo. And for some it remains highly controversial. However, based on 1,400 hours of counselling over 14 years and the 3 years the project “LIBIDA – more lust in life” has run so far, together with women and men with disabilities, parents, caregivers and legal professionals, LIBIDA-SEXUALBEGLEITUNG is finally able to start offering important help in this vital area of life.
“Sexuality is a life force which needs to be expressed. Sexual facilitation is one way to discover positive expression and gain self-confidence.”

Dr Doris Krottmayer, Project Leader

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://www.libida-sexualbegleitung.at

Contact details
Fachstelle hautnah. für Sexualität, Beziehung, Behinderung im Beratungszentrum Kalsdorf
Römerstrasse 92, 8401 Kalsdorf, Austria
Phone: +43 (0)3135 56382-27
Email: hautnah@alphanova.at
Personal Assistance Cooperative

Organisation: WAG Assistenzgenossenschaft (a registered not-for-profit cooperative)

Austria

Cooperatively organised personal assistance for persons with disabilities, who can decide for themselves how much help they need to achieve an independent lifestyle.

Relevant articles of the UN CRPD: Art. 19 Living independently and being included in the community

Personal Assistance (PA) enables persons in need of assistance to live their lives as they want to. As the “experts” in their own private and professional affairs, disabled persons decide for themselves decide who, when, where and in what way such assistance is given. At the entrepreneurial level, the organisational model of a cooperative ensures that persons with disabilities organise their lives together, and cooperatively, in accordance with the principles of the Independent Living Movement. Only persons with disabilities are employed in management of the cooperative and as consulting (peer counselling) staff.

Expansion to other contexts/countries

Cooperatively organised PA based on the principles of the self-determination movement was first implemented in Sweden, where a law securing assistance, and guaranteeing disabled persons a statutory right to PA has been on the books since the 1990s.

Why this is an example of Good Practice

Cooperatively organised PA facilitates access to this innovative model of support for persons with disabilities, because they can, for example, delegate accounting, or organisational matters like duty or stand-in rosters and the further education of clients and assistants etc. Since the cooperative is based on solidarity, it is possible to offer all clients customised services, for example, specific workshops that are especially designed for the clients and their assistants. The basic conditions, however, remain the same for everyone. At the same time, as members of the cooperative they contribute actively to the organisation and take part in designing the PA service.

Key figures/scope

In Scandinavia there are a number of cooperatives that support a total of several thousand persons in organising their PA. In Austria 250 persons organise their PA in this manner.

Implementation in the following countries

Coming from Scandinavia, cooperatively organised assistance also exists both in some German cities and in Vienna. In Austria, 250 disabled persons use this form of PA.
"Because of my disability, the whole time I should have been at school I was living in an institution. My personal experience is: 'Institutions are never a solution!'

Roswitha Schachinger, CEO WAG

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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Further information and reading
http://www.wag.or.at

Contact details
Roswitha Schachinger, CEO WAG, Jasna Puskaric, Assistant to the CEO
WAG-Assistenzgenossenschaft gemeinnützige e.Gen
Modecenterstraße 14 A1/2, 1030 Vienna, Austria
Email: r.schachinger@wag.or.at or j.puskaric@wag.or.at
Interdisciplinary Commission

Organisation: Comisión Nacional de Protección de las Personas con Enfermedad Mental de Chile

Chile

National Commission to protect the rights of persons with mental disabilities, monitor human rights abuses and offer help.

Relevant articles of the UN CRPD: Art. 15 Freedom from torture or cruel, inhuman or degrading treatment of punishment, Art. 16 Freedom from exploitation, violence and abuse, Art. 33 National implementation and monitoring

This interdisciplinary and intersectoral Commission in Chile, in which civil society actively participates, is responsible for reviewing and commenting on situations of involuntary admission, and analysing and acting preventively against involuntary treatment, psychosurgery, sterilisation and other irreversible surgery. It undertakes its supervision in different circumstances in which the rights of persons with mental disabilities may be affected. In addition, it investigates complaints and accusations, and conducts outreach and training sessions on the rights of persons with mental disabilities. The Commission, which has been established on a permanent basis since 2001, records and publishes its activities.

Key figures/scope
- Direct complaints: 50 per annum, making a total of 500 submissions, from 2001 to date
- Cases via email: 350, from 2001 to date
- Telephone inquiries: 400 (2001 to date), which have served to guide persons with mental disabilities and families in managing care on site, or in making formal presentations to the agencies with which they are dealing
- Supervisory visits, public and private, to review situations in hospital: Average 10-11 per annum, totalling approximately 100 visits (2001 to date)
- The Commission has established and visited separate commissions for the protection of rights of persons with mental disabilities in 13 regions of the country

Implementation in the following countries
In all regions of Chile, including rural areas.

Expansion to other contexts/countries
None so far.

Why this is an example of Good Practice
The Convention on the Rights of Persons with Disabilities establishes the social model, with full observance of the principles of dignity, autonomy, freedom and independence. The demonstration of will and personal integrity are essential. The Commission addresses and safeguards the rights of persons with mental disabilities, who are often alone and unprotected. The Commission has sufficient capacity to respond to the diversity of situations it faces. The future challenge is to secure legal recognition. Civil society, in particular persons with mental disabilities, their families and their organisations, recognises the need for the commission. The Commission’s greatest efforts are directed towards the protection of the human rights of persons with mental disabilities: dignity, autonomy, integrity, personal liberty, privacy, etc.
“The creation of the Commission, at the Ministry of Health, has been a productive initiative to promote the paradigm shift in psychiatric care towards community care and human rights observance.”

María Angélica Monreal,
Current Member and Former President (through January 2010) of the Commission

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://www.redsalud.gov.cl/portal/url/page/minsalcl/g_proteccion/g_salud_mental/saludinmigrantespresentacion.html
http://www.minsal.cl/portal/url/page/minsalcl/g_nuevo_home/nuevo_home.html

Contact details
Comisión Nacional de Protección de las Personas con Enfermedad Mental de Chile
Email: cproteccion@minsal.cl
"Baby simulators" are a means of providing decision support for disabled persons who desire a baby. Before starting a family, several discussions take place between the potential parents and Gabriele Böttcher (AWO - Pregnancy Helpdesk). Afterwards the Baby simulator is provided to help find out if they can deal with taking care of an infant. This helps the persons in question both understand and gauge if they are ready to bear the responsibility of having a baby. It is very important for disabled persons to make that decision for themselves in order for it to be acceptable to them.

**Key figures/scope**
As project leader, Mrs Böttcher has undertaken 11 sessions with young persons from a sheltered workshop and a support centre. From five to nine young persons attend each session.
Ms Böttcher meets a pair from the sheltered workshop for a period of five months, once a week, to work with them on their wish for a baby.
The age of the participants ranges from 14 to 40 years.

**Implementation in the following countries**
Germany

**Expansion to other contexts/countries**
Realityworks (formerly "Baby Think It Over, Inc") was founded in the USA and its concepts have been applied in Germany since 2000. We only knew about projects including the baby simulators and teenagers in order to help prevent minors from getting pregnant. Because many sessions for school classes take place at the AWO - Pregnancy Helpdesk, we bought two baby simulators. Having attracted considerable attention and received very good feedback, more and more people have learned about the project, thus it is now known in our district as well as in parts of our state, Thuringia. One year ago, a worker in a workshop for the disabled asked for assistance when a young woman expressed the desire for a baby. That is how we got the idea of spreading the concept further and of presenting it to and working with workshops and dorms for disabled persons, their caretakers and gynaecologists.

**Why this is an example of Good Practice**
With the baby simulator, disabled persons can be helped to decide for themselves, which is very important in accepting the decision as to whether to have a baby or not. The project motivates participants to deal with the responsibility of having a family. The main focuses of the project are the many topics dealing with being a parent. It is the goal of our project to enable young persons with disabilities, who very often have to deal with limitations to their possible actions, to manage their everyday lives, with or without a partner and a baby, and to live their lives as they wish.
“Our participants can experience realistically being a parent, realistically all the tasks and responsibilities it entails.”

Gabriele Böttcher, Project Leader of AWO – Pregnancy Helpdesk

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://badlangensalza.otz.de/web/badlangensalza/startseite/detail/-/specific/Babysimulatoren-dienen-Menschen-mit-Behinderung-als-Entscheidungshilfe-1499890573 (German)

Contact details
AWO Schwangerschaftsberatungsstelle
Bahnhofstraße 11, 99947 Bad Langensalza, Germany
Phone: +49 (0)3603 844567
Fax: +49 (0)3603 891589
Right to Live in Society

Organisation: JAG (member of the European Network of Independent Living, ENIL)

Sweden

The provision of necessary assistance to enable persons with intellectual disabilities to live independently in society.

Relevant articles of the UN CRPD: Art. 19 Living independently and being included in the community, Art. 29 Participation in political and public life, Art. 30 Participation in cultural life, recreation, leisure and sport

Personal assistance for persons with intellectual impairment: through the JAG model of a service guarantor, persons with multiple disabilities and intellectual impairments live in their own homes and take part in the activities that they choose.

JAG is a national, non-profit association that works with issues related to personal assistance and disabilities. JAG is also a non-profit cooperative of users of personal assistance. Ideologically, JAG belongs to the Independent Living Movement and is a proud member of ENIL, the European Network on Independent Living. Amongst JAG’s members are persons with congenital intellectual disabilities, as well as persons who have had a head injury caused by an accident or by illness later in life. With few exceptions, the members also have extensive physical disabilities. Most of JAG’s members have no speech, but express themselves in their own very personal ways. The nature of members’ disabilities presents a challenge in achieving user-control of personal assistance. JAG has undertaken the difficult, but not at all impossible, task of providing user-controlled personal assistance to members.

Implementation in the following country
Sweden, Finland and Norway.

Expansion to other contexts/countries
It is spreading to other countries. JAG associations have started in both Norway and Finland. In particular, since becoming a member of ENIL four years ago, knowledge about the “JAG model” has spread worldwide. The association gets more and more requests from organisations that want to come on “field trips”.

Why this is an example of Good Practice
As a group, persons with intellectual impairments constitute a large proportion of those living in institutions today. Through this service, such persons not only do not have to live in larger institutions, or even in smaller ones, but can also live lives choosing the activities that make them happy and well established. This reduces tendencies to outbursts and difficult behaviour, and leads both to happier lives and access to the human right of full participation.

Key figures/scope
More than 410 members of JAG, both children and adults, live in the community in their own flats or with their families. They do not have to live in group homes or other institutions.
“The JAG model for personal assistance with a ‘service guarantor’ allows self-determination in personal assistance.”

Cecilia Blanck, Legal Representative of Magnus Andén, Chairman of the Board in the JAG Association

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Usefulness/Applicability/Of Interest

Further information and reading
www.jag.se

Contact details
Föreningen JAG – JAG Association
Box 16145, 103 23 Stockholm, Sweden
Phone: +46 8 789 30 00, Fax: +46 8 20 20 85
Email: foreningen@jag.se
“Peer-counseling” education is an important tool for the empowerment of persons with disabilities. Well-trained peer counselors support other affected persons in independently finding solutions for a self-determined life. Since the counselors are persons with disabilities themselves, it is easier for them to create an open and empathic atmosphere. Peer-counseling was first implemented in the 1960s by the Independent Living Movement in the USA. The Initiative for Independent Living in Upper Austria (Selbstbestimmt Leben-Initiative - SLIOÖ) has adopted the idea and offers peer-counseling at its Empowerment Center. In 2008, Wolfgang Glaser developed a special training concept to enable peer counselors both to be sufficiently skilled and to offer professional mentoring. The education for peer counselors includes 240 units of theory and 80 units of practice in a social organisation. Moreover, the participants in the training have to pass 10 units of self-experience and 10 units of supervision. Because of the comprehensive nature of the training concept, in 2009 peer-counseling was legally recognised as a profession under the Upper Austrian law for social professions. Since then, peer-training training for persons with experience in psychiatry and peer-training training for persons with physical disabilities have been established quite successfully in the Empowerment Center. Peer-counseling training for persons with mental disabilities was started in June 2011. The organisation “FAB Organos” undertakes this special training. Some of the most skilled trainers are disabled persons themselves, because their competence as directly affected persons is given top priority. In the area of persons with psychiatric experience, Mrs Tiefenbacher has developed the concept of “pedagogical impulse” and monitoring for mentally ill persons – focusing especially on personality and personality strengthening factors.

Peer-counseling and Education

Organisation: Empowerment Center of the Initiative for Independent Living

Special training for disabled persons to become peer coaches for other persons with disabilities in order to enable and empower them to lead self-determined lives.

Relevant articles of the UN CRPD: Art. 27 Work and employment

Key figures/scope

Peer training for persons with experience in psychiatry was attended by 16 persons, training for persons with physical disabilities by 18 persons, and training for disabled persons who need simple language will be attended by 12 persons.

Implementation in the following countries

Austria (Province: Upper Austria, City: Linz)

Expansion to other contexts/countries

Upper Austria is the only province where such peer-counseling training is recognised by law as legitimate professional training.

Why this is an example of Good Practice

The Peer-counseling training for persons with disabilities is an outstanding Good Practice Example because persons with disabilities are not considered persons with deficiencies, rather persons with special experiences that can be very helpful for other disabled persons. The comprehensive training guarantees highly-qualified counseling and because of that, in the context of both equal opportunities and equal treatment, peer-counseling is legally recognised as a real profession. Most importantly, with peer-counseling it is persons with disabilities who play the vital role as experts in the processes of planning and implementation and serve as an ideal and innovative model. Without a doubt, peer-counseling is a fundamental contribution to the implementation of the right to self-determination of disabled persons.
“Peer-counseling is the most important tool of empowerment to enable persons with disabilities to live self-determined lives and to improve their own living conditions.”

Wolfgang Glaser, Manager of the Empowerment Center of the Initiative for Independent Living in Upper Austria

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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Further information and reading
http://www.sli-emc.at
http://www.sli-ooe.at/index.php?q=node/44
http://www.bizeps.or.at/news.php?nr=12148
http://www.gleichgestellt.at/index.php?id=5976

Contact details
Empowerment-Center der SLI OÖ
Bethlehemstraße 3, 4020 Linz, Austria
Phone: +43 (0)732/890046
Email: office@sli-emc.at
Youth Advocacy of the UN CRPD

Organisation: Leonard Cheshire Disability

In this programme, Leonard Cheshire Disability works with groups of young persons with disabilities, providing them with training in advocacy and campaigning skills, media skills and team building. They conduct campaigns aimed at community and government alike. They push for ratification of the UN CRPD where this applies. Where ratification has already happened they turn their attention to implementation. They get their message across through films, music and street theatre – whatever works. They have been widely credited with being influential in countries ratifying the UN CRPD (for example, Sierra Leone and Liberia) and in bringing about new laws (for example, Sri Lanka, the Philippines).

Key figures/scope

The Young Voices project includes 37 groups of young persons with disabilities (aged 16–25) in 20 countries. 670–700 young persons with disabilities are currently involved. Over 2,000 young persons with disabilities have been involved since its inception in 2005. Young Voices’ advocacy films have had over 50,000 hits on YouTube, and two music albums of campaigning songs have been produced.

Implementation in the following countries

Botswana, China, Guyana, India, Kenya, Liberia, Malaysia, Mauritius, Namibia, Papua New Guinea, the Philippines, Sierra Leone, South Africa, South Sudan, Sri Lanka, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe (Indonesia and Canada are expected to be added in 2011).

Expansion to other contexts/countries

Young Voices has its roots in the ad hoc committees which drafted the CRPD. Leonard Cheshire Disability noted that young persons from the Global South were largely absent from these negotiations. Groups were formed in six countries and Young Voices was born, sending representatives to lobby the ad hoc committee in 2005. Since then Young Voices has grown and it is now present in 20 countries.

Why this is an example of Good Practice

Too often, international treaties and conventions gather dust on the shelf, even though they contain potentially life-changing laws and principles. Often those whom they are intended to help are completely unaware of their existence or how they might apply within their countries. Ultimately, it is only ever through persons taking ownership of these conventions that they can truly bring about policy change. This programme gives young persons with disabilities the skills they need to enable them to use the Convention to raise awareness of disability issues in their country – taking the Convention off the dusty bookshelves and into national laws and discourse.
“There is a saying that young persons are tomorrow’s leaders. I would like to say that we are the leaders of today. It’s our responsibility to be mentors today for the leaders of tomorrow.”

Ishan Jaliil, President, Young Voices Sri Lanka

### Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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### Further information and reading
- www.LCDisability.org/youngvoices
- www.youtube.com/youngvoiceslcd
Inclusive Job Platform

Organisation: Career Moves

Career Moves is the first inclusive employment exchange platform worldwide offering inclusive services for persons with and without disabilities. Companies mark the jobs they offer with four different symbols indicating their preparedness to employ persons with disabilities. Career Moves informs and raises awareness. Within the first year, more than 600 jobs could be offered to persons with disabilities.

Key figures/scope
There have already been more than 600 job offers with Career Moves symbols. It is a large network in the economy and, with its integrative special service, it is helping to close the ‘inclusion’ gap. International expansion is being planned.

Implementation in the following country
Austria

Expansion to other contexts/countries
International expansion is in the process of being planned.

Why this is an example of Good Practice
Unemployment brings with it poverty and social deprivation. Persons with disabilities are four times more likely to suffer from unemployment. Apart from the personal costs, it means enormously high household expenses. Career Moves is extremely simple, and due to cooperation with mainstream platforms, extremely affordable. With only little effort, a great number of job offers can be made available. Beyond that, Career Moves is (in contrast to almost every other labour market project for disabled persons) absolutely inclusive.
Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
www.careermoves.at

Contact details
Career Moves
Universitätsstraße 4/5, 1090 Vienna, Austria
Phone: +43 (0)1 9610748-23
Email: office@careermoves.at
New Life Psychiatric Rehabilitation Association (NLPRA) is one of the largest NGOs in Hong Kong, providing a comprehensive range of community-based rehabilitation services for persons with psychiatric disabilities. The association currently operates 33 service units and 20 social enterprises in Hong Kong, and serves more than 12,000 service users every year, catering for their residential, vocational and social needs.

The initiative to assist persons with psychiatric disabilities to open employment was started in 1994 through the setting up of a "supported employment" service. Experience informed us that, though persons with psychiatric disabilities were equipped with different sorts of vocational skills, the reason why they could not sustain jobs in open employment was the adjustment difficulties in coping with the real work environment. To meet the challenge, the association adopted a "Place-Train-Place" model.

A service team composed of Occupational Therapists, Social Workers, Placement Officers and Instructors provide comprehensive training to service users. The "Place-Train-Place" approach includes:

- work training in real work settings
- diversified training such as retailing, catering and cleaning – to match the vocational needs and preferences of service users
- strengthening work attitudes and habits through training
- ongoing support according to individualised rehabilitation plans

When work skills have been enhanced, service users are "placed" in the open market. Our placement officers provide both job interview and soft skills training to enhance work-related manners and skills. Workplace visits are also arranged for persons with psychiatric disabilities to facilitate their better adjustment. The model was proven to be effective in terms of both the better adjustment of persons with psychiatric disabilities and the better employment opportunities open to them. For example, Disneyland HK employed six of our service users in January 2011.

**Key figures/scope**

The association currently runs diversified self-financed vocational training and employment projects, with an annual revenue of USD 8 million, providing 400 training placements daily, together with 100 employment placements for persons with psychiatric disabilities. In the last decade (2001-2011), more than 1,600 persons received the service, and around 525 (31 percent) of them were successfully discharged from the service, i.e. were able to sustain a job for more than six months.

**Implementation in the following countries**

Hong Kong and China

**Expansion to other contexts/countries**

Exchange sessions have taken place with organisations from Thailand and mainland China.

**Why this is an example of Good Practice**

In many developing countries, no opportunities are provided for this group of disabled persons. The NLPRA initiatives are examples of Good Practice which stand out worldwide.
“Work and employment have proven effective means in the recovery process for persons with psychiatric disabilities.”

Sania Yau, Chief Executive Officer

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.


Further information and reading
http://www.nlpra.org.hk

Contact details  Ms Sania Yau, CEO  332, Nam Cheong Street, Kowloon, Hong Kong SAR, China  Phone: +852 2332-4343  Email: ho@nlpra.org.hk
Equal Employment Opportunities

Organisation: Specialist People Foundation

Denmark

A not-for-profit organisation with the goal of enabling one million jobs for persons with ASD (and similar challenges), and, thereby, making societies globally respect and accommodate persons with ASD as equal citizens.

Relevant articles of the UN CRPD: Art. 27 Work and employment

Specialisterne is a for-profit company designed to assess, train and employ persons with ASD (autism spectrum disorders). Specialist People Foundation is a not-for-profit organisation with the goal of enabling one million jobs for persons with ASD and similar challenges and thereby making societies globally respect and accommodate persons with ASD as equal citizens. The Specialist People Foundation aims to enable sustainable businesses based on the skills of people with ASD in a global network of collaboration and knowledge share licensees. With local Specialisterne “showcases”, we demonstrate to society the value of employing persons with ASD.

Key figures/scope
Specialisterne Denmark has 35 employees with ASD, 20 candidates with ASD in a five-month assessment/training programme, and 26 students with ASD in a three-year youth education programme.

Implementation in the following countries
Denmark, Iceland and Scotland.

Expansion to other contexts/countries
We are in the planning phase, in different stages, in countries like Austria, Canada, Germany, Poland, Singapore, Switzerland and the USA.

Why this is an example of Good Practice
Persons with ASD do not fit into the labour market, as they do not live up to the standard requirements of social skills, empathy, teamwork, flexibility and ability to manage stress. However, they are mostly intelligent and possess “out-of-the-box” innovative thinking capacity. 95 percent of persons with ASD do not have a job where they can make use of their skills, even though a meaningful job is the key to self-esteem and quality of life. Our concept provides jobs that are productive for the corporate sector and meaningful for the individual. As a pioneer, we encourage others to benefit from our knowledge.
“We will not stop empowering specialist people even when we have passed our one million jobs goal. We are in it to change the world.”

Thorkil Sonne,
Founder of Specialisterne and Specialist People Foundation

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
www.specialistpeople.com www.specialisterne.com

Contact details
Thorkil Sonne, Founder and Chairman, Specialist People Foundation
Lautruphøj 1-3, A3, 2750 Ballerup, Denmark
Phone: +45 46 93 24 24, Fax: +45 43 71 56 21
Email: thso@specialistpeople.com
discovering hands uses the special skills of visually im-
paired women to make a difference in the early detec-
tion of breast cancer. Blind women are trained with a
standardised diagnostic method and are then based at
physicians’ offices. There they examine women for ir-
regularities in the breast, aiming to identify any poten-
tial nodes as early as possible. This approach makes a
real difference in the early detection of breast cancer
as it: 1) makes use of visually impaired persons’ spe-
cial cognitive skills and 2) includes a 30-minute exami-
nation of the breast (whereas the physician typically
spends only a few minutes on examining the breast).
Parallel to this, discovering hands provides a mean-
ful and important employment opportunity for visually
impaired women, creating a real “win-win” situation
for breast cancer patients and blind women.

Implementation in the following countries
Germany – various federal states

Expansion to other contexts/countries
The concept originated in Germany, but it is planned to
“export” the idea to other countries.

Why this is an example of Good Practice
In an original pilot study for the discovering hands
project, the blind women trained found around 30 per-
cent more tissue alterations than the treating physi-
cians. In addition, the blind women found tissue alter-
ations that were, on average, smaller than those found
by the doctors (5-8mm vs. 10-15mm). In addition to
this, discovering hands provides an important employ-
ment opportunity.

**Key figures/scope**
As of today, 20 blind women are part of the discover-
ing hands network, examining around 15,000 women
each year. discovering hands is planning to increase
substantially the number of blind technical assistants
in the years to come (to around 60-80 blind women in
employment in Germany alone).
Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://www.ashoka.org/fellows/hoffmann_frank
http://www.discovering-hands.de/
http://www.myhandicap.com/mtu-disovering-hands.html?PHPSESSID=bab9a67f0269a1c1ecf980382e8ca311

Contact details
discoverings hands®
Dr Frank Hoffmann
Friedrich-Ebert-Str. 2, 47179 Duisburg, Germany
Phone: +49 (0)203 713 868-21, Email: frank.hoffmann@discovering-hands.de
In order to overcome barriers between “us” and “them” and begin to reverse deeply held prejudice and pity for the disabled, Andreas Heinecke has developed strategies that engage and enlighten individuals through action rather than words. His platform “Dialogue in the Dark” empowers the blind and does not inspire pity, but, instead, enables interaction and builds respect, understanding, and even wonder by re-defining “disability” as “ability” and “otherness” as “likeness.”

Visitors begin by being immersed in total darkness and are guided around by a blind person. They are guided through different rooms and (artificial) environments, such as a forest, a boat trip on the sea, a city centre, a vegetable stand, a sound room, ending in a bar where visitors can order a drink or something to eat. They go in small groups with one blind guide (although people are not always aware until later that the guide is blind). The guide leads, but the group is large enough that visitors must also rely on each other, in order to not lose track of where the group is going.

Key figures/scope
Dialogue in the Dark has allowed more than 7 million people in 130 sites/exhibitions in over 30 countries, including Germany, China, US, Japan, Israel, South Africa, Mexico, Argentina and Brazil, the experience of being sightless for several hours under the guidance of more than 7,000 blind people. A growing number amongst the currently 18 exhibitions have been running successfully for several years, including Dialogue in the Dark Hamburg, Frankfurt, Holon, Hong Kong, Tokyo, Atlanta and Milan.

Implementation in the following countries
In 36 countries worldwide.

Expansion to other countries/contexts
The Good Practice has been expanded to include such new services as dinners in the dark, leadership and teambuilding training. Furthermore, a new exhibition called “Dialogue in Silence” has been created. It follows the same principles, but varies in terms of its beneficiaries. Here the hearing impaired are the focus. Another exhibition will come next spring: Dialogue of Generations emphasises the potential of old age and wants to close the inter-generative gap.

There are many copycat initiatives. More than 250 “in the dark” operations based on Dialogue in the Dark have been identified.

Why this is an example of Good Practice
Andreas Heinecke integrates different types of disabled persons. In each country he recruits the staff from that country, looking for “stellar” disabled persons to represent the whole group. In setting up the staff this way, he attempts to show strength and talent amongst the disabled. In most places, for instance, a blind person is the “master guide,” responsible for training the others. The staff are not only disabled, but also generally from various underprivileged backgrounds. Many do not have formal degrees or CVs. Often, their job with “Dialogue in the Dark” is the first job they have ever had. They learn not only basic skills such as punctuality, but also management skills, communication skills, responsibility, and more, discovering leadership qualities in the process, which many of them did not previously know they possessed. Disabled persons are, therefore, integrated into various types of professions and an atmosphere of mutual understanding between disabled and non-disabled persons is created.
"After 23 years of Dialogue in the Dark, I still feel a beginner. Dialogue is my life and I feel so rewarded having the chance to work in such a fascinating and challenging environment."

Prof Andreas Heinecke, CEO of Dialogue Social Enterprise GmbH and Founder of Dialogue in the Dark

Usefulness/Applicability/Of Interest
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Further information and reading
http://www.dialogue-se.com/

Contact details
Dialogue in the Dark®
Alter Wandrahm 8/9, 20457 Hamburg, Germany
Phone: + 49 (0)40 300 923 20
Email: andreas.heinecke@dialogue-se.com
Supporting Persons Finding Employment

Organisation: Bizlink

A service where staff consults with employers and disabled employees about their job performance and work place needs. In addition, job coaches help ensure that the employees succeed in their jobs.

Relevant articles of the UN CRPD: Art. 8 Awareness-raising, Art. 27 Work and employment

Bizlink’s placement services target both disabled persons and employers. Staff consults with employers and employees about job performance, the need for any workplace modifications and aids, logistical concerns, such as transport, and any other issues affecting the placement. Job coaches are also supplied to ensure that new employees have the skills and knowledge to succeed in the job.

Key figures/scope

From the commencement of the recruitment process to the eventual placement of a disabled person, one of the major emphases of the job placement service is to ensure employers are well supported in their effort to employ persons with disabilities. Typically, a job placement officer will survey the potential work site for accessibility and also take the opportunity to get to know a new employer. Through the interaction, an officer shares with the employer the mission of Bizlink and how, through various means, the employer can help make a difference to this community. The job placement officer also ensures that the employer’s queries are being addressed and highlights that Bizlink’s support for both employer and the person with disability will be for a period of six months.

For the year 2009, Bizlink managed to secure jobs from a total of 127 employers, of which 74 were new employers and 53 were existing employers. In 2010, this figure rose to a total of 171 employers, of which 104 were new employers and 67 were existing employers.

Implementation in the following countries

Singapore

Expansion to other contexts/countries

Bizlink’s employment placement service has attracted government officials and community development councils from countries such as People’s Republic of China, Malaysia and United Arab Emirates.

Why this is an example of Good Practice

Employment services focusing specifically on job seekers with disabilities can be found in many countries. Bizlink stands out in terms of both its close collaboration with employers and job sustainability for job seekers with disabilities. Furthermore, Bizlink promotes not only the equal employment opportunities for persons with disabilities that they duly deserve, but also, as individuals, their independence, dignity and inclusion in the mainstream of society.
"We believe that every human individual has the capacity to work and that there is no work too big or too small to be deemed non-purposeful."

Joseph Chan,
Head – Employment Placement Group, Bizlink Centre Singapore Ltd

Usefulness/Applicability/Of Interest
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Further information and reading
http://www.bizlink.org.sg

Contact details
Bizlink Centre Singapore Limited
Blik 512 Chai Chee Lane #01-09 Bedok Industrial Estate, Singapore 469028
Phone: +65 6449 5652, Fax: +65 6449 5694
Email: rebecca@bizlink.org.sg/josephc@bizlink.org.sg
Accessible Electronic Texts

Organisation: The RoboBraille Consortium

An email- and web-based service capable of making electronic texts accessible for persons with special needs – especially those who are either visually impaired, dyslexic or have poor reading skills.

Relevant articles of the UN CRPD: Art. 9 Accessibility, Art. 21 Freedom of expression and opinion, and access to information

RoboBraille is an email- and web-based service capable of making electronic texts accessible for persons with special needs. The majority of RoboBraille users are visually impaired or dyslexic. They benefit from getting access to electronic texts in alternative formats, such as Braille or audio files, in their working life, their academic activities or in their personal life. RoboBraille contributes to the establishment of an accessible and inclusive information society. The service promotes access to digital information for as many persons as possible and furthers visually impaired and reading impaired persons’ opportunities to achieve self-reliance, independence and self-sufficiency in daily life.

Key figures/scope

About 284 million people are visually impaired worldwide: 39 million are blind and 245 million have low vision (source WHO). Visually impaired persons having access to the internet can profit from the RoboBraille service.

Expansion to other contexts/countries

The project originated in Denmark and spread at the EU level and beyond. To be sustainable, RoboBraille needs a critical mass of users. With a relatively limited number of Danish Braille readers, RoboBraille solves the problem of critical mass in two different ways: 1) RoboBraille is global in nature, and available to Braille users throughout the world, and 2) the concept of automated document conversion can easily be extended beyond Braille to audio, Daisy, e-books and OCR processing, thus attracting other user groups including the partially sighted, dyslexic, illiterate and persons with poor reading skills.

Why this is an example of Good Practice

Without RoboBraille, visually impaired and dyslexic persons have either no access to electronic materials, or they are dependent on assistance from others to access them, which can lead to negative educational, economic and social consequences. RoboBraille contributes to the establishment of an accessible and inclusive information society. The service promotes access to digital information for as many persons as possible, and promotes visually impaired and reading impaired persons’ opportunities by ensuring access to textual materials.
“We created RoboBraille as a free service to support inclusion, independence and self-sufficiency for persons with special needs.”

*Lars Ballieu Christensen, PhD, Co-inventor of RoboBraille*

### Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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Further information and reading
www.robobraille.org
www.sensus.dk

**Contact details**

Lars Ballieu Christensen  
Sensus ApS  
Torvet 3-5, 2.tv., 3400 Hillerød, Denmark  
Email: LBC@sensus.dk
VerbaVoice provides a unique solution to the barriers which deaf and hard of hearing persons currently face in their daily lives – especially in education and on the labour market. Via an online platform, any deaf or hard of hearing person can book and connect to a speech-to-text reporter (STTR) whenever necessary: the voice of the speaker is transmitted to a laptop or mobile phone, transcribed in real time by the STTR, who is working from home, and displayed on the screen of the laptop or phone of the deaf or hard of hearing user. The STTR “re-voices” the content word for word so that speech recognition software – trained specifically to decipher his or her voice – can convert the spoken content into text. As the text is being produced, it is corrected by the STTR before being transmitted to the client’s laptop or mobile phone with a minimal time lag. This is only possible because VerbaVoice is putting a strong focus on technological development and has combined existing and in-house software solutions (patent pending) to achieve the best possible outcomes.

Key figures/scope
There are six full-time and five part-time staff (including several deaf and hard of hearing professionals), together with around 30 freelance STTRs. The company has been growing exponentially.

Implementation in the following countries
In wide use in Germany, with negotiations underway to expand to the Austrian, Dutch and Swiss markets.

Expansion to other contexts/countries
The VerbaVoice system is the first of its kind worldwide. It is now not only being used by deaf and hard of hearing persons, but also by public institutions in Germany. The Bavarian State Parliament is currently being encouraged to offer live transcription and sign language interpretation of all parliamentary plenary debates, which are transmitted via live streaming text/video on the internet. This not only enables the Bavarian state to meet its obligations under the UN CRPD, but also raises the public profile of the communication barriers faced by deaf and hard of hearing persons and the solution VerbaVoice can offer.

Why this is an example of Good Practice
Only a small number (80,000) of all the estimated 14 million deaf and hard of hearing persons in Germany understand sign language. However, transcription of verbal communication into text is still not a widely available solution to tackle communication barriers. Thus the vast majority of deaf and hard of hearing persons currently face many barriers to successful participation in social life, especially in education and the workplace. The availability of STTR services is very limited. In Bavaria there is currently one single active STTR. STTRs have to travel to and from their clients, travelling time is paid by the hour, and travel costs are on top of this. This poses many logistical challenges and makes the service very expensive. The use of the VerbaVoice online platform reduces the costs by an average 35 percent, offering deaf and hard of hearing people persons a widely available, flexible and affordable STTR service to suit their needs – whenever and wherever they need it. Also, the online platform allows STTRs, who work part-time or who are disabled, to work from home and to take bookings that they would usually be unable to attend because of the barriers they themselves face.
“Our aim is – with the help of our product – to remove communication barriers and to enable equal participation and access to the community for all deaf and hard of hearing persons.”

Michaela Nachtrab, Founder and CEO

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://www.verbavoice.de/

Contact details
VerbaVoice GmbH
Kronstadter Str. 8, 81677 Munich, Germany
Phone: +49 (0)89 41 61 51 - 210
Email: info@verbavoice.de
Wheelmap.org is an online map of wheelchair accessible and inaccessible places, providing a simple and efficient way towards better inclusion for wheelchair users over the world. Every user can easily tag places as accessible, partly accessible or not accessible to wheelchairs, and a blog and other features allow for additional information sharing and community organising. The platform works with various input devices, including mobile phones, and provides open programming interfaces for third party applications and websites.

**Key figures/scope**
Map data comes from Openstreetmap, the biggest user-generated mapping project of the world with 400,000 active contributors globally. The community provides 100 tags a day, and, currently, there are over 73,000 tags indicating accessibility of places.

**Implementation in the following countries**
Germany at present, but can, and will, be used globally as the global map already exists.

**Expansion to other contexts/countries**
The platform also creates greater public awareness and social mobilisation concerning issues related to increasing the integration of disabled persons into everyday life. Because Wheelmap allows for easy identification of wheelchair accessible places within a category in a given geography, the community and its data place pressure on owners to improve the inclusiveness of their facilities. Wheelmap is available in 12 languages.

**Why this is an example of Good Practice**
There are 1.6 million wheelchair users in Germany. This number is expected to triple by 2050, as more of the elderly will use mobility devices as a result of demographic change. Individuals relying on mobility aids all face a simple yet great problem: not knowing whether a public place is accessible to wheelchairs. As a result, few wheelchair users take part in public life and a vicious cycle of exclusion emerges. This challenge reflects a broader social problem: in Germany, as in many societies, the welfare system has created separate spaces for persons with disabilities.

Wheelmap.org bridges the mobility challenges of wheelchair users by utilising their huge online affinity – they are amongst the most prolific users of online technologies. Raul Krauthausen’s existing blogs and forums constitute one of the biggest online communities for impaired persons on the German-speaking web. Through its additional functionalities, Wheelmap is not only a self-help tool, but also an important interest group, bringing people together who are interested in a more integrated society. Furthermore, the German government provides generous funds for improving accessibility to shop owners, barkeepers, etc. However, these benefits are rarely utilised by employers because they do not know about them. Wheelmap publicises this information, making it accessible to all parties and promoting the benefits of accessible locations. Transparency is, therefore, used not only as a tool to improve individual lives, but also to bring about a shift in the dominant mindset and challenge a system that segregates disabled people.
“We want to use web technology to enable persons with disabilities to assess the accessibility of places on their own, without having to wait for someone else to do it for them. Nothing about us without us.”

Raul Krauthausen, Project Leader

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://wheelmap.org/

Contact details
Raul Krauthausen – Project Leader
SOZIALHELDEN e.V., c/o ImmobilienScout24
Andreasstraße 10, 10243 Berlin, Germany
Email: raul@sozialhelden.de
Guaranteed Access to Facilities

Access is with a universal key, a Eurokey, a Dom key system registered for the whole of Europe. The key can be used in lifts, stair lifts, toilets, cloakrooms, for barriers, special secured entrances, interphone systems, etc. The key improves the autonomy and independence of persons with a disability, as well as accessibility to public spaces and buildings. A trip or a journey can be planned better. Further advantages are: access to facilities independent of opening times; improved cleanliness and hygiene conditions compared to public facilities; and, protection from vandalism.

Eurokey is developed for persons with either mobility or visual impairments, as well for persons with other disabilities that make the use of the service necessary. The Eurokey is given directly to the user. Certain medical verifications or certificates about the degree of disability are necessary to receive the key. Tourists with mobility or visual impairments may also make use of a key.

Eurokey was invented in 1986 in Germany and was introduced in 1996 in Switzerland by AGILE. Pro Infirmis, the largest Swiss organisation for persons with disabilities, has managed and coordinated the service since 2000.

The implementation of Eurokey has been helped considerably since 2009, when it was included in the Swiss standard SIA 500 "Obstacle-free Buildings", issued by the Swiss Association of Architects and Engineers. The standard is an integral part of the building code in most Swiss cantons. The standard notes that Eurokey is to be used in places where facilities should be reserved for persons with a disability and the access to these facilities must be provided outside normal opening times. In the first instance, facilities and equipment are to be designed so they need not be lockable under normal use and are accessible to all.

But where for operational reasons facilities are locked, they should be equipped with a Eurokey and accessible at all times to persons with a disability.

**Key figures/scope**
- Eurokey facilities in Switzerland: 1,200
- Eurokey users in Switzerland: 11,000
- Increase in users and facilities: average 15 percent per year

**Implementation in the following countries**
Austria, Czech Republic, Germany and Switzerland

**Expansion to other contexts/countries**
Eurokey is also integrated into information in city maps, available as a smartphone application "gpstracks", and is incorporated in projects for accessibility of other cooperating partners (for example, the website and smartphone applications from wcguide.ch and the smartphone application "Public Toilets" from Medialemon GmbH).

The next countries in which Eurokey will be introduced are the Benelux countries, Scandinavia and Italy.

**Why this is an example of Good Practice**
- The Eurokey guarantees more autonomy and independence for persons with a disability.
- The key also works with lifts, stair lifts and cloakrooms, barriers, special secured entrances and interphone systems.
- Access to lockable facilities in public spaces and buildings is independent of their operating hours.
- Eurokey offers an added level of security to the restricted user group and improved cleanliness and hygiene conditions, and protection from vandalism.
"Eurokey is the key that guarantees more autonomy and independence for persons with mobility or visual impairments in public spaces."

Anton Weber,
Founder of the Service "Eurokey" Switzerland, Pro Infirmis

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
http://www.eurokey.ch/
(in French, Italian, German and English)  
http://cbf-da.de/ (German)  
www.oear.or.at/service/euro-key (German)  
www.helo.cz (Czech)

Contact details  Pro Infirmis, Coordination Office for Construction and Environment  
Feldeggstr. 71, PF 1332, 8032 Zürich, Switzerland  
Phone: +41 (0)44 388 26 26  
Email: bauen-umwelt@proinfirmis.ch
In 2001, Pamela Molina, representing CRESOR, along with another deaf woman, filed a joint lawsuit against Chilean television channels. The lawsuit called for the incorporation of simultaneous Chilean Sign Language (CSL) interpretation in their daily newscasts. The lawsuit was won initially, but lost on appeal because of procedural errors. Despite this initial legal defeat, the cases prompted a broad, public debate. The social mobilisation and support of the Chilean deaf community proved a pivotal element in an agreement reached later with TV companies who, after a lengthy process, agreed to incorporate simultaneous interpretation in at least one television newscast per day. Such an agreement is still in effect today.

This public debate also produced a series of multisectoral reactions. The Chilean government took up the matter and agreed to work on the demands of the Chilean deaf community with regard to the education of deaf persons in Chile. Soon after, Congress promoted an initiative that would officially recognise Chilean Sign Language as the mother tongue of deaf Chileans.

Key figures/scope
According to the 2004 ENDISC survey, there are 292,720 persons with hearing disabilities in Chile, representing 8.74 percent of the total number of persons with disabilities in the country. 70 percent of the persons with hearing disabilities are “functional illiterates”, which means that they have difficulties writing and reading in the language of the majority. The cause of this is, without a doubt, the historical imposition of the oralist model on deaf communities, without recognising their right to be instructed in their native tongue. The reading and writing levels of an adult deaf person are estimated to be equivalent to that of an elementary-level child, thus the importance of providing access to information in TV newscasts in their native tongue. Many deaf people only sign, and do not use the language of the majority.

Implementation in the following countries
In all regions in Chile

Expansion to other contexts/countries
This Good Practice extends to Peru and Argentina. El Salvador is currently also trying to achieve legal recognition for Salvadorian Sign Language.

Why this is an example of Good Practice
The strategy used by the Chilean deaf community won it a notable victory, enabling a deal to be signed with television channels to incorporate sign language in their newscasts. This, in turn, empowered the community in the enforcement of its members’ rights. The challenges have continued: sign language is now used when information is provided on TV about natural disasters, such as earthquakes, tsunamis, etc. In going up against the very powerful TV channels, the deaf community was not deterred from demanding its rights and it remained uncowed. Members of Congress and the Parliament got involved. In addition, deaf organisations announced their decision to bring the case before the Inter American Commission on Human Rights at the Organisation of American States – OAS. All of this social mobilisation forced the TV channels’ representatives to sit at the negotiation table.

Sign Language on TV News
Organisation: Corporación Ciudadanía Real de Sordos de Chile (CRESOR)
Chile

An initiative to ensure that at least once a day a TV news programme is interpreted in Chilean Sign Language.

Relevant articles of the UN CRPD: Art. 21 Freedom of expression and opinion, and access to information
“All deaf people belong to the platoon of minorities with disabilities and to defend the rights of these minorities is our right, our absolute right.”

Pamela Molina Toledo, Former President, Corporación Ciudadanía Real de Sordos de Chile – CRESOR; Program Manager, Social and Labor Inclusion for People with Disabilities; Trust for the Americas, Organisation of American States

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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Further information and reading
http://www.prohumana.cl/documentos/testimonios/Pamela_molina.pdf
http://www.lanacion.cl/noticias/site/artic/20030420/pags/20030420173011.html
http://www.youtube.com/watch?v=QZaZ2gj6pU0

Contact details
Pamela Molina Toledo
2059 Huntington Ave, Apt 1211, Alexandria, VA 22303, USA
Email: pmolina@oas.org or Pamela.molina@gmail.com
**Sign Language – Web TV**

**Organisation: Deaf and Hard of Hearing Clubs Association of Slovenia**

Web TV (www.deaf-tv.si) is a specialised medium for the hearing impaired and public in general. Its main role is to provide information to the deaf and hard of hearing in a comprehensible way: using Slovenian sign language (SSL), plus subtitling and voice, and taking into consideration their different needs.

Web TV was established in 2007 by the Deaf and Hard of Hearing Clubs Association of Slovenia. It is the only medium in the Slovenian media space that, 24/7, provides linguistically adapted and relevant information for the deaf, with subtitling the role of the Slovenian state!

**Key figures/scope**

Web TV serves informative and educational purposes for nearly 5,000 deaf and hard of hearing Slovenians. It is also a relevant medium for such varied stakeholders as: parents of deaf children, specialists teachers of persons with hearing impairments, interpreters of sign language, political decision makers and others in the disability NGO sector. The result: 309 video broadcasts in 2010, with nearly 130,000 viewers.

Web TV not only provides an inclusive working environment for nearly 20 deaf and hard of hearing persons. With 4 jobs on a regular basis (3 jobs co-financed by European social fund for a year’s term), in media production it also employs deaf persons who, due to their communication barrier, are generally not given the chance to become employed in this area. For the first time in history, such persons work independently as reporters, cameramen, directors etc.

**Implementation in the following countries**

Web TV is a global medium, accessible 24/7 via www.deaf-tv.si. The majority of its viewers are represented by the Slovenian deaf community and the professional and interested public. It also receives visits from other countries – selected video content is in international signs and English. Additionally, it covers relevant topics for the international community, especially news from the European Union of the Deaf (EUD) and the World Federation of the Deaf (WFD), the European Disability Forum (EDF) and other relevant NGOs. Plus Web TV targets political institutions on the EU level.

**Expansion to other contexts/countries**

The idea of a specialised internet medium for the deaf in sign language originates from the American Rochester Institute of Technology (RIT) and it was introduced to Slovenia by the former secretary of the Deaf and Hard of Hearing Clubs Association of Slovenia, Aljoša Redžepovič, but with great innovation and progressive alteration of the concept. While comparable deaf media (though only few exist in the world) only serve the needs and interests of one group of people (signing for deaf), Slovenian Web TV has introduced a truly integrative practice!

**Why this is an example of Good Practice**

Web TV facilitates the implementation of UN Convention on Rights of Persons with Disabilities (UN CRPD) through public reporting and media pressure on political institutions. It implements freedom of opinion and access to information for deaf people in Slovenian sign language. It is an innovative and interactive educational tool; it promotes and enables the learning of sign language. It raises public awareness about the disabled, their rights and social achievements; it fights against stereotypes. And it lobbies the government for the adoption of legislation to assure equal possibilities for the deaf.
“Nothing to be done about the disabled without the disabled! Information in sign language is the key to an inclusive society and a step toward equality for all.”

Tina Grošelj, Chief Editor

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
www.zveza-gns.si or www.deaf-tv.si
Internet Accessibility

Organisation: The Accessibility Foundation

Our goal is to inform, inspire and educate institutions, companies and government regarding the ways they can make the internet and internet-based multimedia accessible to everyone, particularly to persons with disabilities.

We work together with interest groups, client organisations and the target audience itself. The greater the involvement of the audience, the better the range of solutions. Our approach strengthens the position of persons with disabilities and senior citizens and ensures that they can participate independently in society. We do research on the accessibility of web sites, television and digital (online) games and applications and share our findings on our website. Furthermore, we test the accessibility of websites, provide guidance in setting up websites, carry out expert reviews, do user research and organise training courses for policy makers, web designers and communication specialists.

Accessibility is an active member of W3C, the international standards organisation for the internet. We are the initiator of "Waarmerk drempelvrij.nl", the quality mark for the accessibility of websites

Implementation in the following countries

The Netherlands:
- Initiator of "Waarmerk drempelvrij.nl", the quality mark for the accessibility of websites
- Author of normative document to the "Webrichtlijnen", the Dutch Web guidelines, a national government standard
- Official Translator of W3C Web Content Accessibility Guidelines
- Accessible Touch screens, used by Dutch national railway carrier NS

World Wide:
- WCAG WG participant and contributor to WCAG 2.0
- Author of the first book about the accessibility of internet
- Maintaining a forum on Game Accessibility
- EU mandate 376

Expansion to other contexts/countries
The Netherlands, Europe and the USA

Why this is an example of Good Practice
The initiative is truly inclusive as it aims to improve the accessibility of the internet and other digital media for all people, including the elderly and persons with disabilities.
“The internet as a medium is perhaps the most accessible of all, we just need to make sure we include everyone.”

*Eric Velleman, Technical Director*

### Usefulness/Applicability/Of Interest

People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

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### Further information and reading

http://www.accessibility.nl/algemeen/over?languageId=2
The disability database project established an online database of ongoing government projects that include persons with disabilities in mainstream programmes in education, health and rehabilitation, and livelihoods. With initial funding from the Japanese government through the World Bank, the project was a response to the increasing number of government projects launched since the adoption of the UN CRPD in December 2006. It aims to promote information sharing, collaboration and partnership amongst governments and other stakeholders. Since development of the database began in January 2010, it has been refined with its stakeholders and now provides project information from 18 countries from the Global South. By the date of its official launch in March 2012, it will hold data on up to 100 projects.

Key figures/scope
18 countries are currently covered, with 36 projects listed. More to be added.

Implementation in the following countries
The data will be collected mainly from Africa, South and Southeast Asia, and the Pacific.

Expansion to other contexts/countries
Not applicable – the database holds information on Good Practice from many countries and can be used by people from all countries.

Why this is an example of Good Practice
The database is a global first. It showcases how governments practically implement the UN CRPD and acts as a resource for all governments to find out what projects are being conducted in other countries. This helps in the transition from quantity-driven to quality-driven development programmes, government policies and practices. The database also helps to enhance transparency and monitor the progress, as well as the challenges, of governments’ implementation of UN CRPD-based and quality-based approaches to disability issues. Also, by providing information on existing policies and legal frameworks, it contributes to global knowledge of the relationship between policy and implementation.
“It was rewarding to explore the design and aims of government projects. The focus of inclusion can take many different forms.”

Kayoko Tatsumi,
Disability Database, Leonard Cheshire Disability

Usefulness/Applicability/Of Interest
People (respondents of the questionnaire) could select up to 10 (of 27) Good Practice Examples which they personally consider the most useful/interesting/applicable in their countries.

Further information and reading
www.disabilitydatabase.org

Contact details
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AusAID’s Disability-Inclusive Development Reference Group (DRG) was established in early 2009. It is a small honorary advisory group comprising international and Australian leaders and active participants in disability-inclusive development. The role of the DRG is to provide high level guidance on disability-inclusive development and help to shape AusAID’s implementation of the Development for All strategy. Development for All was launched by the Australian Government in 2008. The purpose of the strategy is to ensure that persons with disabilities are included in planning, implementation, monitoring and evaluation processes in a genuine manner, and that they share equally in the benefits of Australia’s development assistance. Strengthening the focus on disability supports Australia in meeting its obligations under the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), particularly Article 32 which requires States Parties to ensure that international cooperation is inclusive of and accessible to persons with disabilities. The DRG ensures that the transparent consultative approach taken during the development of the strategy is formalised, guiding the implementation and forming part of the accountability mechanisms for the strategy.

Key figures/scope
The DRG provides a mechanism for communication, exchange of ideas and lessons learnt on Good Practice and emerging issues in disability-inclusive development between AusAID and external stakeholder groups. Meetings are held twice yearly, and participants include relevant Australian Government representatives, AusAID staff and Executive, members of the Disability-Inclusive Development Team and others as appropriate who will contribute to the planning and monitoring of the implementation of the Development for All strategy. The role is independent and the group is encouraged to engage with other key stakeholders such as the Australian Disability Discrimination Commissioner and the Australian representative on the UN Committee for the UN CRPD.

Implementation in the following countries
Australia. Where appropriate, meetings are held in countries where Australia provides assistance for disability inclusive development.

Expansion to other contexts/countries
The DRG is unique in its current form, serving as an example of Good Practice for the partner governments where Australia works. The group has visited Cambodia for one of its meetings in 2010. This had direct positive impact on programming, monitoring & implementation.

Why this is an example of Good Practice
This group is a panel of experts representing a cross section of disability expertise: persons with disabilities, Disabled Persons Organisations, advocacy groups, policy, international and academic experts. The DRG represents a diverse range of stakeholders in disability-inclusive development. AusAID has been open to suggestions and ideas from the group and has welcomed the independent and objective advice and guidance the DRG is able to provide.
"With the support of the Disability-Inclusive Development Reference Group, we are far better equipped to achieve the aims of our strategy for disability-inclusive development: Development for All."

Peter Baxter, Director General, AusAID

Usefulness/Applicability/Of Interest
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Further information and reading

www.addc.org.au

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Burkina Faso is a sub-Saharan country that ratified the UN CRPD and the Optional Protocol in 2009. Subsequently, it adopted a national law on the rights of disabled persons in April 2010. However, the implementation of these legal instruments is, as yet, far from guaranteed. Initially started by International Service, in May 2010, seven independent Disabled Persons’ Organisations (DPOs), the National Federation of DPOs and four International NGOs, including LIGHT FOR THE WORLD, joined forces to play an active and effective role in building up the capacities of both the government and DPOs, and in holding the government accountable for the implementation of the provisions of the Convention. The Ministry of Social Affairs and the Ministry of Human Rights welcomed the initiative, and organised a conference with all ministries, relevant civil society organisations, DPOs and international NGOs on the implementation of the UN CRPD. The Ministry of Social Affairs developed a National Strategy for the Promotion and Protection of Disabled Persons. Together with an interdepartmental body, it is responsible for monitoring its implementation. The DPOs formed an Advocacy Group (CAP) that watches over the developments and continues to push for concrete and structural implementation. The National Human Rights Institute is involved as an important actor. This process offers learning in building coalitions and effective partnerships to monitor implementation of the UN CRPD.

Key figures/scope
As this initiative intends to implement the policies and change on a national level to promote inclusion of persons with disabilities, eventually all persons with disabilities in Burkina Faso should benefit (approximately 15 percent of the population). Looking at the figures published in the recently launched "World report on disability", the huge gap of children with disabilities having access to education should, in particular, gradually be closed, as the law guarantees inclusive education, and multi-partner pilot initiatives are ongoing in collaboration with the Ministry of National Education.

Implementation in the following countries
Burkina Faso, on a national level

Expansion to other contexts/countries
Since the project only started in 2010, it has not yet spread to other countries, but has stayed a national initiative in Burkina Faso.

Why this is an example of Good Practice
The spirit to push the agenda of implementing the UN CRPD, together with respect for each other’s role, has been outstanding. If the necessary resources are provided, Burkina Faso can become a model, for (French-speaking) sub-Saharan Africa, for the effective implementation of the UN CRPD, built on the strengths and potential of all the actors involved. LIGHT FOR THE WORLD Austria believes it is crucial to provide technical and financial support to both the ministries in charge, to strengthen their capacities, and the civil society sector, especially DPOs, in holding the government accountable.

Next measures will include the linking up of national representatives with those at the international policy level. The aim is to facilitate exchanges with international experts involved in the monitoring of the UN CRPD.

Organisation: Light for the World Austria

An initiative to monitor the implementation of the UN CRPD in a developing country, with the aim of changing policies and practice, on a national level, to promote the inclusion of persons with disabilities.

Relevant articles of the UN CRPD: Art. 31 Statistics and data collection, Art. 32 International cooperation, Art. 33 National implementation and monitoring

GOOD PRACTICE EXAMPLES – INTERNATIONAL COOPERATION/DEVELOPMENT COOPERATION

Monitoring the Implementation of the UN CRPD

Burkina Faso

Monitoring the Implementation of the UN CRPD

Organisation: Light for the World Austria

An initiative to monitor the implementation of the UN CRPD in a developing country, with the aim of changing policies and practice, on a national level, to promote the inclusion of persons with disabilities.

Relevant articles of the UN CRPD: Art. 31 Statistics and data collection, Art. 32 International cooperation, Art. 33 National implementation and monitoring
“The joining of forces by International NGOs, DPOs and ministries will help build up a solid pluralistic movement in which each actor lives up to his own particular role.”

Lenie Hoegen Dijkhof, responsible for Rights and Inclusion of Disabled Persons and Inclusive Education, LIGHT FOR THE WORLD Burkina Faso

Usefulness/Applicability/Of Interest
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Further information and reading
http://www.light-for-the-world.org/

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Niederhofstraße 26, 1120 Vienna, Austria
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Email: info@light-for-the-world.org or Burkinafaso@light-for-the-world.org
ANTI-DISCRIMINATION AND EQUALITY LAWS
Participation in All Areas of Life (Austria)
The Right to Equal Opportunities (Spain)
The Right to Equality (United Kingdom)

SPECIAL LAWS
Advancing Supported Decision-Making (British Columbia, Canada)
Universal Access to Justice (Israel)
The Right to Inclusive Education (Italy)
Safeguarding Human Dignity (Sweden)
The Right to Living Independently (Sweden)
GOOD POLICY EXAMPLES
The Federal Disability Equality Act was introduced in 2006 together with a series of amendments to disability-related laws. Its foremost aim is to ban discrimination in everyday life. The Act applies to federal authorities and to the access to goods and services available to the public under federal competence. It defines measures against discrimination and establishes the duty of reasonable accommodation for individuals in services, in the access to goods and services, as well as public spaces and infrastructures. It puts forth a highly interesting approach as regards the achievement of an accessible built environment, which, in its original version, is favoured by the European Disability Forum as a model for the European Accessibility Act (announced for 2012).

General principles of the law

Principle of equity

The right to the equal treatment of persons with disabilities has constitutional standing in Austria (Article 7), and the Act translates this right into action. Since anti-discrimination is a shared competence with the provinces, many of them have adopted provisions in this regard.

Accessibility

The law defines the existence of “barriers” as a form of prohibited indirect discrimination and addresses pre-existing barriers using a staggered approach based on both a staggered set of deadlines and the cost of removing the barrier. Where barriers cannot be removed, the law still requires a decisive improvement in the situation of the affected individual.

Enforcement

Disability organisations praise the Austrian mandatory low-threshold conciliation procedure as Good Practice.

Principle of public participation

Disability organisations were involved in the law’s implementation before, during and following enactment. Its provisions include a limited class action mechanism and, parallel to this, a Disability Ombudsman was established from whom people can obtain advice and support.

Law-making history

In 1997, a special ban on discrimination and a commitment by the Austrian Republic to the equal treatment of disabled and non-disabled persons was included in the Constitution. On 1 January 2006, a milestone in Austrian disability policy came into effect, the Disability Equality Package, which regulates the ban on disability-related discrimination in all areas of life. The package is composed of the Federal Disability Equality Act (ban on discrimination in everyday life), a comprehensive amendment to the Disability Employment Act (ban on discrimination in employment), and an amendment to the Federal Disability Act (Federal Disability Ombudsman). At the same time, an amendment to Article 8 of the Constitution was adopted which enshrined Austrian sign language in the Constitution. A further act containing various measures to facilitate access to a range of occupations for people with disabilities was also adopted. Behind the initiative to introduce the Federal Disability Equality Act was a cooperation between the Austrian National Council of Disabled Persons (ÖAR), Independent Living Centres and the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK), and the adoption of the Act was preceded by intensive discussions.

Key features

The Federal Disability Equality Act was enacted by Parliament in 2006. It has a broad definition of disability covering persons with all types of a “not
merely temporary deficiency of functions”, presumably more than 6 months, which hamper their participation in society. Prohibiting direct and indirect discrimination, harassment and instruction given by others to discriminate, it requires reasonable accommodation in services, including social security, healthcare, education and housing (both to a limited extent), access to goods and services available to the public, as well as public spaces and infrastructures. The law establishes also the duty of federal authorities to undertake concrete efforts for achieving accessibility. It provides for a series of timeframes for the elimination of barriers in public buildings and transport. The Austrian Act introduced compulsory mediation before the Federal Social Welfare Board, prior to enforcement in court, which both examines whether public funds can be used to abolish cases of systemic discrimination and promotes out-of-court settlements. In the instance of important and lasting harm, the Austrian National Council of Disabled Persons can initiate a class action with the approval of the Federal Disability Advisory Board.

Key figures
- In 2010, the Disability Ombud answered over 1,200 requests.
- In the same year, EUR 3.4 million was granted by the Federal Social Welfare Board to almost 200 undertakings for accessibility works. From 2006 to 2010, there were 732 mandatory conciliation cases, of which approximately 60 percent could be solved out of court.
- In addition, several ministries have published action plans with the objective of achieving accessibility.

Future development
The government is currently evaluating improvements to disability equality legislation and, at the end of 2011, is expected to publish its ten-year strategy, the National Action Plan 2011-2020.

Further information and reading
In-depth information in English is provided by the European network of legal experts in the non-discrimination field: www.non-discrimination.net/countries/austria; in German: www.oear.or.at/ihr-recht/un-behindertenrechtskonvention/zivilgesellschaftsbericht and www.bizeps.or.at/gleichstellung/

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The Law of Equal Opportunities, Non-Discrimination and Universal Access for Persons with Disabilities (LIONDAU) of 2003 marked an unambiguous shift in Spanish disability policy towards a human rights perspective based on the social model of disability. Foremost, its provisions aim to guarantee the right to equal opportunities for disabled persons by defining measures against discrimination and a series of affirmative actions for persons with severe disabilities and disabled women. In addition, it provides for positive measures of promotion for the implementation of a policy of equality and measures of defence, including an articulated enforcement regime. Crucial for achieving its objectives is the crosscutting goal of universal accessibility, addressed with its strategy “Design for All”. In 2011, LIONDAU was amended in accordance with the UN Convention on the Rights of Persons with Disabilities (UN CRPD), and now its definition of disability is that of the UN CRPD, Article 1.

General principles of the law

Equal Opportunities

The law defines equal opportunities as lack of direct and indirect discrimination based on the ground of disability. It focuses on both non-discrimination and accessibility on an equal level.

Universal accessibility

In order to permit persons with disabilities to live in the community, LIONDAU adopts the principle of universal accessibility, which is particularly important for access to social services, employment and education.

Prevention of discrimination

The law places particular emphasis on promotional measures, including awareness raising and training. These are fundamental to preventing discrimination and go hand in hand with accessibility plans.

Principle of public participation

Civil dialogue is one the basic principles of LIONDAU, and public authorities have the duty to consult with disabled persons. Therefore the National Council on Disability, especially CERMI – the Spanish Committee of Representatives of Persons with Disabilities, play an active role in the law’s implementation.

Law-making history

Marking the International Year of Disabled Persons of 1982, the Act on Social Integration of Disabled Persons, establishing social and economic benefits for persons with disabilities in the field of social security, education, work and housing, became law. Twenty years passed before LIONDAU was enacted. In the meantime, at the international level the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities of 1993 promoted a new understanding of disability, that is, the disadvantages suffered by a person with a disability originate, above all, from the limiting obstacles and conditions which, in society itself, having been conceived to fit the pattern of the average person, impede full participation by these citizens. In addition, the movement in favour of the “independent life” model was gaining in popularity. Both trends converged in LIONDAU, which was passed in 2003, coincidentally also the European Year of People with Disabilities. LIONDAU seeks to guarantee equality of opportunity for all disabled persons through the basic tenets of non-discrimination, positive action and universal accessibility.
“LIONDAU is an important law that has not yet been fully implemented. It is necessary to acquire a firm commitment to extend its impact to the entire Spanish legal framework.”

**Ms Ana Sastre Campo, UN CRPD Delegate, CERMI**

**Key features**
LIONDAU defines equality of opportunities as absence of direct or indirect discrimination based on grounds of disability. In addition, its adoption of affirmative action is designed to compensate for the disadvantages of a person with disabilities. The law has an almost universal scope and requires the adoption of subsidiary legislation in different fields such as goods and services available to the public, transportation, telecommunications and information technology, urban public spaces, infrastructures and buildings, and relations with public administrations. LIONDAU provides for an arbitration system and establishes a series of enforcement measures, including a regime of administrative offences and sanctions. Most importantly, it considers accessibility as an autonomous right. Therefore, almost all its regulations have a clear focus on accessibility requirements which are mandatory for all parties supposed to meet with the standards. Only when these accessibility requirements cannot guarantee equality, individual reasonable accommodations come into play.

**Key figures**
- Within six months of the law’s enactment the National Action Plan on Accessibility 2004-2011 was launched.
- In 2007, a series of further regulations were promulgated. Reports have highlighted that improvements in quality of life have been made, foremost in accessibility of transport and communication.
- Public and private attitudes have started to change.

**Future development**
While the enactment of Act No 26 of 2011 has incorporated the definition of a person with disability of Article 1 of the UN CRPD, at the same time it includes a vague last paragraph which seems to support the old definition of disability, that is, persons having a 33 percent minimum degree of handicap recognised by a certificate. In order to comply with the obligations of the UN CRPD the law still needs further improvement.

**Further information and reading**

**Contact details**
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Email: convencion@cermi.es, URL: www.cermi.es • www.convenciondiscapacidad.es
The Right to Equality

United Kingdom

116 separate pieces of legislation were consolidated and updated with the introduction of the single Equality Act, perhaps the most comprehensive and detailed anti-discrimination legislation in Europe.

Introducing the Equality Act 2010, the UK government reformed and combined anti-discrimination legislation into one single act for nine “protected characteristics”: disability, age, gender reassignment, sex, sexual orientation, race, religion or belief, marriage and civil partnerships, as well as pregnancy and maternity. Its comprehensiveness derives not only from the range of the protected groups, but also from the areas covered by the Act, which include nearly all the functions of public authorities and the private sector. Its overall objective is to eliminate discrimination, to increase equality of opportunity, and to build good relations. It clearly states that the failure to comply with the reasonable adjustment duty constitutes unlawful discrimination. Particularly in the non-employment context, two promising tools for tackling discrimination can be found: the public sector equality duties, and the anticipatory reasonable adjustment duty. This last appears to have inspired the European Commission to include a similar anticipatory duty in its draft of the Goods and Services Directive.

General principles of the law

Principle of equity
The law established the right to equality and reframed how disability is seen, linking it to the concept of autonomy and increased opportunities for disabled people to participate in society.

Protecting against discrimination
It provides for a basic framework of protection against direct and indirect discrimination, harassment and victimisation, and the failure to accommodate.

Principle of public participation
The public sector equality duty requires public authorities to have due regard to advance equality, and to consult with disabled persons organisations.

Enforcement
The Equality and Human Rights Commission plays a strategic role in enforcing the Act. Disappointingly, it will see its budget halved because of government spending cuts.

Law-making history
The Disability Discrimination Act 1995 (DDA) was passed reluctantly by the government in an attempt to meet the demands of the disability movement. The DDA introduced measures aimed at ending the discrimination which many disabled persons face in their everyday lives. The Act addressed the problems of discrimination against disabled persons in employment, the provision of goods and services, and in the disposal and management of premises and land, outlining three specific types of discrimination: failure to make reasonable adjustments, disability-related discrimination and victimisation. The government established the Disability Rights Commission in 1999 (now the Equality and Human Rights Commission) in order to review the Act. It approved the Special Educational Needs and Disability Act 2001, and the Disability Discrimination Act (Amendment) Regulations 2003, which introduced protection against direct discrimination into the DDA. The DDA 2005 made important changes to the scope of the original legislation, including the creation of a legal duty for public authorities actively to promote disability equality, known as the Disability Equality Duty. It placed duties on those who provide services, education and employment and encouraged employers to identify what adjustments and support might be needed by disabled persons. On 1 October 2010 the Equality Act came into force and replaced the whole of the DDA of 1995, except in so far as it applies to Northern Ireland.

Key features
The Equality Act 2010 protects persons having a physical or mental impairment which has a substantial and
long-term adverse effect on the ability to perform normal day-to-day activities. The Act, firstly, prohibits discrimination and, secondly, applies an individualised definition of discrimination in each of the areas covered, including services and public functions, premises, work, education and associations. In addition, the failure to comply with the reasonable adjustment duty constitutes discrimination. The requirements of the duty are to remove substantial disadvantage to which a disabled person would otherwise be exposed, by: altering provisions, criteria or practices; altering, removing or circumventing physical features; and, providing auxiliary aids and services. Outside the contexts of employment and housing, all duty-bearers must anticipate any potential disadvantage and take reasonable steps to remove it. The law expands also the equality duties to all protected characteristics by introducing a single public sector equality duty consisting of a general duty and the specific duties, and applying to almost all public bodies.

Key figures
- In 2010, the Equality and Human Rights Commission took 50,000 calls to its helpline (also threatened by spending cuts)
- From 2006 to 2008, employment tribunals accepted 20,893 employment-related discrimination claims, of which 44 percent were settled.
- Since 2007, the Equalities Mediation Service has dealt with hundreds of discrimination cases in the provision of goods and services, employment and education, and, in 80 percent of them, reached full agreement.
- With regard to the general equality duty, there is an increasing number of successful cases and about 100-200 settlements per year.

Future development
Most importantly, the definition of disability, with its requirement that impairment have substantial and long-term effects, needs reform in order to comply with the UN CRPD, Article 1.

Further information and reading
Updated information about non-discrimination legislation in the UK is provided by the European network of legal experts in the non-discrimination field: www.non-discrimination.net/countries/united-kingdom
Advancing Supported Decision-Making  
British Columbia, Canada

In many countries around the world persons with disabilities are deprived of the right to make their own choices. British Columbia has led the way in the recognition of the right to support in personal decision-making.

In the development and implementation of British Columbia’s Representation Agreement Act of 1996, disability organisations played a major role. Echoing this history, the law’s flexible definition of capability is one of its main strengths, since it recognises trust as one of the defining features of support relationships and shifts the burden of proof for incapability to others. The legislation allows for the creation of personal planning tools known as representation agreements, which enable adults to appoint someone “to help the adult make decisions or to make decisions on behalf of the adult”. These planning tools are progressive in that, unlike most personal planning tools, they permit the appointment of an individual(s) to help an adult make decisions. The law allows for support on deciding personal care, health care and, most importantly, on routine financial management.

General principles of the law
Respect for personal autonomy
A representation agreement is of extreme importance in preventing persons from being forced into guardianship and in ensuring that individual beliefs, values and wishes are paramount.

Presumption of capability
Until the contrary is demonstrated, every adult is presumed to be capable. The way in which a person communicates is not grounds for deciding that an individual is incapable.

Interrelationship
The law acknowledges that the defining feature of human relationships is one of trust, rather than that of care-giving or dependence.

Legal recognition of support
Representatives providing support with decision-making can be one or more adults to whom legal standing is granted vis-à-vis third parties, such as banks or medical professionals.

Accessibility
Entering into a representation agreement is not complicated. It is accessible for any person with a disability in that it is simple, inexpensive, flexible and responsive to a variety of needs.

Law-making history
The law-making process of the Representation Agreement Act is unique, since it came out of the community. At hundreds of forums, workshops and roundtables, people spoke about the exercise of human rights, reviewed guardianship laws in British Columbia and produced a position paper “How Can We Help”. Based on this paper, a Joint Working Committee of community and government drafted the Representation Agreement Act, together with three other Acts, which all were passed unanimously in 1993. In the same year a Community Coalition for the Implementation of Adult Guardianship Reform was formed. Its purpose was to ensure that representation agreements would work for those most affected and vulnerable to adult guardianship. It produced a Legislative Subcommittee Report which led to a review of the implementation of the Act. After a series of complex negotiations between the community and government, the law was proclaimed in 1999, coming into full effect in February 2000. Some years later, the Act’s provisions inspired the drafting process of the UN CRPD Article 12, which calls for legislation that ensures all adults receive support with decision-making without the need to restrict the rights of persons with disabilities. At present the Representation Agreement Act, integrated with provisions from similar legislation of Yukon and Manitoba, is being used to craft new supported decision-making legislation in the Canadian provinces of Newfoundland and Labrador.
"The Representation Agreement Act enshrines new ways of understanding capability; it allows most importantly all adults to authorise personal supporters to assist them with decision-making as needed."

Joanne Taylor, Executive Director of Nidus

Key features
The Representation Agreement Act was enacted in 1993 and entered finally into force in 2000, despite some initial opposition by the government and the legal community.

Provisions of the law include:
• Every adult is presumed to be capable and may make a representation agreement. Any challenge to capability must consider all of the relevant factors and the law provides examples of various ways of knowing;
• Representation agreements allow for the appointment of an individual(s) to help an adult make decisions, most importantly about the routine management of her or his financial affairs;
• Representatives have a duty to act honestly and consult with the adult to determine his or her current wishes; and,
• Monitors are established as safeguards and the Public Guardian and Trustee has the power to apply to court.

Key figures
Representation Agreements are praised by the disability community as highly successful in providing legal recognition of supported decision-making. The non-profit organisation Nidus provides a centre for excellence in Good Practice with personal planning and supported decision-making and operates a centralised registry with some 5,000 records, of which the majority are representation agreements. Representation agreements are used by persons with disabilities, seniors, but often also by young people. They significantly prevent guardianship and are the reason why the number of private guardianships has remained fairly stable during the last years.

Future development
It is very encouraging that, from 2011, lawyers, notaries and health authorities will start to promote the Act as well as the registry. However, to register one’s representation agreement remains, basically, voluntary and the registry operated by Nidus receives no public funding. In the future, it will be important to support the registry as well as the training of monitors financially.

Further information and reading

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The Israeli Investigation and Testimony Procedures Law of 2005 provides accommodations for persons with cognitive and mental disabilities whose impairment affects their capacity to be investigated or to submit testimony. It pertains to a number of severe offences, whether the person is a perpetrator, a suspect, a victim or a witness to a crime. Central to its objectives is a professional who is trained to investigate persons with intellectual disabilities, a so-called Special Investigator. In addition, it establishes several adaptations to the testimony given in court, including an exemption from cross-examination by the defendant when a person with an intellectual disability is testifying as a witness to the alleged crime. Adequate accommodations prove crucial during adjudication and provide for deterrence against the abuse of disabled persons which often occurs in institutions, or far from the public eye.

General principles of the law

Principle of equity
The majority of the persons benefiting from the law’s provisions are victims of crimes. Often they come from the poorer and more neglected parts of society, such as disabled women living in institutions subject to sexual assaults.

Right to due process for all
Now disabled persons can testify in the courts. A right that was, previously, practically denied. The law provides for a balanced victim-offender relationship, even in cases when a defendant is denied cross-examination of a person with disability.

Principle of interrelationship
The law provides for guidance for all persons involved in the law enforcement framework such as the police, state prosecutors, public defenders, judges, legal aid attorneys and assisting organisations.

Law-making history
In 1995 Bizchut – The Israeli Human Rights Center for People with Disabilities – turned to the Israeli Ministry of Justice presenting, in a basic report entitled "People with Cognitive and Mental Disabilities as Victims of Violence and Sexual Crimes", the range of difficulties and obstacles that persons with disabilities face when interacting with the legal system. Based on this report, and the work of several Government Departments, draft legislation was prepared by an Interministerial Committee headed by the deputy Attorney General Yehudit (Judith) Karp. The draft served as a basis for the second Committee for Criminal Law Procedures, headed by Supreme Court Justice Eliahu Mazza. Due to the extremely slow progress made (in 2002 it existed only a memorandum), Bizchut initiated a project in the spirit of the draft law. The project was organised around two strategies:

• Making the actual proceedings accessible: Bizchut professionals provided assistance in cases involving individual victims and offenders with disabilities, both during police investigations and the process of giving testimony in court.

• Bringing about structural changes in law enforcement frameworks: Bizchut staff gave hands-on training in awareness raising workshops and lectures to the police, state prosecutors, legal aid attorneys, judges and organisations assisting victims of crime.

Cases that would once have been closed before indictment due to non-credible testimony were now brought to court and in some instances led to the conviction of offenders.

Key features
The Investigation and Testimony Procedural Act was finally enacted by the Israeli parliament, the Knesset, in 2005 and entered into force one year later.
Adaptations provided for under the law include:

- Interrogations performed by a professional (psychologist, social worker, special education professional) specially trained in how to communicate with persons with disabilities, vested with powers of police investigators
- Right to be accompanied during interrogation and its documentation
- Utilisation of experts to advise the court on the type of disability, its characteristics and possible implications on the testimony
- Utilisation of special devices and alternative and augmentative communication, such as pictures and communication boards
- Giving testimony through closed circuit television or behind closed doors, in the judge’s chambers and without official attire.

Key figures
From 2007 to 2010, there were 2,400 requests for special investigations. Almost 1,780 persons with intellectual disabilities were interrogated. The majority of the cases recorded – 78 percent – constituted victims of crime. Cases were brought to court which beforehand would have been dismissed. The importance of the law’s provisions on adequate accommodations for persons with mental and cognitive disabilities is, therefore, hard to underestimate.

Parallel to the enactment of the law in Israel, Bizchut – The Israeli Human Rights Center for People with Disabilities engaged in defining the content and language of the UN CRPD Article 13 on access to justice. Bizchut advised states, NGOs and professionals as to promoting the idea of an accessible justice system for all.

Future development
Currently strong efforts are being made to expand the staff trained in special investigations and, by the end of 2011, the government stated that almost 100 special investigators will be operating in Israel. In the future, it will be necessary to expand the Special Investigator’s ability, in particular, to interrogate also persons with mental disabilities.

Further information and reading
The Right to Inclusive Education

Investment in the human capital of disabled young people is still not an agenda priority for most countries in Europe. Italy is an important exception, where almost all segregated educational settings have been abolished.

The Italian Framework Law for the Assistance, Social Integration and the Rights of Disabled Persons of 1992 establishes the principles of inclusive education in Articles 12-16 and provides specific accommodations for university students with disabilities in Amendment No 17 of 1999. Inclusive education means the development of a person’s potential in learning, communication, socialising and in relationships, regardless of the type of disability. In Italy all-day nurseries, schools, universities and any other education provider, including private institutions, have the obligation to accept pupils with disabilities, also those who are severely disabled. All disabled children have the right to be supported in learning by a professional. Of particular importance to the law’s objectives is the combination of clinical diagnosis, dynamic profile and tailored education plan to determine the personal potential of the pupil, and the broad cross-sectoral participation and cooperation of all stakeholders in working groups at different levels.

**General principles of the law**

**Principle of equity**
The low income levels and poverty of disabled persons are related to their poor schooling. They can best be countered by an inclusive education strategy, which is likely to enhance a person’s participation in and contribution to society.

**Shaping human personality**
The idea of full inclusion is at the heart of the law. The scope of the education provided by schools should be as wide as the range of people involved in providing that education.

**Public participation**
Working groups exist at different levels: in the schools, in the provinces and in the regions. Together, teachers, operators of the social/health services, representatives of parents and students prepare for the entry of the disabled pupil into school.

**Law-making history**
The general right to have access to school is set out in Article 34 of the Italian Constitution, which rules that: “Schools are open to everyone”. In a period of political engagement and cultural renewal, Italy’s Act No 118 of 1971 established that disabled students are to fulfil the obligation of compulsory education in common schools, except for the most severe cases of disability. Six years later, Act No 517 set out the principle that all disabled pupils from the age of 6 to 14 years should be included, imposing on all class teachers an obligation to prepare an educational plan, supported by a specialised teacher for learning support, and ensuring that the State, local authorities and local health units draw up an administrative and financial plan. Administrative relations amongst the different services had to be governed by agreements. In 1987, the Italian Constitutional Court issued Decree No 215 which recognised the full unconditional right of all disabled pupils, even those with severe disabilities, also to attend secondary schools, and imposing on all the authorities involved – school administrations, local authorities, local health units – the duty to provide their services to support general inclusion in schools. Finally in 1992, the Framework Law No 104 enshrined the entitlement of all students with special needs to experience a full inclusive education.

**Key features**
The Italian Framework Law for the Assistance, Social Integration and the Rights of Disabled Persons was enacted by the Italian parliament in 1992. Amongst its provisions are:
“Inclusive education is elementary for the development of human personality. Italy has made enormous steps forward, but the many regulations in this regard deserve far more respect.”

Salvatore Nocera, 
Vice President, Italian Federation for Overcoming Handicaps

- the right to inclusive education of every child with a disability ascertained by a doctor’s certificate, including those with learning disabilities
- the requirement that all day nurseries, schools, universities and others, including private institutions, have to accept students with disabilities, including those who are severely disabled
- the coordination of all services, equipment of schools and universities, flexible timetabling and accommodations during exams
- the setup of a tailored educational plan, the formation of teachers, counselling and working groups at various levels
- the establishment of a National Commission on Inclusive Education.

Key figures
Italy is so far the only European country in which almost all (99.6 percent) disabled pupils, out of a total of 170,000 (in 2007-2008), were included in mainstream schools. Inclusive education is achieved with the help of over 90,000 specialised teachers for learning support and an additional 25,000 educators employed by the schools. Physical barriers in access to schools have been almost eliminated. An important amendment of the law in 1999 concerned inclusive university settings. As a result, an impressive 12,400 disabled students had enrolled in Italian universities by 2006, tripling within only six years.

Future development
In light of Article 24 of the UN CRPD, the Italian policy will need some further development, especially to include also children with psychosocial problems in accordance with the International Classification of Functioning, Disability and Health (ICF, WHO 2001). It appears that the Autonomous Region of Trentino is a particular leader in reforming legislation in accordance with the ICF. As well, the current class teachers will need to receive more training and the role of classmates needs to be enhanced.

Further information and reading
Salvatore Nocera, The Body of Legislation on Inclusive Education of Disabled Persons in Italy: The history, the institutional aspects, and the applicable procedures, 2002: http://www.edscuola.it/archivio/handicap/inclusiva.html,

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In 2000, Swedish Government Decision 2000-05 18 No 16 established a nationwide system of Personal Ombudsmen that provides support in decision-making for persons with severe mental or psychosocial disabilities. Personal Ombudsmen (POs) are highly skilled persons who do outreach work and establish, foremost, trusting relationships with individuals in need of support. They assist individuals in taking control of their own situation, identify care needs and ensure that they receive the necessary help. POs have no medical responsibility, nor do they make any decisions in the capacity of an authority; they work only to represent the individual. The framework in which the PO works may vary: usually, one municipality functions as the principal and has operative responsibility. In some places, foundations, voluntary associations, care associations or other coordinating bodies may have operative responsibility. At the international level, the PO system has proved crucial in convincing the delegations to the UN to opt for the wording “supported decision-making” in the UN CRPD, Article 12.

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**General principles of the law**

**Empowerment**

A PO makes contact with persons living in complete isolation and poverty who often have lost all their hope and dignity. With a PO they start to ask for help.

**Accessibility**

There is no complicated formal procedure to get a PO, since many psychiatric patients would back out if they had to sign forms.

**Peaceful resolution of conflict**

Prior to having a PO, many individuals are very angry about their social environment because of past bad experiences. POs help to solve most of the conflicts: conflicts with the neighbours, with the family and with social services.

**Principle of public participation**

Even during the establishment of the first PO pilot projects, organisations of ex-psychiatric users and survivors, and of family members, were consulted and actively involved.

**Law-making history**

Sweden decided, with its psychiatric reforms in 1993, to set up an innovative programme of personal agents (POs). The PO scheme has drawn on case manager models found in the USA and the UK. However, even if similar to some extent, it also differs considerably from these models. From 1995 to 1998, in order to find the arrangement most appropriate for Sweden, the government funded ten pilot projects, of which several were run by municipalities, some were set up by civil society, and one, PO-Skåne, was set up by an organisation of ex-users and survivors of psychiatry. In particular, the expertise and input of this last organisation was of invaluable worth for the further development of the Swedish PO system. As the pilot project evaluation showed both very good qualitative and quantitative outcomes, the government decided in 2000 to expand the PO system to the whole country in order to establish permanent operations. A report submitted to the government in 2005, pointed to positive trends as a result of the work of POs – the scheme is profitable in socioeconomic terms, individuals consume less care, their psychosocial situation has improved and their position has been strengthened. As a result, the Swedish National Board of Health and Welfare has started to promote the PO as a new social profession.

Guardianship, isolation, drug addiction, homelessness, suicide and violence: A Personal Ombudsman can help to prevent this and be a true change maker in the lives of many persons.
“The PO does not act according to what he thinks is for his client’s own good. He only carries out what his client tells him to.”

Maths Jesperson, Founder of PO-Skåne

Key features
A PO supports individuals with a complex need of care who, because of their psychiatric disability, have a substantial and long-term social impairment. As many individuals are very suspicious, the PO has to reach them step-by-step by: 1) making contact; 2) developing communications; 3) establishing a relationship; 4) starting a dialogue; and 5) obtaining commissions. POs must support the individual in pursuing his or her personal development. For this to succeed, the establishment of a trusting relationship with the individual is crucial before the PO begins to work. This enables the PO to be 100 percent on the side of the individual if the individual’s interests should run counter to the opinions of other professionals. The role of the PO is described as that of a “broker”, who has carefully to coordinate the activities for the individual in order to avoid a confusion of responsibilities and tasks. In order to be best placed to make demands on public agencies the PO needs a stand-alone position that is, therefore, independent of the municipality’s social services.

Key figures
• Support by a PO shows highly positive response rates and reduces guardianship, isolation, drug addiction, homelessness, suicide and violence amongst the individuals addressed.
• Calculations have shown that PO operations reduce costs by approximately EUR 80,000 per assisted person over a five-year period.
• In 2010, 325 POs employed in over 100 businesses provided support to more than 6,000 individuals throughout the country.
• Recently, a personal support system was started by Oslo and one currently operates in Helsinki. Cities such as San Francisco, Vancouver, Sydney, Budapest, Riga and Prague have similar plans.

Future development
Recently, several law proposals have sought to establish the right to a PO at the national level. Disappointingly, none of them has been successful so far. A similar Act would institute that right and allow individuals to appeal in court.

Further information and reading
A New Profession is Born – Personligt Ombud, PO, Socialstyrelsen, 2008:
Particular information about PO-Skåne – The Personal Ombudsman in Skåne is available in Essl Social Index 2010:

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The Right to Living Independently

Sweden

Many countries are still far from the goal of enabling persons with extensive disabilities to choose the support that best suits their needs. Sweden stands out in offering citizens a wide range of alternatives and control over the services they need to live independently in the community.

Sweden is one of the few countries which legally entitle persons with extensive disabilities to cash payments for the purchase of self-directed personal assistance services. The Act Concerning Support and Service to Persons with Certain Functional Impairments (LSS) of 1993 sets out rights for persons with considerable and permanent functional impairments to ten measures for special support and service which are to provide good living conditions. One of the measures constitutes the right to personal assistance as regulated by the Assistance Benefit Act (LASS).

Personal assistance has been described as ‘a revolution’ and is considered the most important achievement of the disability reform. It enables eligible individuals to purchase personal assistance services from public and private entities, including for-profit companies, through a monthly sum from the National Social Insurance which covers 100 percent of the services’ costs. Amounts are independent of the individual’s or the family’s finances. The policy has created a demand-driven market for personal assistance where providers compete for customers on the basis of service quality.

General principles of the laws

Participation in the legislative process

The disability movement was the main force in bringing the law about. In Sweden it is good political practice to have a draft law scrutinised, commented on and discussed by civil society organisations and other stakeholders.

Legal right

The legislation established the special support measures, including personal assistance, as legal rights that are independent from state or local government budgets.

Competition-neutral direct payments

Payments for self-directed personal assistance services go to the user, are based on the individual’s needs, not on the type of service provider, and have created a market consisting of over one thousand competing service providers, which, together, offer a wide range of options, thereby improving quality of life.

Promoting equality in living conditions

Sweden’s citizens with extensive disabilities no longer need to live in institutions to receive services; they are free to choose where and how to live. By designing their own individual solutions they can make plans and get closer to equality in living conditions and full participation in community life.

Law-making history

The LSS and LASS were enacted by the Swedish Parliament in 1993 as part of a broader disability policy reform. Previously, persons with extensive needs for daily living activities were deeply dissatisfied with the municipal community-based home helper or semi-institutional cluster home services in which they had no influence over who was to work, with which tasks or at what time. Many different, often unfamiliar, workers would come and go in the individual’s home and assist with even the most intimate tasks. Hardly any assistance was available outside the home for work, education, and leisure. The reform, inspired by the Independent Living philosophy, is to enable individuals to customise services according to their particular needs and lifestyle, with maximum of control over everyday life. The need for personal assistance, however, grew faster than expected, and therefore the law and its interpretation have been scrutinised and amended many times.

Many countries are still far from the goal of enabling persons with extensive disabilities to choose the support that best suits their needs. Sweden stands out in offering citizens a wide range of alternatives and control over the services they need to live independently in the community.
“Independent Living means having the same range of options and the same degree of self-determination that non-disabled people take for granted.”

Dr Adolf Ratzka,
Founder and Co-Director of the Independent Living Institute

Key features
The LSS and LASS grant special support to persons with major and permanent intellectual, physical or mental functional impairments which cause them considerable difficulties in daily life. The legislation:
• enshrines the right to “good” as opposed to basic living conditions through the provision of ten measures for special support;
• sets the foundations for a demand-driven and competitive personal assistance market through payments that cover the total costs of services, that depend on the individual’s needs, and that follow the individual not the provider;
• promotes employment and mobility for the individual and the family through payments which do not depend on the individual’s or the family’s economic situation and which originate at the national level; and,
• furthers maximum possible freedom of choice and self-determination by enabling individuals to contract providers of their choice or to employ assistants by themselves.

Key figures
In 2009, over 60,200 persons received special support. In particular, the right to personal assistance has a tremendous impact on the personal security of disabled persons. The system of cash payments turned former objects of public care into customers and employers creating a competitive market consisting of about 15,900 assistance users, 230 local governments and over 1,100 private entities, the latter employing a total of 60,000 (full-time equivalent) personal assistants. It enables assistance users and their family members to return to work and provides jobs to people who often would otherwise live on unemployment insurance. It has been estimated that taxpayers have saved a minimum of SEK 29 billion since 1994, compared to the costs of local governments’ services.

Future development
Persons who are blind and deaf-blind are not currently eligible. Individuals with cognitive disabilities seldom qualify. Also, recent restrictive court interpretations highlight the need for re-formulating the original intent of the Act.

Further information and reading
The Implementation of Policies Supporting Independent Living for Disabled People in Europe: Synthesis Report, eds Prof. Linda Ward and Dr Ruth Townsley, University of Bristol, ANED 2009: http://www.disability-europe.net/theme/independent-living,

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Overview of Weblinks
Statistical Data
Official Documents of the UN, OECD, EU and states
Regarding the Questionnaire
Regarding the Good Practice Examples
Regarding the Good Policy Examples
ANNEX
Summary of the explanations given by the foundations and NGOs who filled in the questionnaire, plus explanations of the additional editing done by the Essl Foundation.

**QUESTION 1**

**ALB:** Legislation all kind of buildings, newly constructed and also those under reconstruction have the duty to make them accessible. Legislation covers some kinds of disabilities. However, the main issue remains the lack of implementation and often there are coordination issues among the responsible actors.

**ARG:** The Law 24.314 provides the elimination of physical barriers of all existing buildings and public spaces or under construction, however, only covers the conditions of accessibility for people with mobility disabilities wheelchair users.

**AUS:** Current legislation only applies to new construction

**BEL:** In the Walloon Region, technical norms and directives regarding accessibility are laid down in Articles 414 and 415 of the CodeWallon de l’Aménagement du Territoire, de l’Urbanisme, du Patrimoine et de l’Energie (CWATUPE).

**BIH:** Physical disabilities/administration and university buildings

**CAN:** As a federated country there is more than one government level responsible for physical accessibility. Laws vary across the country but there are in place basic accessibility requirements.

**CRO:** Buildings generally have access to persons with physical disabilities but not for example "floor guides" for blind people or sound information in an elevator

**EST:** As far as we know, one tries to build according to the needs of people with disability, but whether it is already required for older buildings I don't know.

**FIN:** Accessibility requirement is based on the Land Use and Building Act and Decree, which both came into force in 2000.

**FRA:** But technical exceptions will be made possible in the future in connection with the newly adopted law of June 28th, 2011 (decreet still awaited)

**GER:** In principle yes, but the building regulations are the responsibility of the federal states.

**HUN:** There are neither inspections nor strict standards that will force the building to be accessible. There are neither inspections nor strict standards that will force the building to be accessible. Rarely are made with easy access for people with physical disability.

**IRL:** Section 25 of the Disability Act 2005 requires that the Department to ensure that its public buildings are, as far as practicable, made accessible to people with disabilities. However this is for public buildings and does not extend to private buildings. Ireland has a range of other legislation such as the Equal Status Acts 2000-2008 Employment Equality Act 1998-2008 and also the building regulations Act, all of which go some way to cover private buildings.

**ITA:** Italian laws and technical standards on accessibility of buildings: Decreto del Ministro dei lavori pubblici 14 giugno 1989, n. 236 “Prescrizioni tecniche necessarie a garantire l’accessibilità, l’adaptabilità e la visitabilità degli edifici privati e di edilizia residenziale pubblica, ai fini del superameto e dell’eliminazione delle barriere architettoniche.” (Technical requirements necessary to ensure accessibility, adaptability and visitability private buildings and public housing, in order to overcome and the elimination of architectural barriers. )

This is a Decree of the Ministry of Public Works about technical requirements and criteria for:
- every kind of residencial building owned by private or public property
- buildings in private ownership but open to the public and public use
- buildings for workplaces

Decree of the President of the Republic about technical requirements and criteria for:
- buildings and public facilities

**MKD:** Yes, there is a legislation, but newly constructed buildings rarely are made with easy access for people with physical disability. There are neither inspections nor strict standards that will force the constructors to implement the legislation that is required by law.
**MEX:** The General Law for the Inclusion of Persons with Disabilities (GLIPD) -that entered into force on May 31st 2011- states that people with disabilities are entitled to accessibility. Public buildings are subject to Art. 17 which provides that it is universal, compulsory and adapted for all people; including the use of signage and guide dogs, among others. Art.18 states that new public and private buildings must include considerations of accessibility in the architecture.

**ROM:** The legislation concerning the security and encouragement of the rights of persons with disabilities came into effect in 2007, when Romania joined the European Union. The legislation includes a lot of international standardized assignments, all kinds of disabilities and barrier-free new buildings. SRB: Legislation says that all new buildings should be accessible, but it is not always respected, and it relates mostly on persons with physical disabilities.

**SLO:** Construction Act, Equalisation of Opportunities for Persons with Disabilities Act
**ESP:** The main problem is that the regulation of accessibility remains unfulfilled very often.

**SWE:** According to The Act on Technical Requirements for Construction Works (Lagen om tekniska egenskapskrav på byggnadsværk), new buildings and extensions must be made accessible for persons with limited abilities of movement and orientation capacity.

**TUR:** There is legislation; however there is a lack of implementation of the laws.

**UK:** The UK has both building regulations that require new buildings to be developed to a certain standard, and anti-discrimination legislation that requires ‘reasonable adjustments’ to be made to ensure that any public services is accessible to disabled people.

**QUESTION 2**

**ARG:** Law 24.314 complemented by the Law 22.431 established a maximum period of 3 years from the date of entry into force (1994), however only considered the reforms necessary for accessibility of buildings and spaces for public use by people with mobility impaired wheelchair users. At the present time (2011) not all the buildings and public spaces are accessible and are not set new deadlines for the complete adequation. In the area of the City of Buenos Aires have filed legal actions to debt in compliance with this Law.

**AUS:** I have not been able to confirm this but it appears legislation only applies to new buildings and new additions to old buildings.

**AUT:** according to the law BBGStG (Bundesbehindertengleichstellungsgesetz), governmental buildings and ministries have to compiled published plans in stages, then the time frame can be extended until 31.12.2019 (before 2015). For private stores, shops the time frame is 31.12.2015.

**DNK:** There is no legislation but building standards on accessibility exists.

**EST:** There are several buildings in the bigger towns partly accessible. There are hardly any such facilities in the countryside. There might be the will for improvement, but there is no money. (InvaInfo.ee)

**FIN:** When building permission is needed for the major construction and repairment accessibility must be taken care when possible.

**FRA:** Technical or architectural exceptions are possible.

**HUN:** There are laws, but the due date is changed all the time.

**IRL:** The building regulations apply to construction of new buildings after 1st January 2001 and any extension work or renovations carried out after this date. Certain parts of the regulations apply to existing buildings where a material change of use takes place. Section 25 of the Disability Act 2005, which requires that the Department ensures that its public buildings are, as far as practicable, made accessible to people with disabilities are required to do so not later 2015.

**ISR:** The time frame is by 2021 the latest

**ITA:** In general, when existing public buildings and buildings whith public access undergo a process of renovation, restoration or maintenance, accessibility criteria are required.

**RKS:** Law on Construction and Administrative Instruction on Technical Conditions of Construction buildings for access for people with disabilities foresees and clearly explains the access for persons with Disabilities even though it is being respected only partially. Whereas National Disability Action Plan of Kosovo 2009-2011 has foreseen many activities for improving the access for persons with disabilities but they too has not yet been implemented (NATIONAL DISABILITY ACTION PLAN FOR PERSONS WITH DISABILITIES OF THE REPUBLIC OF KOSOVO 2009-2011)

**MNE:** 2013

**NED:** Already done.

**POR:** 2016

**ROM:** The European concept for accessibility is implemented in the policy and the legislation to disability. There isn’t a legal time frame for all public buildings to be made accessible to those with disabilities, as a law poses barrier-free as an general commitment. The accessibility is based on a normative collection of rules, which originate in derivated justice.

**SRB:** All buildings are included, but there is no time frame and it relates mainly to persons with physical disabilities and, occasionally, visual impairments.

**SLO:** Construction Act, Equalisation of Opportunities for Persons with Disabilities Act

**ESP:** The schedule state in the Spanish legislation is:

- 1 January 2010 for new public spaces and new buildings, as well as for the extension works, modification, amendment or rehabilitation carried out in existing buildings, and
- From the day January 1, 2019 for those public spaces and buildings existing urbanized susceptible of reasonable accommodation

**SWE:** According to the previous national action plan for disability issues (2000 – 2010) Sweden should have been accessible before 2010. According to the evaluation of the action plan, a lot off efforts has been taken, but still remains lot to do before public places are accessible. The main problem is that the laws are not always complied with. There are no new timeframe for when Sweden will be accessible, but, in the new strategy for disability issues (2012- 2016) the government is planning to make more efforts to make Sweden more accessible. Since May 2012 the Planning and Building Act has been strengthen. (The law contains an obligation to remove easily rectified obstacles in public places and on public premises thus affording access for persons with limited abilities of movement and orientation capacity.). Since may 2012 the act con-
tains new conditions for the municipal supervisory work. The Swedish disability movement thinks that much more efforts must be taken and that neglect to take measures for accessibility stipulated in law must be judged as discrimination.

**TUR:** Until 2012 all the public buildings should be %100 accessible, however there is little improvement in that area.

**UK:** There is already legislation in the UK requiring all providers of goods and services to make reasonable adjustments (including to the physical accessibility of buildings and services) to ensure that any goods or services made available to the public are accessible to disabled people. However the law does not require specific standards to be met, it requires whatever can 'reasonably be done to make a building accessible. This could mean, for example, that if the costs of making a building accessible were prohibitively high then that building could be left inaccessible.

**QUESTION 3**

**ARG:** Some few units of the total fleet of buses are accessible to wheelchairs. Neither are accessible for all types of wheelchairs or adequately provided for people with other disabilities. Law 24,314 supplementing the Law 22.431 and established that from 01/03/04 all the transport providers should facilitate access for people with disabilities to a reasonable percentage of their units based on all the necessary adaptations.

**AUS:** This is dependant on State. Western Australia has very good accessible transport in comparison to other States.

**AUT:** All Viennese buses are "low-floor" buses; the problem is that only two wheelchairs can be accommodated and furthermore the entrance is only possible with the help of the bus driver; CW: Yes, with qualifications, because the driver has no training.

**BEL:** In 2010, the number of bus lines the Walloon Region equipped with a kneeling system, an access ramp and one or two places for people with reduced mobility had reached 1902. This represented 57% of the vehicle park.

**BIN:** They are accessible, but a person depends on drivers’ mood or knowledge to lower the bus.

**BGR:** all buses and 31 city high speed railway lines are accessible for persons with disabilities, in other Lines, there are only a certain number of buses accessible for persons with disabilities.

**CAN:** There are jurisdictional issues with this question. Public transit, including in the State capital, is operated by the municipal government.

**CRO:** Still some buses are not accessible to people with disabilities, drivers are not trained, they have got just "recommendation" to help; also, even most of buses are accessible, bus stops misfits sometimes; only new buses and trams have "sound information for blind people;"

**EST:** Wheelchair users don’t dare yet, to use public transport, although some buses and some trams are made accessible. The buses and trams which can take in wheelchairs are marked on the timetable. There is no possibility for public transport for people with handicap in the countryside. Mentally handicapped people have to pay full price in public transport.

**FIN:** In Helsinki almost all buses are accessible. More training about accessible issues is needed for the bus drivers.

**FRA:** 70% of bus stops in the State’s capital are accessible.

**HUN:** Once in an hour a barrier-free (which will be announced on boards) bus will pick up passengers.

**IRL:** According to Dublin 88% of the Dublin Bus fleet is low floor wheelchair accessible and it is expected that the total fleet will be accessible by 2012. 70% of all Dublin Bus routes are accessible, while 40% of Dublin Bus stops have been installed with low floor accessible kerbing. All drivers are trained in disability awareness.

**ISR:** Only the buses within the city - any city- are accessible, whereas intra city buses are not.

**ITA:** Some buses, tramways, subways (mostly the newest ones) are accessible to all disabilities and the drivers are trained. However examples oh this ‘best practice’ have been implemented in other cities (e.g.: public boats in Venice) than in the state's capital

**QUESTION 4**

**ARG:** Early warning systems for emergencies is decentralised to the Provinces and the City of Buenos Aires in the national civil
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protection system the public information is not explicit regarding the incorporation of universal accessibility specific actions from needs of all people with all kinds of disabilities.

AUS: Australia can almost tick the Yes as the system is multi dimensional but I cannot find evidence to show it is available in easy read format etc. The warning systems are available by siren, SMS, radio, TV, Media and community consolations. Sign interpreters used most times.

AUT: There is no nationwide concept for hearing-impaired people.

BEL: The internal Service Public Fédéral (SPF) has been collaborating for over a year with the Fédération Francophone des Sourd de Belgique” (FFSB), la “Federatie van Dovenorganisaties” (FEVLAADO) and TELECONTACT to develop a project known as ‘Crisis Alert by text’. The alert system that this provokes will be gradually implemented during the last quarter of 2011.

BIH: UN agencies are advocating for this.

DNK: SMS-services are available. Persons have to register for it themselves. This exists alongside with radio and serene warnings.

FIN: There are no SMS- warning systems or services for persons with hearing disabilities. There have been some unofficial plans for SMS-warning system to be achieved by 2015.

IRL: The government committee charged with planning for a national emergency has indicated they will keep people informed through TV and radio announcements. As such, if the TV announcements were subtitled... they would be accessible to most people with hearing loss who had access to a TV.

ITA: The Civil Defense is trying to implement empowered measures to alert and assist people with motor, cognitive and sensory disabilities in case of national emergency. http://www.protezione civile.gov.it/

MKD: There is no law legislation or prescribed standards that regulate this issue.

MEX: The GLIPD does not mention an early warning system.

POR: The early warning system is accessible only to certain disabilities.

SRB: Not sure about this, but warning systems are usually both sound and visual in public buildings, but in apartments I am not aware that visual signalisation is available.

ESP: The Spanish legislation about situations of risk and humanitarian emergencies should be reviewed in light of the Convention in order to establish protocols of action to care for people with disabilities.

SUI: But a solution is still being developed.

UK: This is covered in legislation.

QUESTION 5

ALB: The Civil and Family Codes has the option of guardianship, both partial and plenary. The guardianship can be established only by court decision.

ARG: Law 26.657 introduced changes to the Civil Code on civil interdiction and incapacitation and the role and functions of the curator (legal name for person who executes the guardianship), now the judgments of insanity should have a maximum time limit of 3 years and are limited legal acts must be specified. There are still substantial ties to the Civil Code and other regulations with the protective model, but the intertwining of policy and judiciary decisions, bring the role of the final curator to a guarantor of freedom of choice.


BEL: There are mechanisms in Belgium whose objective is to support the rights of handicapped people. In function of the mechanism adopted, a handicapped person can either be represented or assisted.

CAN: Legal Capacity is seen as Provincial/Territorial jurisdiction. Laws vary from province to province to territory. The answers provided here are based on generalities. There could be exceptions to the rule.

CRO: Partial guardianship is regulated by the Family Law.

FIN: Guardianship Services Act 1999 section 14: The appointment of a guardian shall not disqualify the ward/client from self administers his/her property or entering into transactions, unless otherwise provided elsewhere in the law. In future supported decision-making system should be developed.

GER: Exception: State psychiatric hospital laws that enable involuntary admissions by means of police support.

IRL: Ireland operates an antiquated system of ward ship under the Regulation of Lunacy Act 1871. The shortcomings with the current system are many and do not provide for supported decision-making in any way. The Government is currently preparing a Bill on legal capacity and the responsible government committee recently called for submissions on the published Scheme of the Bill. The Scheme of the Bill as is currently stands adopts a functional approach to legal capacity based on guardianship, while it refers to "supported decision-making" it lacks detail on the supports.

MKD: The law for children and for law for social security clearly regulates this issue, but there is no network for support (no justice access).

MEX: Mexico’s law on guardianship and legal capacity falls well short of the requirements of international human rights law. In practice protections afforded under Mexican law are routinely ignored for people detained in institutions. Whether a person is technically admitted as a "voluntary" or "involuntary" patient, placement in an institution in Mexico, for the vast majority of individuals, carried with it a total loss of rights guaranteed under article 12 of the CRPD. (DRI, Abandoned and Disappeared, s.VI (G)). The GLIPD does not expand on guardianship, thus, state laws apply. According to a report by Disability Rights International (Abandoned and Disappeared, 2010) the laws and regulations throughout Mexico contain "broad and discriminatory language" that aims at limiting legal capacity. Under the Federal District law, guardians may be appointed for minors or for people who are deemed "personally incapable". (Citing Rehabilitation International et al., Legal Capacity and Guardianship of Persons with Disabilities in Mexico, 2010, at 21). In most cases, according to the study by Rehabilitation International et al., an interdiction trial only occurs after a guardian has already been appointed and when the person with a disability objects to the appointment of the guardian (Rehabilitation International et al., at 21). Thus, the appointment of a guardian and the subsequent denial of legal rights require almost no procedural due process until after the fact. (DRI, Abandoned and Disappeared, s.VI (G)). Under most state laws, "the Guardian must request permission to the applicable Judge to carry out certain legal acts, but the will of the person with disabilities in question is not consulted or requested at any time". When a person is placed under guardianship in most Mexican states, "all legal acts carried out by persons with disabilities under guardianship are null and void" and "all legal decisions must be adopted by the Guardian."(DRI, Abandoned and Disappeared, s.VI (G) citing Rehabilitation International et al., at 15) Once a person is detained in a psychiatric facility or other institution, it was found that this entails a nearly total denial of rights to make any other choices – about medical care or about any of the other basic activities of daily living. Patients complained that they were locked in and unable to leave – whether or not they were deemed “voluntary” or had gone through any form of legal process in being detained. Once in the institution, people also complained that they are not allowed to choose when to get up and out of bed, when to eat, or what to do with their day. People are not given choices with regard to medical or psychiatric treatment. In the vast majority of cases, it seems never to have occurred to either patients or mental health care providers to inform or ask the patients themselves about treatment decisions. (DRI, Abandoned and Disappeared, s.VI (G)). In practice, the ability of authorities to make any decision about a patient’s life is based on the perception and the reality that medical and psychiatric authorities can determine that anyone in the facility is incompetent and lacks the legal right to choices. (DRI, Abandoned and Disappeared, s.VI (G)).
disabilities.

SWE: The provisions in the Children’s and Parents Code, concerning administrators and trustees, give a person in need of support in order to exercise his or her legal capacity, satisfactory support and protection. According to the act an administrator shall accommodate the needs of the individual in every special instance. There are however difficulties in connection with the current system of administrators. It tends to become more or less “permanent”. This applies especially to those with learning disabilities. Before a person can be allotted an administrator a medical report is required. Once such a report has been written it is difficult to revoke the administrator as learning difficulties, from a medical point of view, do not get better. Because of a medical report, a person with intellectual disabilities risks having an administrator longer than necessary. In real life this means that persons cannot enjoy their legal capacity as prescribed in the convention.

UK: The Mental Capacity Act provides the legal basis for issues in this area, although it is not completely clear as to exactly how the slightly different definitions and processes in UK law match with International concepts of plenary and partial guardianship.

QUESTION 6

ALB: There are dispositions in the Penal Procedure for the sign language; the right to have a sign language interpreter during the penal process. However, this is not recognised officially and it’s omitted.

ARG: Argentina has ratified the American Convention of Human Rights and the Pact of Civil and Political Rights, both instruments forming part of the constitutional block, both instruments recognize the right of every person in accessing the judiciary to have a translator and / or interpreter paid by the State.

BEL: The regulations concerning sworn interpreters-translators in judicial procedures foresee the use of sign language and Braille translations. Other regulations exist to cover, for instance, traveling expenses for the person accompanying the handicapped person.

BGR: sign language is officially approved, but the state doesn’t supports this service financially.

CAN: I am not aware of sign language being recognised as an official language by our Federal courts but there is a right to have sign language interpretation provided. The state is responsible for covering the costs associated with this accommodation.

FIN: The Constitution of Finland 1999: The rights of persons using sign language and of persons in need of interpretation or translation aid owing to disability shall be guaranteed by an Act. In Criminal cases translator is paid for the state. Despite of Constitution in Civil cases a party who does not speak Finnish, Swedish or Sami and that wants interpretation or translations shall take care of this himself or herself at his or her own expense, unless the court, with consideration to the nature of the case, orders otherwise (Code of Judicial Procedure 1734,4§). If the translator is not paid for by the state court translator/interpreter could be paid on gounds of the Law of interpretation for the persons with disabilities.

FRA: But the State doesn’t pay for the intervention of a translator for an hearing impaired witness during an inquiry.

IRL: Ireland does not recognize ISL (Irish Sign Language) as an official language. However, under the Disability Act, public facilities should be accessible (unless impracticable), and public service providers must make a ‘reasonable accommodation’ to make public services accessible. In practice, this means that courts do pay for interpreters when requested to do so, (as to refuse to do so would generally be seen to be unreasonable), but it is not an explicit right.

MKD: There is lack of standards and the language is interpreted differently. In some ethnic communities, if there is a person with disabilities, the family is ashamed of him and they are trying to hide him, because of the “shame” from the community.

MEX: Art. 29 of the GLIPD states that “[…] administration and teaching of justice will have experts specialised in the diverse disabilities, including Mexican Sign Language.” It is not clear whether it is the state who pays for the experts and if it is a requirement in every situation where one who needs access to justice has a hearing impairment. Specific provisions regarding sign language in the courts is not provided for in the Federal District Civil Code of Procedure, and it has not yet been declared a constitutional issue. Thus, while it may be recognised this is not to say that in all circumstances where it is needed for the proper access to justice it will be made available.

ROM: The sign language is official accepted in court, but the translator will not be paid from the state.

SRB: At this moment there is not such legislation. But, government is announcing new law on sign language which would guarantee the free translation in all public buildings - hospitals, courts, administration.

RSA: Sign language is recognised in the constitution as an official language and the constitution gives everyone the right to have court proceedings convened in a language they understand.

SWE: The Administrative Court Procedure Act and The Code of Judicial Procedure stipulate that an (sign language) interpreter should be used when needed.

SUI: Sign language is not recognised in the Federal Constitution as an official language. The prohibition of discrimination in Art. 8 Sec. 2 of the Federal Constitution grants the individual the right to a sign language interpreter in official proceedings.

TUR: Sign language is not official however there is a common language that is accepted and some public authorities, courts, hospitals employ sign language translators or deliver those services.

UK: Courts should provide sign language interpretation, although there are still problems for jurors who require a sign language interpreter.

QUESTION 7

ARG: Law 24.901 (1997) and decree 1.193 (1998), establish that all persons with disabilities because of this and/or structural socio-economic conditions can not be self-support, are entitled to the full basic pension for concept of social security and welfare provided by the State. However, elements linked to the disarticulation of the various institutions should manage these resources, as well as deficiencies in the design and implementation of public policies, create a strip of unprotected factual. In this sense.

AUT: (1) There is no legal claim to almost every area, many types of handicap are excluded (2) “federal equivalence law for handicapped people”.

BEL: The Walloon Region offers a personal assistance budget (PAB) to the handicapped person so as to enable him/her to continue to live in his usual surroundings, organize his/her daily life and facilitate integration into normal family, social and professional life. This budget covers the cost of services provided by personal assistants. The conditions for a PAB being awarded are laid down in the Walloon Governmental Decree of 14 May 2009. In addition, the Decree of 14 May 2009 made by the Walloon Government fixing the conditions and provisions for providing individual help for the integration of handicapped people foresees financial support in the cost of refurbishing accommodation, for assistance products.
and the provision of certain services that enable handicapped people to live as autonomous a life as possible.

**BH:** those that have the disability assessed to 90 or 100%

**CAN:** The provision of supports and services is provided, in general, by Provincial and Territorial Governments. While Governments do provide direct support to people with disabilities, I’m not aware of an explicit law that mandates the provision of all the support required.

**CRO:** Such finance is limited. The amount is not enough to cover needs of the person.

**FIN:** Disabled Services Act and other legislation are quite clear that necessary support should be provided to persons with disabilities. In practice the situation is not clear. Local municipalities have a lot of different kind of law interpretations which are not promoting inclusion.

**FRA:** Such finance includes transport, home and technical assistance, but it doesn't cover the entire needs and is limited to severe disabilities.

**GER:** Non-statutory regulations, rules of procedure and regulations interpreted as non-statutory result in a cap on the financing of services.

**IRL:** The Disability Act 2005, provides for an independent needs assessment which is undertaken to “determine, in respect of a person with a disability, the health and education needs (if any) occasioned by the disability and the health services or education services (if any) required to meet those needs” The health service is further defined as a personal social service. The independent needs assessment must be applied for by a person with a disability or by a specified person. Upon completion of the independent needs assessment, a service statement is drawn up. Provision of services within this statement are conditional on resources.

**ISR:** it’s debated if finance is offered by law to all disabilities. At any rate, for most part it is not direct finance, but rather finance of the living arrangements themselves. Money is paid directly to those who run them or general pensions, which can be used for housing (but falls short always).

**ITA:** All kinds of disabilities are legally entitled to receive financial support. The amount is calculated on the base of both disability level and personal income.

**RKS:** Law on Disability Pensions in Kosovo http://www.assemblykosova.org/common/docs/lijinget/2003_23_en.pdf

**MKD:** There is no legislation which is associated with the provision of any financial assistance

**MEX:** Mexico has three relevant laws that relate to the community integration of people with disabilities: (1) Ley General de Salud (Federal Health Law), (2) Ley General de las Personas con Discapacidad (Federal Law for Persons with Disabilities, entered into vigor May 31st, 2011), and (3) Norma Oficial Mexicana “NOM-025-SSA2-1994” (Official Mental Health Standard). The first Federal Health Law states that the confinement of Persons with mental disabilities in mental health facilities must be in accordance with the ethic and social principle; however, the law does not establish a right to community integration or state that the purpose of rehabilitation should be community integration. The second, Norma Oficial Mexicana “NOM-025-SSA2-1994” is most explicit because the mental health standard establishes that it is the responsibility of government to provide community-based services for people with disabilities. However, in the absence of a mandate for services at the state or local level that would allow for the implementation of Mexico’s mental health law, Mexico’s Official Mental Health Standard is further limited by the fact that it cannot be enforced at the individual level to protect an individual’s right to community integration. It is not associated with a right to a package of actual services that would allow a person with a disability to exercise his or her right to live in the community. The GLIPD establishes, in its article 4, that the Public Administration will establish measures against discrimination and will take affirmative action to allow the integration of people with disabilities into the society. Article 6.IX states that the Federal Executive Branch should promote the integration of people with disabilities. Like in the previous Federal Law for Persons with Disabilities, however, these provisions are merely a statement of public policy. This is not enforceable law (DRI s.VI (B) (3)). The GLIPD does not have any provision that creates community services. On the contrary, under article 4.V, the Ministry of Health has the duty to promote the creation of long-term institutions for people with disabilities in distress; and under article 6.III, the Ministry of Social Development will also promote the establishment of specialised institutions to “care,” “protect” and “house” people with disabilities in poverty, neglect or marginalisation. Furthermore, Art. 7 of the GLIPD (II) aims to strengthen health centers and social assistance. However, the objective of (v) of the same article is to create new institutions. Instead of establishing new opportunities for community integration, the new Law for Inclusion reinforces Mexico’s existing segregated system of care for people with disabilities (DRI s.VI (B) (3)). In conclusion, no Mexican law, including the Official Mental Health Standard, creates a systemic mandate on states to create community-based mental health services systems. Considering the practical reality of an almost complete lack of community support for people with disabilities, a preference for institutionalisation over community support is evident (DRI, Abandoned and Disappeared, s.III (B)). Even the creation of health centers and social assistance is not a mandatory right. Therefore, by not mandating community services, the GLIPD does not appear to ameliorate the detrimental effects that DRI documented which were in large part due to the lack of community services. Furthermore, the Chief of Psychiatric Services for the Secretariat of Health within the Federal Government stated that only 2% of the federal health budget goes to mental health and less than 10% of people with mental health needs or other mental disabilities receive any form of treatment. Despite the fact that Mexico’s strategic plan for mental health states that everyone in need of mental health treatment should receive such treatment in the community, in practice, the Chief of Psychiatric Services, says that there is no funding for community services. (DRI, s.I). Some examples that highlight how institutionalisation has been preferred over community services are taken from the DRI report. It found that thousands of people had abandoned their family members in institutions for the disabled because they did not have the resources or community support to care for them. As well, the Pan American Health Organisation (PAHO) in 2004 found that supports people with disabilities need to live in the community are almost entirely absent, a finding supported by DRI’s report 6 years later.

In the report, DRI documented adults and children living in institutions because they or their families could not afford medication or had no other means to acquire support. In one drastic example, a woman attempted to kill her daughter because she could not afford to take care of her and her child’s needs. In theory, the social security system covers mental health care in the community, but family members report large gaps within this system as well. Some of these gaps include a lack of recognition of some mental disabilities such as bipolar disorder and depression, including people with a high probability of suicide. For instance, if one loses ones job for depression, it is not recognised as a disability, and the President of Voz Pro Salud—a group of nongovernmental associations of relatives, users and professionals—claimed that one of their members had committed suicide while waiting for treatment, as there was nothing in the community to help this person in the meantime (DRI Abandoned and Disappeared, s.III (B)).Thus, due to no explicit legal protection for community support, the non-inclusion of this right in national policies and planning, and the practical reality of a the political resistance to fund mental health services, the primary reason for institutionalisation is Mexico’s lack of community-based services because they or their families could not afford the support necessary for individuals with mental disabilities to live in the community (DRI, Abandoned and Disappeared, Executive Summary).

**ROM:** The financial support through the law is scarce (about 100%). The participation to public live isn’t enabled. The individual needs of persons with disabilities concerning independent living aren’t in

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identified in an evaluating system. There are only a few public services available, which aren't diversified.

**SRB:** Not all the people that should be entitled to such support actually receive it. Even for those that do, these givings are very low and certainly not sufficient to support their living.

**RSA:** In South Africa they is an inclusive disability grand encompassing all disabled persons not gainfully employed. The funds are not adequate.

**SWE:** There are (by law) a lot of finical supports, but there are also restrictions. For instance, the Act on Housing Adaptation Grants (SFS 1992:1574) states that individuals with a disabilities, and who are permanent residents, are entitled to a housing adaptation grant in order to adapt their home to their special needs. However, there are restrictions in the law concerning the possibility of changing places of residence states that there must be special reasons for the purchase or change of housing in order to receive adaptation grants. The two main laws that regulate the amount of support people are entitled to so that they can live independently and be included in society are: 1) The Social Security Act (Socialjärnslagen, SOL) includes all people in society, with or without disabilities. Benefits, as stipulated in SOL, are given to sustain reasonable living conditions. Benefits are “sustenance support and benefits for life in general”. Municipalities use means-testing to establish a person's needs, such as cleaning, laundering, shopping, cooking or other personal services. Cost of personal support is based on the individual’s income. This means that those who have no income may be supported without any cost. The maximum amount of aid is approximately 80 Euros/month. 2) The Act Concerning Support and Service for Persons with Certain Functional Impairments “Lagen om stöd och service till vissa funktionshindrade”, is aimed at people with extensive disabilities that cause significant difficulties in daily life, thus creating the need for extensive support and service. The Act offers ten different activities, among them support and advice, personal assistance, escort service and a contact person. If a person covered by LSS needs personal assistance for more than 20 hours a week the, cost will be met by The Swedish Social Insurance Agency (Försäkringskassan) instead of the municipality. The allowance is called assistance allowance in keeping with the Act covering this field, LASS. The Act on Housing Adaptation Grants (Lagen om bostadsanpassningsbidrag m m)states that individuals with a disability, and who are permanent residents, are entitled to a housing adaptation grant in order to adapt their home to their special needs. Persons with severe visual impairment or hearing loss are guaranteed disability allow ancerelated to added costs. Apart from this, there are no limitations due to the type of disability a person has. Individual assessments are made and decisions taken regarding a person’s need of support and added costs. Another example is support for the use of a car.

**SUI:** Parliament is currently debating the establishment of such state-subsidized personal assistance. A pilot project for this is running until the end of 2011. All information is available at http://www.assistentenbudget.ch/Deutsch/Untermenue/ArtikelAll.asp?all=all&ObjektArtNr=1

**UK:** There is support available for many people to support independence and community living, but funding will not always be sufficient to ensure genuine equality of opportunity. There are also some specific planned changes to benefits and support that could have a significant impact on the support that some people receive to remain independent.

**Additional remarks:**

**AUT:** One NGO gave a “red” and the other “yellow”. Last year it was decided to give a “red” light. Since there has been no change this year and there is no legislated entitlement a “red” light has again been given.

In all federal states exists individual models of support in the private life. Since March 2011 the parliament decided that there must be a general solution/models/designs, which is the same for all federal states. In the categories work and education the state is responsible for the finance support but there are some terms and conditions.

**QUESTION 8**

**ARG:** With the approval of Law 26.657 established a differential internation admissions regime depending on whether voluntary or not, in the case of involuntary is activated a device approach that includes the involvement of a lawyer for that case and the intervention of an independent review body of health institutions and the judiciary who will validate or not the prosecution of hospitalisation.

**AUS:** Independent Visitors Scheme ensures people are made aware of their rights. Visits may not always align with institutional stays.

**AUT:** “the resident procuration” is a legal implemented, independent tool to ensure the rights of the residents.

**BEL:** Audits conducted by services that are subsidized and authorized by the Agence Wallonne pour l’Intégration des Personnes Handicapées (AWIPH) are developed on the basis of precise frames of reference relating directly to the content of legislation applicable to the services and based on the principles of the UN Human Rights Convention, on the UN Convention of the Rights of Persons with Disabilities and the Walloon Decree of 6 April 1965.

**BIH:** Centers for social Welfare have this mandate, but they are overloaded with work and usually it takes too much time to fulfil a person’s need/request.

**CAN:** Institutions that remain in Canada are operated by Provincial/Territorial Governments.

**CRO:** Lately persons with disabilities are given choice as to whether to stay or to leave. It depends of legal capacity of the person with disability.

**EST:** But it depends on the degree of disability.

**FIN:** The Parliamentary Ombudsman of Finland carries out occasional inspections at closed institutions. In practice persons with disabilities have no freedom of choice.

**FRA:** Disabled persons are informed of their freedom to choose, but safeguards are very limited. The choice is limited, because the finance to support social inclusion is not sufficient.

**GER:** The question does not correlate to the answers and is consequently unanswered.

**HUN:** It is controlled, but not on a regular basis - often not every year. According to troubles not it is not checked every time. It happens that “everything else” is checked during a financial control.

**IRL:** There is a move towards independent living and policy is geared in this direction. However, there are no formal safeguards. There are HIQUA standards but these are not enforced. See here: http://www.hiqa.ie/system/files/National_Quality_Standards_Residential_Services_People_with_Disabilities.pdf.

**ISR:** For the most part there is no real choice. If your placement is within an institution, you can perhaps leave, but an alternative in the community will most probably not be offered.

**MKD:** It’s not possible to made am assessment to the situation. There are two institutions that exist in Macedonia: Banja Bansko and the Institute for rehabilitation in Demir Kapija. The disabled people with psychological disability have no right to chose where they like to live.

**MEX:** Under the Norma Oficial Mexicana 025, involuntary commitment requires only the written approval of a psychiatrist and a family member or legal guardian. Law 025 does not require judicial oversight of the civil commitment process. There is no mechanism requiring any review of the initial commitment, and there is no process for period review of commitment (DRI). Mexico’s first official report to the UN, para. 305: “In the case of people with disabilities subject to a interment, it is the tutor who will make decisions.”

**ROM:** In general the hospitalisation or the approval to an institution is based on the agreement of the person concerned or a legal representative. There is the “social inspection”, which is an institution of social control. The institutions are examined according to the standards of the operating and inspection report and are avail-
able on www.inspectiasociala.ro. There is no information about how the right choice, concerning staying or leaving the institution, is made.

SRB: Although such safeguards exist in legislation they are not implemented in practice. Majority of people in institutions are under plenary or temporary guardianship. In many cases, when they are not under guardianship, they are officially treated as voluntary clients although they have no real freedom of choice whether they want to remain in institution or to receive some treatment or not. For more information see Disability Rights International report from 2007, Serbian Helsinki Committee from 2009. Although these reports date before 2010, our visits to institutions in 2010 and 2011 proved that basic concerns were not addressed at all.

SVK: There aren’t enough institutions and they aren’t supported in such a way that safeguards can be available for all persons in need. Every person has the possibility to choose, but the market is small and the capacities of the institutions are exhausted. The quality is no essential parameter for the federal financial support. There is a lack of motivation for the creation of better alternatives.

ESP: Issues such as forced institutionalisation or involuntary treatment that restrict individual freedom should be reconsidered in light of the Convention.

SWE: We do not have institutions for persons with disabilities. People can only be deprived their freedom on liberty either if they have committed a crime or within the compulsory care. According to the law on Psychiatric Compulsory Care, persons with severe psychiatric disorders can be deprived of their freedom and taken into care. It must however be necessary with regard to a person’s psychiatric condition and personal circumstances and that he or she needs qualified psychiatric hospital care around the clock. For example a person’s life or health must be at risk or other people’s security. The patient, him or herself, must be opposed to this kind of care. In 2009, a new form was introduced to psychiatric compulsory care – non-institutional compulsory care. The prerequisites for being admitted to psychiatric compulsory care have not changed which means that compulsory care always starts in hospital. The new form of care is designed to accommodate patients’ individual needs of care when they leave hospital. The head medical director makes the application when he or she considers that a patient should be cared for in this manner. The general administrative court makes the decision. An application for non-institutional compulsory care must include a comprehensive care plan, detailing among other things the patient’s need of various activities provided by social and healthcare services, and the county council or municipality or other unit that is responsible for the planned activities. A municipality decision concerning a patient’s needs must also be attached to the application. When applying for an extension of non-institutional psychiatric care a follow-up of the care plan is needed. A similar form of care has been introduced into forensic psychiatric care. In the Swedish disability movements alternative report on civil and political rights, the importance of impartiality and independence of judges presiding over cases concerning compulsory care is stressed. The research referred to, finds that it is very rare for a court to judge contrary to a doctor’s opinion. The researchers point out that a court often takes for granted what it is there to form an opinion about, namely a patient’s mental illness. “It is a Moment 22 situation; if a patient accepts that she is ill, then she is ill, if she says the opposite it is interpreted as a lack of insight into her condition”. More recent studies in this area are not available.

SUI: The persons concerned and those associated with them have the right to appeal official placement and the guardian’s decisions. With the new Law on the Protection of Adults institutions are required to inform the officials.

UK: Any residential accommodation will be covered by regulatory frameworks. Lack of accessible housing can though sometimes create barriers to genuine choice for all people about their accommodation.

Additional remarks:

AUT: Except psychiatric departments in hospitals.

QUESTION 9

ALB: People with disabilities, who are incapable of understanding the aim of marriage, according to the Family Code cannot enter into marriage.

ARG: The constitutional block in Argentina does not differentiate based on disability discrimination; however there are still laws in various areas that support differential practices among people with disabilities and other people. Among the remaining discriminatory provisions are civil incapacitations as an impediment to marriage and to exercise parental authority over children. Other discriminatory practices are related to the execution of administrative and/or judicial protection of children that result in the separation of the family without running different support alternatives previously.

AUS: There are cases where this is challenged in courts: http://www.australianwomenonline.com/family-court-judge-orders-sterilisation-of-11-year-old-girl/

AUT: In 2011 a case in Upper-Austria arose, where a couple of visually impaired wasn’t allowed to adopt an infant, as they both are handicapped.

BEL: Legislation regarding respect for the home and family is based on the following three rules:

• Every person, whether disabled or not, has the right for his/her privacy to be respected (Article 22 of the Belgian Constitution). The right to marry and start a family is guaranteed by Article 12 of the European Convention of Human Rights.
• Article 1 of the Law of 26 June 1990 relating to the protection of the person with a mental disability stipulates that “With the exception of the measures of protection foreseen by the present law, the diagnosis and treatment of psychological conditions may not in any way restrict personal freedom.”
• Persons in temporary care or under judicial control may marry.
• A child may be recognised by a person declared to be incapable. A minimum of discernment is required (Art. 328 of the Civil Code).
• Whilst they are living together, parents exercise joint authority over the person of the child (Art. 373 of the Civil Code).
• If one of the parents is unable to manifest his/her will alone, the other will alone exercise this authority (Art. 375 of the Civil Code).

BGR: Persons with mental disabilities need acceptance/permission by the safe guardian

BGR: According to the constitution, all persons have the same rights (concerning marriage, raising and getting children). The code of family law enacts that if people suffer from a disease or disability, which can be dangerous for the partner or the potential children, this could be an “absolute border” for the marriage --> ban on marriage. This ban can only be legally conquered, if the partner is informed about the disease/disability and nevertheless wants to marry him/her voluntarily.

CAN: It has been our experience that while people with disabilities have the same rights they do not have the same opportunities. We hear frequent stories of women with intellectual disabilities who have their children removed from their care. There is a significant gap between theory and practice on this issue.

CRO: there rights to live like all other people depend on their legal capacity, and even person with disabilities have legal capacity, often is on influence (under pressure) of guardians or relatives when making choices;

DNK: Persons with disabilities are free to marry as they please. Sterilisation by force is no more in use. It is an option to apply for being sterilised after a certain age for everybody - persons with and without disabilities alike.

EST: In principle they are allowed to marry and raise children, but in reality it looks different.

FIN: in some cases persons with disabilities do not have same rights for infertility treatment in public sector. It is almost impossible that persons with disabilities adopt a child.

FRA: Persons under a plenary guardianship can’t get married without the authorisation of the judge or the family. But if
they’ve got children, they can keep their parental rights. Sterilisation is forbidden, but there are exceptions. The judge has to validate the decision.

GER: In principle, persons with disabilities have the same rights, but the relevant assistance and support services as well as adequate financing for this are lacking.

HUN: If the person with disability doesn’t have a legal guardian, he has the same rights as everyone else. If he has a legal guardian, the guardian decides.

IRL: Free and informed consent is a key principle of existing marriage law in Ireland. However, there is a statutory restriction on the right to marry for persons the subject of a ward ship order under the Marriage of Lunatics Act 1811. The Marriage of Lunatics Act 1811 renders void a marriage contract that is entered into by a person found to be a "lunatic" by inquisition.

ITA: In some cases people with disabilities have difficulties in the adoption process, when they submit their application for parenting.

RKS: However, in practice in Kosovo, Persons with Disabilities are considered, by their families and the society as unable to marry and create a family. Even the few persons that have gotten married and have created a family, it is their extended family that still feels responsible for taking care of the person with disabilities as well as his/her family which at the same time has an effect on their lack of independence.

MKD: Often the choice for marriage is done by the family. Most often a relationship is happening between two persons with disabilities. The love relationship or a marriage between the people with disabilities is still considered a taboo.

MEX: Persons with disabilities do not have the same rights as ‘anybody else’ in terms of the right to choose or not to choose sterilisation because family members/tutors are able to sign for the sterilisation of such persons. For example, para. 305 of the Mexico’s first official report to the UN, as discussed above, gives all decisions to tutors. As well, the Mexican Institute of Social Security (IMSS) has a program which was mandated from Art.31 VII of the GLPD. One of the goals of this program is to promote birth control to groups who are particularly vulnerable in society, including persons with disabilities. Thus, sterilisation is possibly one goal.

MNE: Some PWDs have no right to marriage, because their legal guardians are parents also after the age of 18, so they cannot decide on their own.

SRB: They have them on paper. But, significant number of PWD are deprived of their legal capacity, majority, but not all of them, with intellectual/mental disabilities. Especially their right to have and raise children is questioned. Often, girls and women with disabilities are sterilised without their consent, especially in institutions where risk of being raped is high.

SLO: According to Marriage and Family Relations Act person with severe intellectual disabilities can not conclude marriage.

ESP: It is necessary to amend the Criminal Code to eliminate the de-criminalisation of sterilisation without consent of the disabled person.

FIN: The right exists, but there are not enough specialists, to provide specialised teaching.

MKD: Often the choice for marriage is done by the family. Most often a relationship is happening between two persons with disabilities. The love relationship or a marriage between the people with disabilities is still considered a taboo.

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MKD: The law for education in Macedonia provides equal education for all children with handicap. There are no special programmes for including the handicap children in the process of socialisation.

MEX: Art. 12(3) of the GLIPD establishes 'mechanisms to ensure that children with disabilities enjoy the right to free and obligatory education'. It also states that such educational institutions cannot put conditions on children with disabilities. However, in practice many public or non-specialised educational institutions may refuse to accept children with disabilities, claiming to not have the resources to educate the child.

MNE: Every child has the right to education. First choice is mainstream education: assessment of a child's capacity is done by the local Committees for 'directing' children, based on personal factors, social obstacles, and enabling factors - so based on this, a child is directed into the mainstream education system, into special classes, or into local Daycare centers, where children with most severe disabilities go.

ROM: The principle of inclusion is settled in the education law. There isn't a more diversified support to guarantee the complete and effective integration (i.e. a teacher can help a child with disability only 2 hours a week). Special education and training includes children with mental or sensory disabilities.

SRB: The new law on education guarantees free and compulsory education for ALL children. Although it doesn't band special schools it sais that mainstream education is priority for all children and obliges schools to accept all children from their territory included children from vulnerable and marginalises groups who have a priority. When needed, schools are obliged to make pedagogic profile and individual education plan.

RSA: All children have a right to education, the education system for disabled children is of a very low standard and the children are still being disadvantaged. The Inclusive Education system is in its early stages and mainstream education is not as yet fully inclusive.

ESP: Spanish educational law establish the inclusion and attention to diversity as a standard in the education system, but there are a lot of measures that must be taken in order to get the inclusive education as a reality (accessibility, resources, coordination among the entities involved ...)

SWE: Primary school, classes 1 to 9, is free of charge and compulsory for all children. This includes children with disabilities. Sweden has recently passed a new education act that covers all school forms. Schools, regardless of type, must be open to all pupils, and "A pupil shall be given a place in a school in the municipality and of the child's guardian's choice". According to a survey from the Ministry of Education, pupils with disabilities do not have the same rights to choose schools as other pupils. One of the main reasons is lack of accessibility to school buildings. Every other primary school and four of ten secondary schools lack accessible toilets or lifts. Two of three primary schools and half of secondary schools lack automatic door openers etc. The Swedish Schools Inspectorate (Skolinspektionen) has viewed secondary school pupils' environment. The review covered 33 schools where there are pupils with visual impairments, hearing loss and mobility disabilities. The review108 shows that: Schools find it difficult to adapt the school environment to pupils' needs. Pedagogic accommodations, for example use of alternative methods and technical aids, seldom work satisfactorily. The shared responsibility between teacher and assistant is often unclear. Most schools do not have buildings that live up to pupils' need of accessibility. Children hard of hearing and deaf children are found in all types of schools. 82 percent attend integrated schools. The integrated school form is often not well suited for the pupils. School organizers, because of inadequate knowledge, do not see pupils' needs, or underestimate them. This is noted in the Schools Inspectorate's review.

A pupil who, due to learning disabilities, is considered incapable of reaching the goals set by primary schools, has the right to an education at a special school. This applies also to pupils with extensive and lasting intellectual disabilities due to brain damage or who are autistic. The number of pupils attending special school has increased substantially over the past few years. Many teachers at special schools report that they are teaching children who do not have developmental disorders. The reasons for the increase and its effects on a pupil who is wrongly placed are shown in Article13 of the disability movement's alternative report on ICESC.

SUI: The Swiss Federal Constitution guarantees every child the right to adequate and free primary education (Art. 19). This is the jurisdiction of the cantons. A right to instruction in a mainstream school (in contrast to a special school) does not exist. There is, however, Art. 8 Sec. 2 of the Swiss Federal Constitution, which also prohibits discrimination based on disability in the area of schooling. And there is Art. 20 of the Federal Constitution and the Federal Act on Equal Rights for People with Disabilities (BEHIG), which recommends integration into a mainstream school. If the child is not dependent on special disability-related teaching methods to receive an adequate primary education, he is entitled to this (and the cantons are also responsible for this. See Art. 62 Sec. 3 of the Swiss Federal Constitution as well as the Intercantonal Concordat in the area of special education; according to a note in June 2010, 10 cantons have acceded to the Concordat).

UK: Every child has this right, although the quality of provision can be variable and disabled children's educational attainment levels remain below that for non-disabled children.

ARG: Law 26.206 establishes the right of students to appropriate assessment systems, inclusive and non discriminatory. However, not all institutions develop a systematic evaluation methodology for all disciplines and all disabilities. There is a case of a person with mobility impairment culminating and approved all the academic requirements of the career of Physical Education and the university does not give it his title because he has not approved the practical subjects of sports, when in fact it is impossible for him.

AUS: There are still cases where in practice this is not occurring but there are mechanisms to address this; http://www.hreoc.gov.au/disability_rights/decisions/conciliation/education_conciliation.html

AUST: (1) Fixed in UG 2002, (2) Federal equivalence law for handicapped people and $59 university law.

BEL: With regard to higher education, the Government of the French Community is attentive to encouraging access to higher education for those with a disability via:
- the coordination of effort so that all strands of education are accessible to disabled people;
- basic refurbishing at logistics level and methods of evaluation after having identified needs and main obstacles;
- the training of sign language trainers.

BGR: Inclusion of handicapped children at school are essential for strategic progress of education, but it is not legally enacted. There is a commission for complex, pedagogic estimation which creates an experts report - if the parents claim for one - which lists the examined disabilities of the child and the best educational method for the child (normal or special school). The commission can only advise the parents, but the decision has to be done at first from the parents and afterwards from the schools (which can deny the acceptance of handicapped children).

CAN: This is difficult to answer. Our focus is on people with intellectual disabilities. There is still much work to be done to ensure that people with intellectual disabilities are included in post-secondary education.

CRO: There is not covered for all students and all disabilities;
DKN: Students can have additional time and use their aides, otherwise no adjustments.

FIN: In some cases there are some limitations. For example in the Theatre Academy of Helsinki there are practically no possibilities to succeed for the student with disabilities.

FRA: The specific measures for students with disabilities: additional time for the exams, human assistance (secretary or translator), additional years to pass the exams, and in certain cases, no exam (upon decision of the Head of the University)

IRL: Students are entitled to a reasonable accommodation to sit the same exam as their peers. This accommodation could be longer time, a scribe, assistive technology. However it is not an explicit right – it is arranged by needs assessment. Unfortunately when reasonable accommodations are provided to a student in State exams the reasonable accommodations are flagged on the transcript.

ISR: Only for learning disabilities.

ITA: All universities have an office for students with disabilities, entitled to solve any possible problem and choose a personal tutor for students with disabilities. Professors can choose alternative course works and testing methods.

RKS: There is no official information that University provides students with disabilities with alternative testing methods.

MKD: There is a legal framework that is respected only in certain faculties. 
- It is left to the will of management to decide.
- There are no flexible programmes which will help the students to adapt.

MEX: We could not find information at any of the most important universities in Mexico City about alternative testing methods. However, a DRI staff person who attended university at Universidad Iberoamericana says that there is some form of alternative testing for people with at least some disabilities, but probably not all.

POR: Some universities have alternative testing methods

SRB: Alternative testing methods are not available and students mainly depend on the willingness of each individual professor to adjust the test/method of testing...

RSA: In a majority of South African universities disabled students have access to alternative testing methods e.g. an oral exam instead of written in some cases, or more time.

ESP: It is regulated a share of reservation of 3%. We must improve access for disabled people to college; also improve the accessibility of the campus, reinforcing the guidance in previous stages to gain access to higher education. Need to improve the adaptation of the evidence and the need to increase the booking fee.

SWE: Students at the Universities have the right to use alternative testing methods. For instance Students with disabilities can receive the test in Braille, have oral testing’s, longer time etc. Since January 1, 2009, the non-discrimination law regulates prohibition against discrimination at institutions of higher education. The Act includes an obligation to take reasonable measures of accommodation. There are no new general studies on what measures is most common or how it works in practice.

SUI: Art. 8 Sec. 2 of the Federal Constitution and the Federal Act on Equal Rights for People with Disabilities (BEHIG) (Art. 2, Sec. 5) demand adaptations of testing methods to the needs of persons with disabilities in order to avoid discrimination.

UK: Universities are covered by duties to ensure accessibility and to make reasonable adjustments, although some disputes still arise about the exact legal protection that people enjoy when it comes to examinations.

QUESTION 12

ARG: The latest statistics from the National Survey on Disability (2003) of the official statistics institution, records the number of people with disabilities based on the highest educational level attained, these records do not include the category of university graduates. In the overall results of the 2001 national census, this data is not recorded, and results in the area of education of the last census (2010), have not yet been published.

AUS: I am unable to obtain a definitive answer to this question. However, it appears that most universities have a Disability Action Plan and it is in their best interest to report as this relates to their funding.

CAN: Access to detailed or population specific data can be difficult. However, the Federal Government publishes an annual report on disability issues.

CRO: We already know that number we officially have is not correct completely, because some students don’t want to identify.

HUN: such statistics exist, but only from civil institutions - not from the state. Therefore the statistics are not available for everyone.

IRL: The Census provides statistics on persons with a disability who attained a 3rd level qualification after completing 2 or more years of study. (http://www.cso.ie/census/census2006_volume_11.htm). New statistics from the latest census should be available in the coming months. AHEAD, the organisation for Higher Education Access and Disability has entrance figures of students with disabilities at third level http://www.ahead.ie.


RKS: In the official statistics of the Statistical Office of Kosovo as well as in the University statistics it doesn’t appear to have separate statistics for students with disabilities, they appear in the lists of the University and Statistical Office as students without any distinction on their disability.

MKD: There are no official statistics, but there are some unofficial that were made by Student groups or NGO.

ROM: The Department of Education handles with statistics concerning students with the commitment to further education.

SRB: There were some researches conducted by disability organisations but there are no systematic data that we are aware of. Findings of research conducted by Association of Students with Disabilities in 2006, state that only 12.5% PWD graduate from university, 1% has MA and 0.2% PhD.

RSA: They are not official published but are available at the different institutions.

SWE: We do not have such information. There is just an estimated figure based on surveys conducted every second year. The exact number of students with disabilities who graduate is unclear. The statistics concerning students who graduate every ear is general. The existence of disabilities among those who graduate is unclear.

SUI: According to a Nationalfond-sponsored study by Judith Holtenweg, Susan Gürber and Andrea Keck on persons with disabilities in Swiss universities (Menschen mit Behinderungen an Schweizer Hochschulen, Befunde und Empfehlungen, Zurich 2005) 12% of students are disabled or chronically ill. Many fail to complete their studies or switch majors.

UK: Survey data is published in this area.

QUESTION 13

ARG: The Public Health Law (26.529) provides accessibility to all people for all health services without any discrimination. However, there are significant gaps in relation to specific access to health of people with disabilities in certain medical specialties either by an insufficient supply of services or failure thereof, the situation varies depending on other variables such as locality, gender and socioeconomic status.

AUS: Only new buildings and new additions to old buildings.
There are too many exceptions and too less rebuilt medical practices. Federal equivalence law for handicapped people and social services offices to test accessibility for persons with disabilities. The Board says: “Many social services offices and healthcare centers do not have nearly enough accessibility and it is hard for persons with disabilities to seek care or support. People run the risk of being totally excluded.” The report found that for persons with mobility impairments access is relatively satisfactory. It is significantly worse for persons with communication difficulties, such as visual impairments or hearing loss. The staffs at health centers have no knowledge of sign language and deaf persons. There are often no text telephones or videophones.

The study reveals that the enforcement of equal opportunities, non-discrimination and universal accessibility for persons with disabilities (LIONDAU) is not accessible for persons with disabilities. For example, at Samuel Medical practice may implement its accessibility policy. However, there are considerations with regard to making services accessible. A person selling goods or providing services, a person selling or letting accommodation or providing accommodation, educational institutions and clubs must do all that is reasonable to accommodate the needs of a person with a disability. However, they are not obliged to provide special facilities or treatment when this costs more than what is called a nominal cost. What amounts to nominal cost will depend on the circumstances such as the size and resources of the service provider.

By 2021

There is no specific legal framework in the health sector to ensure full equality of opportunity and adequate health care for persons with disabilities. For example, at Samuel Ramirez Moreno, they have had to use less expensive medications despite disabling side effects. Although there is a legal obligation still majority of medical practices are not accessible. Also medical equipment is inappropriate and very few facilities have such equipment that allows examination to be performed, for example, gynecology examination for women with physical disabilities.

There is no specific legal framework in the health sector to ensure full equality of opportunity and adequate health care for persons with disabilities. In this vein, the study reveals that the enforcement of equal opportunities, non-discrimination and universal accessibility for persons with disabilities (LIONDAU) is “irregular and insufficient” because it has a specific, concrete initiatives.

The Health and Medical Service Act (Hälso- och sjukvårds- gen) stipulates that the goal of the health service is good health and good healthcare on equal terms for the entire population Care shall be given with respect to the individual and according to needs. Cases where an individual feels that he or she has not been given the best possible care can be reported to The National Board of Health and Welfare (HSAN). The non-discrimination law bans discrimination within healthcare. A person who feels discriminated against can report it to the Discrimination Ombudsman. The National Board of Health and Welfare has made a survey of Swedish general practitioners’ surgeries and social services offices to test accessibility for persons with disabilities.
order to foster equality in the contexts referred to in section 2 (1), a person commissioning work or arranging training shall where necessary take any reasonable steps to help a person with disabilities to gain access to work or training, to cope at work and to advance in their career. In assessing what constitutes reasonable, particular attention shall be devoted to the costs of the steps, the financial position of the person commissioning work or arranging training, and the possibility of support from public funds or elsewhere towards. In practice the Law is not followed as wanted.

FRA: The employers obligations: the medical supervision is reinforced, the employers are obliged to adapt the workplace or to shift the worker in case of difficulties. In case of dismissal, the notice of termination is doubled within the limits of 3 months. The employer can also get advice or funding to better include persons with disabilities.

GER: There is a legal obligation to employ people with a recognised disability. But by paying a so-called "compensatory tax" companies have the opportunity to sidestep the obligation.

Irl: Under the Employment Equality Acts 1998-2008 employers are required to provide reasonable accommodations to employees with disabilities. However, this duty only extends as far as a "nominal cost". While no actual right exists, there are grants to employers available by state agency responsible for getting people with disabilities into employment and training, these grants include; Employee Retention Grant Scheme; Workplace Equipment Adaptation Grant etc.

ISR: Reasonable accommodations only.

ITA: National funds are available to help employers in adapting work places and providing accessible furniture, devices and technologies.

MKD: There is a law, "Lex specials" who is a law for employing the handicap people. The employers are bound with this law to do everything they can for the people with disabilities to have better access to their work places.

MEX: Art.11(I) of the GLIPD prohibits employers from discrimination against persons with disabilities. No specific actions are delineated.

MNE: Employers are obliged to accommodate the work place for a PWD - the state subsidizes these costs 100%; however, employers rarely employ a PWD because they have a choice: to employ, or to make payment into the Fund for employment and professional re-habilitation of PWD (which they prefer). So, there is very small number of employed PWD.

ROM: There is no commitment of the employers concerning the adoption of work place for persons with disabilities.

SRB: There is legal obligation and subventions are provided by the state, but in reality it doesn't always happen.

RSA: Although employers are expected to make reasonable accommodations for their employees with disabilities, this does not always happen and always to the satisfaction of the employee. Many employers still see employees with disabilities as carrying and extra cost.

SWE: The non-discrimination law bans discrimination on the basis of disability in all areas of labor, including job seekers, employees and those seeking or undergoing traineeships. When hiring people, dealing with career advancements or in connection with training courses, an employer is obliged to take reasonable measures to support or accommodate persons with disabilities, so that they can partake on an equal basis with others. An employer who does not take heed of this is guilty of discrimination.

A person, who feels that he or she has been discriminated against, can report the case to The Equality Ombudsman, DO.

UK: Employers are required to take action with regards to physical accessibility as well as the accessibility of practices and procedures. Evidence of the full extent of this provision is patchy, and duties as to exactly what employers should and should not provide are not always clear. Disabled people are still far less likely than non-disabled people to be in employment in the UK.

QUESTION 15

ARG: The latest statistics from the National Survey on Disability (2003) of the official statistics institute, records the number of people with disabilities are based on occupational category but not the kind of employer. So that is not recorded the number of people employed by the state or the degree of accomplishment to which the institutions of the 4% quota established by Law 22.431. In the overall results of the 2001 national census does not record these data and results in the work area from the last census (2010), have not yet been published.

AUT: Only handicapped people which are beneficiary (CW: a certain administrative decision/notification) in the sense of the Law "BEinstG"; only federal hired handicapped persons

BEL: Regarding the federal public function, since 2009, the Commission for the Support and Recruitment of People with a Disability in federal services (CARPH) ensures the application of the 3% objective of recruitment of people with a disability. Their most recent evaluation report relates to 2010. In 2010, the AWIPH published a report relating to the implementation on 31 December 2009 of provisions of the Walloon Code of Public Services relating to the employment of disabled persons within the services of the Walloon government and within certain Organismes d’Intérêt Public (OIP) (Public Interest Organisations). This is not an annual publication.

CAN: At a federal level this information is published in an annual report on Disability Issues:


EST: There are statistics on the website of the social ministry.

FRA: The data are scattered.

http://www.fiphfp.fr/spip.php?rubrique100; Cf "Rapport d’activité"

http://www.fonction-publique.gouv.fr/article1701.html?artsuite=1 ("chapter 2.6")

IRL: There was only one publishment and only in regards to government employees

KS: There is no sufficient information, even the statistics that are published by Statistical Office of Kosovo, in publishing the number of employed or unemployed persons do not include persons with disabilities.

MKD: This data is being published occasionally not every year. Often by the development programmes not as a result of the work of the relevant Government institutions.

MEX: It is unlikely that this figure is calculated. It is not published on the National Database of Statistics and Geography. There does not seem to be another way to find this information easily.

MNE: All institutions or employers have their own data, but they are not in one place, and are not published regularly.

ROM: There are no data concerning persons with disabilities employed by the state. A person with disabilities has no commitment to publish the work place. There are different statistical information about persons with disabilities which can be find on www.mmuncii.ro or www.anofm.ro.

SRB: Only the figures that are provided by National Employment Agency are systematically collected and published annually, but they don’t have data about people who didn’t get employed through their service. Nevertheless, there have been some efforts to collect such data.

RSA: Not too certain if i is published.

SWE: Surveys are taken every second year. In Statistics Sweden’s (SCB) labor force survey for 2009, 13 percent of the population in work and employment say they have some form of disability. 7 percent of these reported reduced work capacity. More women than men say they have a disability; and more women than men report reduced work capacity. In the age group 50 to 60 years old, almost half are persons with disabilities, and over half of them have reduced work capacity.

In 2009, 66 percent of persons with disabilities were included in the labor force compared to 79 percent for the entire population and 81 percent for persons without disabilities. Among persons whose labor force is reduced, 55 percent take part in the labor force. Unemployment for persons with disabilities was 6,5 per-
cent in the fourth quarter of 2008, compared to 4.9 percent for the total population. Among persons with reduced labor force, 9.1 percent was unemployed. In 2006, 6.3 percent persons with disabilities were unemployed (5.1 percent for the entire population). Comparative statistics for persons with reduced labor was not available. The National Board of Health and Welfare’s (Socialstyrelsen) survey on living conditions of 37,500 persons with mental disabilities, learning disabilities, autism or mobility disabilities, found that only 10 percent of this group have a connection with the labor market. Further statistic comparisons are given in the disability movement’s alternative report on ICESC, Article 6, page 22.


UK: Regular labor force figures are published, including records of the numbers of disabled people in employment.

Additional remarks:

BEL: Since Belgium indicated both “Yes” and “Yes, with qualifications” (Agence Wallonie pour l’Intégration des Personnes Handicapées), a “yellow” light has been chosen.

QUESTION 16

ARG: The last census (2010-2011) with data about the economically active population in Argentina has not yet been published.

AUS: Information from the Department of Employment Education and Workplace Relations

AUT: There are more unemployed handicapped people in 2010 compared to 2009

BEL: In Belgium there is no obligation to employ persons with a disability in the private sector.

CAN: Our focus is on persons with intellectual disabilities. While there has been some improvement in overall employment statistics, they have remained stagnant for persons with intellectual disabilities.

CRO: http://www.hzz.hr/default.aspx?id=5115

FRA: This question is very difficult because the answer depends on the criteria. Ratio of employment of persons with disabilities (as certified by administrative authorities) in private firms in 2007 (2.4%), 2008 (2.6%); in public firm the ratio is the same between 2007 and 2009 (4%).


HUN: The unemployed rate rose in general, obviously this affects people with disabilities as well.

IRL: There is no data to answer this question.

ITA: www.inail.it/statistiche

RKS: Since we lack statistics regarding the employment of persons with disabilities we are unable to have the information whether the percentage of employees with disabilities have increased or decreased.

MKD: The percentage remained the same since year 2000 and the number of employees remained 2000 people with disabilities.

ROM: Data concerning the working place for persons with disabilities isn’t available and will not be collected. The number of employed persons with disabilities is known, but no information concerning persons with disabilities employed by the state or public or private institutions, staying at home or in special organisations is available. Statistics concerning employment can be find on www.mmuncii.ro or www.anofm.ro, statistics concerning people searching for a job can be find on www.mmuncii.ro.

SRB: This is mainly because of the new Law on professional rehabilitation and employment of persons with disabilities, which is based on quota system and includes sanctions for employers who fail to fulfil their obligation.

SWE: Sweden does not have any laws that require companies to employ persons with disabilities. For statistics, see question 15.

TUR: The percentage increase because public sector employed a lot, however there is still a very big gap and there are problems regarding implementation.

UK: The percentage of disabled people of working age in employment is published, and currently stands at around 50% in the UK. This is significantly below the number for non-disabled people, but it has been increasing steadily, albeit at a very slow pace in recent years.

QUESTION 17

ALB: Changes in the electoral code stipulate for some provisions to enable the right to vote in secret and independently for people with disability (mainly blind and wheelchair users) who may reach the voting center. But these legal provisions are not implemented, but only with some pilot projects of civil society. While there is even no legal as well as administrative provision for bound voters, who don’t exercise their right to vote.

ARG: Although there is no legal limitation to vote for people with disabilities adult, rolled to the electoral register, which have identity document and not civilly declared incompetent to vote, but in practice there are no inclusive public policies to ensure implementation effects of all these conditions, which is still low participation of the collective. Currently there is a process of political and institutional advocacy to incorporate a significant number of voters with disabilities who are hospitalised.

AUS: http://www.aec.gov.au/Voting/ways_to_vote/For the 2010 federal election, electors who were blind or had low vision had the option to cast a secret vote via telephone to a specially established call centre. There were 125 voting locations across Australia, consisting of AEC Divisional offices and other designated sites which will were open for approximately two and a half weeks in the lead up to and on polling day.

Alternatively, electors could undertake an assisted vote at an early voting or polling centre.

BIH: It is the electoral code that determines the conditions to be an elector for the whole population (Article 1) and to be eligible to vote (Article 227). The conditions notably foresee the case of suspension of electoral rights in the event of incapacity (Article 7): persons under the statute of prolonged minority (by application of the law of 29 June 1973) and interned persons (by application of the provisions of the Law of Social Defense of 1 July 1964) have their electoral rights suspended throughout the period of their incapacity. This legislation also foresees that the president of a polling station (traditional or automated) can authorize the elector who, as a result of physical infirmity, is unable to go alone into the voting cabin or to cast a vote him/herself, to be accompanied or aided by a guide or support (Article 143). It should be stressed that the choice of person called upon to fulfil this role is completely free and the president of the polling station may not impose any restrictions on the voter in this respect.

Insofar as accessibility to vote is concerned, the legislation foresees for each 5 polling stations, in each building where one or more polling stations have been established, at least one cabin that has been specifically refurbished for use by persons with a disability (Ministerial Decree of 6 May 1980, completing the Ministerial Decree of 10 August 1984 relating to electoral refurbishing for legislative, provincial and communal elections). In order to advise local authorities in matters relating to accessibility, awareness campaigns have been implemented at federal level as well as by some Communities and Regions. Thus, for example, since 2007 the SPF Intérieur – in collaboration with various disabled persons’ associations – has drawn up a series of practical recommendations on this subject.

CAN: All persons have the right to vote but the necessary accommodations are not in place - for example a blind person cannot vote in secret; supported decision-making is not in place in all areas to truly facilitate the voting rights of all persons with intellectual disabilities.
CRO: Templates on Braille are not available.
FIN: Any voter with disability can request voting at home with out any documents. All pools are not accessible. Voters can have own assistant or voting assistant provide by municipality.
GER: Note: In the opinion of the DW/EKD, the term "transport" is to be replaced by the term "transportation!"
HUN: the person with disability can elect without borders, if he/she has no legal guardian.
IRL: There are a variety of arrangements in place to assist those with certain disabilities in Ireland to exercise their voting rights. You can vote at an alternative polling station if the local station is inaccessible be helped to vote at the polling station by a companion or the presiding officer vote by post; vote at a hospital, nursing home or similar institution if you live there. A presiding officer may refuse a person with a disability access to vote if they require assistance to do so and arrive in the last two hours of voting. This is because the officer may feel it is obstructing other voters from voting.
If a presiding officer considers that you do not have the capacity to vote they may refuse a person access to vote. There is no law in place to govern this or no test provided for - leaving discretion to the presiding officer. Inclusion Ireland have expressed concern that at every election persons with disabilities are turned away from the polling station as they are considered to lack the capacity to vote. See here: http://www.irishtimes.com/newspaper/ireland/2011/0219/1224290287816.html
ISR: transport is not free and not all ballots are accessible - but there are designated ballots.
MKD: • First statistic is expected to appear in October 2011.
MEX: The 2009 statistics show that 8,251 persons with intellectual disability were in receipt of full-time residential services. 277 persons with intellectual disabilities were housed in psychiatric institutions. See here: http://www.hrb.ie/uploads/bx_hrpublishations/Annual_Report_of_the_National_Intellectual_Disability_Database_Committee_2009_01.pdf. As of Fall 2008 - 4,000 people are living in the congregated settings - the vast majority of these have intellectual disability. See here: http://www.hse.ie/eng/services/Publications/services/Disability/timetomoveonfromcongregatedsettings.pdf
MKD: • First statistic is expected to appear in October 2011. In the Institutions for handicapped, there might are some statistics but they are for internal use only
MEX: The same DRI report found that the government does not keep track/calculate the number of people who are institutionalised that have disabilities for both children and adults. In order to document the Abandoned and Disappeared report, DRIvisited twenty

QUESTION 18

ARG: The last census (2010-2011) with data about population living in institutions has not yet been published. However, the results of the last census (2001) recorded the number of people living in nursing homes, children and adolescents, prisons and psychiatric hospitals.
AUS: Every 5 years there is a Census (Australian Bureau of Statistics) where most of this information is derived for Australia. Each State has its own system& timeframe to collect the data for each State jurisdiction.
BEL: The Walloon Region produces annually, in the report on the activities of the AWIPH, the number of beneficiaries of financial support in the field of centers and accommodation.
CAN: Institutions and operated by Provincial/ Territorial Governments. There is no comprehensive data collection across the country or even within a province. Access to this information is piecemeal at best.
IRL: The 2009 statistics show that 8,251 persons with intellectual disability were in receipt of full-time residential services. 277 persons with intellectual disabilities were housed in psychiatric institutions. See here: http://www.hrb.ie/uploads/bx_hrpublishations/Annual_Report_of_the_National_Intellectual_Disability_Database_Committee_2009_01.pdf. As of Fall 2008 - 4,000 people are living in the congregated settings - the vast majority of these have intellectual disability. See here: http://www.hse.ie/eng/services/Publications/services/Disability/timetomoveonfromcongregatedsettings.pdf
ITA: Apparently there are no official annual statistics concerning people with disability in ‘institutions’. over the last 30 years Italian policy about institutionalisation has tried to avoid any kind of segregation in ‘institutions’. Orphanages, psychiatric buildings, special buildings etc. have gradually been closed in favour of smaller residential structures or home reintegration.
Data on hospitalised persons with disabilities in institutions can be found on the website: www.fondazionepromozionesociale.it
MKD: • First statistic is expected to appear in October 2011. In the Institutions for handicapped, there might are some statistics but they are for internal use only
MEX: The same DRI report found that the government does not keep track/calculate the number of people who are institutionalised that have disabilities for both children and adults. In order to document the Abandoned and Disappeared report, DRIvisited twenty
institutions where more than 1,890 children and adults were seg-
gerated from society. According to the Secretary of Health there are 33 psychiatric units, with approximately 36,351 available beds (Secretary of Health, Specific Program of Action 2007-2012, Atten-
tion in Mental Health Care 51 (2008). However, the actual number of people living in institutions could be much greater due to the decentralised system. The federal government does not control nor regulate many of the institutions that are run at the state level. It is telling that even for children who make up the most vulnerable sector in society, such statistics do not exist. For instance, al-
though, in theory, the DIF Federal is responsible for monitoring the system of institutions for children, it has stated that “formally it is like this, but in reality it is not.” DIF claims to have no data on in-
stitutionalisation of children with so-called “severe disabilities,” as this is the authority of the Ministry of Health. The Chief of Mental Health Services at the Ministry of Health, however, informed DRI and the CMPODH that all information about children with disabili-
ties is the responsibility of DIF (DRI, Abandoned and Disappeared, s. IV (B))

Thus, the government engages in little or no oversight of institu-
tions for both adults and children with disabilities. Without such oversight official statistics of people with disabilities living in such institutions is impossible.

ROM: The official statistic data include only institutions of social care (care and support centres, rehabilitationcentres for neuropsy-
chiatry etc.) information can be found on www.mmunci.ro or www.anph.ro.

SRB: Institutions are obliged to send these data to the Ministry of labor and social policy, but these data are not published. Now, there is a obligation of the Centers for social work to collect such data, that are supposed to be public. Such data are not available to all, and can only be acquired upon the official request for infor-
mation of public interest to the Ministry of Labor and Social Policy or other relevant bodies.

SWE: There are official statistics covering all the aspects you are asking about but, there are no annually statistics concerning the existents of Disabilities.

Here are some examples: In 2005, about 20 000 children and young people, were taken into some sort of custody under the pro-
visions of the Social Services Act or the Care of Young Persons law. As seen in article 9 of the Swedish disability movement’s alterna-
tive report on civil and political rights, the National Board of Insti-
tutional Care has highlighted the fact that it is common that these children have neuropsychiatric disabilities. There are still no annual statistics concerning the existence of disabilities.

Many people, quite unnecessarily, are deprived of their freedom because of inadequate care and support. Research from 2010 finds that about 40 percent of men imprisoned for long-term sentences, suffer from previously unknown and untreated ADHD, although they have had significant problems since childhood.

There are no annual official statistics concerning the existence of disability among the prisoners.

SUI: Likely available by canton.

UK: Some figures are published in this area, but generally only when funding is provided directly by the state.

Additional remarks:

AUT: One NGO gave a “red” and the other “yellow”. Considering the results of last year’s study, a “red” light has been opted for.

QUESTION 19

ARG: The last state publication of statistics on disability was car-
rried out in 2002-2003 by the National Institute of Statistics and Census, and the detailed demographic characteristics of the popu-
lation in terms of access to education and employment was regis-
tered.

BEL: Insofar as employment is concerned, Belgium regularly pro-
duces data about the workforce (EFT) which includes a module re-
lating to disabled persons. This research is part of the community research projects coordinated by the Statistical Office of the Euro-
pean Communities (Eurostat).

FIN: There are some statistics made by Research Centers, but a little official data. Definition of disability is one challenge.

FRA: Figures are open to interpretation.

IRL: The Census gathers this data. There was a census in 2011 and the findings from the census will be available here:
http://www.census.ie/Default.aspx

ISR: Only education

ITA: http://www.disabilitadinfire.it/

This website is part of the project “Disability Statistics Informa-
tion System” sponsored by the Ministry of Social Affairs and car-
rried out by ISTAT. “Disabilitàinfire” provides statistical data on people with disabilities in Italy. Register Disability Information Source: http://www.disabilitadinfire.it/registro/ricerca.asp Authori-

ties involved in the survey were the regions, local health au-
thorities, provinces, prefectures and the Department of Educa-
tion. The local health authorities and the regions have a wealth of information especially since the former are the primary source of information on disabilities, appointed as the certification of
disability, and the latter have several channels of information re-
lating to different Departments that title dealing with disability and handicap (Department of Health, Social Services, Planning, etc.). The Department of Education, the provinces and prefectu-
res, then, are the referees for some certification bodies specific to the school and the provision of Economic Benefits.

http://www.integrazionescolastica.it/subcat/32 As of April 26,
2011, ISTAT (Italian National Institute of Statistics), in collabo-
ration with the Ministry of Labour, Health and Welfare and the
Ministry of Education, University and Research (MIUR), will
launch a survey on the activities carried out by schools for the full realisation of the right insertion and integration of students with disabilities. The survey will cover all schools in the country and will end May 21, 2011. www.inail.it/statistiche The database
INAIL (National Institute for Insurance against Accidents at
Work) contains statistical information with disabilities of various kinds on holders of pensions INAIL also useful for a basic under-
standing of the potential residual skills and abilities of disabled persons according to their reintegration into the work context. It
also provides concrete information about the work carried out by the disability before the occurrence of damage, as well as its cur-
rent professional status. Disabilities, grouped into three cate-
gories (motor, psycho-sensorial and cardio-respiratory) refer, as regards the employment status of the disabled person, solely for the Industry and Services sectors.

MKD: There is no such official study, but there are 3 unofficial studies who are not very relevant to the surrounding.

MEX: See answer to question 18. Insofar as the formal employment is concerned, the official registration of employed disabled persons is not done. The local authorities, provinces, prefectures and the Department of Education are the referees for the certification of disabilities.

ROM: Both areas hadn’t been fully analyzed. The statistics treat with the number of people within one system or another.

ESP: So far the National Employment Institute (INE) has published three macro disability surveys have provided an important source of information about this group (1986, 199, 2008). In late 2010, the INE in collaboration with the Imserso and CERMI published ‘The employment of disabled persons’ operation that uses statisti-
cal information derived from the integration of statistical data pro-
duced by the Labor Force Survey (EPA) and administrative data recorded in the state database of People with Disabilities (boepd). It should be incorporated disability data in the Labor Force Survey (LFS) quarterly and in the statistics elaborated by the Public Em-
ployment Service (SPEE), on indicators as unemployment and em-
ployment contracts – among other proposals – with special atten-
tion to gender, to normalise it of official statistics on the operations

SWE: There are annual, official statistics concerning the education system. The quality of those general statistics is good, but, the ex-
istence of disability among the pupils is not highlighted in the sta-

tistics.

Several additional investigations are therefore, undertaken every year. The quality of those investigations is good, but, not always comparable. The investigations differ why you not can compare the result. Sometimes the gender perspective is missing in statistics focusing on pupils with disabilities.
SUI: There are currently no official statistics providing information on the education and employment of all persons with disabilities. What there are certain figures on persons who draw an invalidity insurance (IV) benefit.

UK: Figures are regularly published in this area, generally based on broad-based survey data.

QUESTION 20
ARG: There are groups of civil society organisations working on disability issues. However, none represents more than 50% of all existence. Also still very few civil society organisations formed and run exclusively by people with disabilities, being shaped generally by families, professionals and/or volunteers, especially in intellectual and psychosocial disabilities organisations.

AUS: National Disability Services
AUT: It is called „OAR“; www.oear.or.at
BEL: The Belgian Disability Forum (BDF) brings together 19 Belgian organisations representing persons with a disability. The BDF represents persons with a disability at European and supranational levels. The BDF has two sources of financing: its running costs are paid for by the SPF Sécurité sociale, and it also receives subscriptions from its members.

BIH: War veterans, persons with hearing disabilities and persons with paraplegia
CRO: There are several umbrella organisations which covers different disabilities and they receives state funding.
EST: It exists PiK (www.epikoda.ee), an organisation for people with disabilities.
GER: But there is mixed financing with partial government subsidisation.

IRL: I am not sure how this question links to Article 32 or international cooperation.

MKD: There are such organisations but they are usually more sectoral and do not take care for the needs of the persons with disabilities. There is a conflict between old umbrella organisations (7 Unions as a part of the national network of organisations for people with disabilities) and new network of organisations united around Polio Plus Movement, in terms of who really represent the interest of the people with disabilities.

ROM: Such an organisation exists, but it represents less than 50% of all unions of persons with disabilities.

SRB: This sometimes presents a problem because they are prone to present themselves as the ONLY legitimate representatives of persons with disabilities. Representation of persons with intellectual/mental disabilities is very low.

SWE: The Swedish disability federation.

SUI: DOK is a federation of umbrella organisations on private aid and self-help for disabled persons in the form of a simple enterprise. It is run from one office: http://www.integrationhandicap.ch/index/menuid/13. As such, it receives no subsidies, but its individual members do.

UK: There are many disability organisations in the UK, some of which receive Government funding and some of which do not. There is not a single, representative body quite as described in the question, although there are many large organisations, including a number that have membership made up of many different disability organisations.

QUESTION 21
ALB: There are many disability organisations in the UK, some of which receive Government funding and some of which do not. There is not a single, representative body quite as described in the question, although there are many large organisations, including a number that have membership made up of many different disability organisations.


AUT: (1) The monitoring commission doesn’t come up to the “Paris”-principles (especially the financing). In some federal countries, separate control committees are established (like in Carinthia, Vienna); CW: Difficult! States has installed a focal point, but some federal states don’t have one. So I would give a “green” because the state has installed one. (2) Focal Points (federal contact point = BMAK) and monitoring are two different things. The monitoring commission monitors the implementation of the UN-convention in federal matter. Two times a year public meetings of the commission take place in order to include the public community.

BEL: In Belgium, different focal points have been established according to the various levels of government. The associations of disabled persons and defense of those with a disability, as well as civil society in its broader sense, were all involved in drawing up the first Belgian report dated July 2011.

BIH: Depends on political party in power
CRO: No, as we have information.

EST: Volunteers work on helping people with disability getting on with public transport etc. But we don’t know that there would be focal points within government.

Civil society is not really yet involved. People with disability are not yet fully integrated or accepted.

FIN: Finland has signed but not yet ratified the Convention.

HUN: During the controls, the financial control of the institutions is primary. With these controls the implementation of the UN-convention will be checked as well.

IRL: Ireland has not yet decided where the focal point will be.

ITA: Italian Government has signed and ratified the Convention. The ‘focal points’ have been included in this law: Legge 3 marzo 2009, n. 18 “Ratifica ed esecuzione della Convenzione delle Nazioni Unite sui diritti delle persone con disabilità”, con Protocollo opzionale, fatta a New York il 13 dicembre 2006 e istituzione dell’Osservatorio nazionale sulla condizione delle persone con disabilità”, pubblicata nella Gazzetta Ufficiale n. 61 del 14 marzo 2009 (http://www.parlamento.it/parlam/leggi/09018l.htm)

MKD: In Macedonia, the civil society is completely engaged in fulfilling the articles of the convention, but the state and the government does not take care for such matters.

MEX: The National Commission on Human Rights and the thirty-two local human rights commissions were designated by the Mexican government as the monitoring mechanism. Civil society was never consulted in accordance with the standards described.

ROM: The state has signed the convention, but the “Focal Points” haven’t been implemented yet.

SRB: At this moment, Ministry for human and minority rights is preparing the initial report to the CRPD committee, with participation of DPOs and human rights organisations (MDRI-S is involved in this process).

SWE: There is a focal point within the government. The focal point is placed in the office of the ministry of health and social welfare. That ministry only work with the crpd while the ministry of employment is dealing with the other un-treaties. The government also has an interdepartmental working group to coordinate the work within the government’s office. The following ministries are involved in the working group: Ministry of the Environment, the Ministry of Employment, the Ministry of Health and Social Affairs (units of family, social services and health care), the Ministry of Culture, and the Ministry of Justice. Handisam, which is a central administrative support agency, coordinates the government’s disability policies, in the public sector (mainly the national authorities).

SUI: Switzerland has not ratified the UN Convention yet.

TUR: The focal points are not officially signed but there are public institutions that work specifically on disability.

UK: The Office for Disability Issues within the Department for Work and Pensions has been designated.
Erläuterungen zu den Indikatoren, Österreich

Zusammenfassung aller Erläuterungen der Stiftungen und NGOs, die als Ergänzung zu den Ampelfarben-Entscheidungen gegeben wurden, sowie Erläuterungen durch die Essl Foundation.

FRAGE 1

**OÖ:** Laut oö. Bautechnikgesetz §27 sind alle neu zu errichtenden Gebäude, die öffentlich zugänglich sind, barrierefrei zu errichten. Der Paragraph §27 führt nicht im Detail aus, welche Beeinträchtigungen berücksichtigt werden müssen.

**T:** Der Personenkreis von intellektuell beeinträchtigten Personen wird teilweise nicht adäquat berücksichtigt.

**V:** Nicht bekannt, ob Vorarlberg selbst Gesetz hat.


FRAGE 2

**OÖ:** Laut telefonischer Auskunft beim Amt der oö. Landesregierung müssen alle Bauvorhaben, die bereits bewilligt und gebaut sind, nicht im Sinne der Barrierefreiheit verändert werden. Werden Umbau- oder Zubauten vorgenommen, so müssen diese barrierefrei gestaltet werden.

**T:** Auf Landesebene gibt es diesbezüglich keine entsprechende Gesetzgebung hinsichtlich öffentlicher Gebäude (wie Universitäten, Schulen, Krankenhäuser...

**V:** Bundesgesetz schon, aber nicht auf Landesebene.

**ST:** Frist ist bis 2016

**K:** Alle Busse sind barrierefrei. Alle Lenker werden im Umgang mit Menschen mit Behinderung geschult. Es gibt aber keine Rollstuhlrampen, daher können Rollstuhlfahrer den Bus nicht ohne Unterstützung befahren.

**Zusätzliche Erläuterungen:**


FRAGE 3

**W:** Nicht alle Busse und Fahrer sind gleich zugänglich bzw. geschult. Selbstfahrer mit intellektueller Beeinträchtigung brauchen leichter verständliche Fahrpläne und Hilfe bei der Orientierung.

**B:** In Eisenstadt gibt es weniger Linienbusse; dafür das System der kostengünstigen (€2,-- pro Fahrt) Citytaxis. Dabei handelt es sich um normale Taxis, die entweder am Stadtplatz stehen oder zu jeder Adresse in Eisenstadt gerufen werden können. Von dort aus werden die KundInnen - sowohl mit und ohne Behinderung - zu individuellen Orten im Stadtgebiet gebracht. Menschen mit Rollstühlen können transportiert werden, jedoch hängt dies von der Größe des Rollstuhls ab.

**OÖ:** Laut Auskunft der LinzAG sind alle eingesetzten Busse für Rollstuhlfahrer benutzbar. Allerdings muss jeweils der Fahrer dem Rollstuhlfahrer behilflich sein, da die Rampen händisch angebracht werden müssen. Die Straßenbahnen sind zum Großteil für Rollstuhlfahrer zugänglich, einige wenige ältere Garnituren können nicht von Rollstuhlfahrern genutzt werden.

**T:** es mangelt meist an der adäquaten Unterstützung der beeinträchtigten Personen insb. bei Personen mit intellektueller Beeinträchtigung. Fahrpläne in einfachen Sprache gibt es nicht.

**V:** nur einige, braucht Unterstützung. Fahrer nicht geschult. Angewiesen auf bemühte Fahrer.

**ST:** laut Website der Verbundlinie sind alle Busse barrierefrei, aber Busfahrer sind nicht geschult. Es gibt immer wieder Beschwerden über deren Verhalten.

**K:** Alle Busse sind barrierefrei. Alle Lenker werden im Umgang mit Menschen mit Behinderung geschult. Es gibt aber keine Rollstuhlrampen - daher können Rollstuhlfahrer den Bus nicht ohne Unterstützung befahren.

Zusätzliche Erläuterungen:


FRAGE 4

**W:** Menschen mit intellektueller Beeinträchtigung oder Sinnesbeeinträchtigung sind explizit von persönlicher Assistenz ausgeschlossen!

**B:** Nein. Im Burgenland gibt es keine persönliche Assistenz.
FRAGE 5  
T: insbesondere Personen mit intellektueller Beeinträchtigung können deshalb nicht wählen, weil sie keine Alternativen kennen. Die Auswahl macht die Wahl!!!  
V: der Mensch mit Behinderung kann in einem Hilfeplangespräch mit dem Träger seine Wünsche (WG, Heim oder alleine) äußern. Land kontrolliert diese Vereinbarung auch. Entscheidung ist aber oft nach effizienten Gesichtspunkten (günstiger Träger bekommt Zuschlag)  
K: Regelmäßige Überprüfungen finden durch die Bewohnervertretung des Vereins "VertretungsNetz" statt. Überprüft werden die Rechtmäßigkeit von freiheitsbeschränkenden Maßnahmen und die Einhaltung des Heimaufenthaltsgeztes.

FRAGE 6  
OÖ: Laut telefonischer Auskunft am Institut Integriert Studieren an der Johannes Kepler Universität Linz gibt es nur inoffizielle Statistiken, da die Daten in Bezug auf Beeinträchtigungen sensible Daten sind, die nicht offiziell erhoben werden. Bei der Absolventenstatistik wird nur nach Kriterien wie z.B. Geschlecht unterschieden, nicht aber nach Absolvent mit Beeinträchtigung oder ohne Beeinträchtigung.  
T: entspr. Statistiken sind nicht bekannt.  

Die Behindertenbeauftragte der UNI Graz gibt an, dass es keine eigenen Statistiken für das Land ST. gibt.  
K: Laut Auskunft der Uni-Klagenfurt gibt es keine gesetzliche Grundlage, die eine solche Statistik erlaubt. 

Zusätzliche Erläuterungen:  
ST: NGO gibt Hinweis auf eine Studienerhebung und wählt „gelb“. Die Studie erfasst aber keine Absolventenzahlen – deshalb auf „rot“ abgeändert.

FRAGE 7  
B: Ich kenne mehrere Arztpraxen, die nicht barrierefrei zugänglich sind.  
T: Intellektuell beeinträchtigte Personen erhalten oft nicht die für sie adäquate und entspr. Informationen (= Barriere)  
V: nichts bekannt. Erfahrung eher negativ (Stufen)  

FRAGE 8  
B: Wenigstens berechnet sollte das schon werden.  
V: kann sein, aber noch nie gehört oder gelesen speziell in Vorarlberg (wäre auch ein Ansporn für die Organisation selbst)  
K: Wird auf Basis der Ausgleichszahlungen regelmäßig erhoben und kontrolliert. 

Zusätzliche Erläuterungen:  
OÖ: NGO gibt „rot“, gibt aber als Zusatzinformation an, dass die Zahlen erfasst, aber nicht veröffentlicht werden – daher auf „orange“ umgefärbt.  
T: Frage ist mit „grün“ bewertet. Allerdings auf „orange“ geändert, weil eine Pressemeldung nicht r e g e l mäßig erscheint  
K: Frage wird mit „grün“ bewertet, weil berechnet und kontrolliert. Wird die Zahl aber auch regelmäßig offiziell veröffentlicht?  
ST/W: Diese Frage haben beide NGOs „rot“ bewertet, wurde aber auf „orange“ geändert, weil laut Zusatzinformation von der Website www.bizeps.or.at die Zahlen vorhanden sind, allerdings die Information nicht regelmäßig oder gar nicht von den Ländern veröffentlicht werden.  

FRAGE 9  
OÖ: Laut Geschäftsberichte 2009/2010 des Bundessozialamtes ist in OÖ die Anzahl der erwerbstätigen begünstigt beeinträchtigten Personen von 14.519 auf 13.977 gesunken. Gleichzeitig ist die Erwerbsquote im Bundesland OÖ laut Statistik Austria von 708.600 auf...
710.400 gestiegen. 2009 war demnach der Anteil der begünstigten Beeinträchtigten an der Gesamtbevölkerung 2,05%, 2010 1,97%.


K: Der Anteil der Menschen mit Behinderung, die sich auf Arbeitssuche befinden ist gestiegen (Auskunft Behindertenanwaltschaft)

FRAGE 10


V: Persönlicher Assistent wäre diesbezüglich sehr hilfreich.


FRAGE 11

W: FSW sammelt umfangreiche Daten der von ihm geförderten Behindertenorganisationen; darüber hinaus werden keine behindertenspezifischen Daten gesammelt.

OÖ: Grundsätzlich gelten die angeführten Kriterien für "JA", allerdings werden nur Menschen mit Behinderung, die in Einrichtungen, die in erster Linie für die Betreuung und Begleitung von Menschen mit Behinderungen errichtet wurden (Einrichtungen, die Leistungen im Sinne des ChG. anbieten), in der Statistik nicht erfasst. Menschen mit Behinderungen, die in Gefängnissen, Seniorenzentren usw. betreut werden (also nicht im Sinne einer im ChG. vorgesehenen Leistung), werden nicht erfasst.

V: kann sein, aber keine Statistiken vom Land je bekommen.


Zusätzliche Erläuterungen:


FRAGE 12


FRAGE 13

W: Land Wien hat keine Focal Points, aber einen Monitoringausschuss eingerichtet.

OÖ: In Oberösterreich nimmt derzeit der Planungsbeirat (lt. Chg) die Umsetzung der UN-Konvention wahr. Es soll ein eigener Monitoringausschuss in OÖ eingerichtet werden.

T: in Tirol kein Focal Point eingesetzt.

ST: Die Anwaltschaft für Menschen mit Behinderungen in der Steiermark (Hr. Mag. Suppan) übernimmt diese Funktion aus ”eigenem Antrieb“.

OÖ: Wird von “rot” auf “orange” geändert, weil der Planungsrat die Aufgabe übernimmt und ein eigener Monitoringausschuss in OÖ geplant wird.
Overview of Weblinks

All of the internet links through which additional or more in-depth information can be accessed are listed here.

**STATISTICAL DATA**
- [Italian] Italian Statistic Institute
  - http://www.disabilitaincifre.it/
- [Italian] FADIS - Federazioni Associazioni di Docenti per l’Integrazione Scolastica
  - http://www.integrazionescolastica.it/subcat/32
- [English] Statistical office of Kosovo
  - http://esk.rks-gov.net/eng/

**OFFICIAL DOCUMENTS UN, OECD, EU, STATES**
- [English] UNHCR - Report of the Executive Committee of the Programme of the United Nations High Commissioner for Refugees
  - http://www.unhcr.org/
- [English] AGAC - Australian Guardianship and Administration Council
- [Italian] Report Ratifica ed esecuzione della Convenzione delle Nazioni Unite sui diritti delle persone con disabilita
  - http://www.parlamento.it/parlam/leggi/09018l.htm
- [English] Kosovo - Law on Primary and Secondary Education
  - http://www.see-educoop.net
- [English] Official Report on disability pensions in Kosovo

**REGARDING THE QUESTIONNAIRE**
- [English] Article Family Court Judge orders sterilisation of 11 year old girl
  - http://www.australianwomenonline.com
- [English] Article Students with disabilities ‘denied school enrolment’
  - http://www.land-oberoesterreich.gv.at/
- [German] Official Report Geschäftsbericht 2010
  - http://www.bundessozialamt.gv.at/
- [German] Article Tiroler Landesverwaltung übererfüllt Vorgaben bei der Einstellung von Menschen mit Behinderungen
  - http://www.tirol.gv.at/presse/meldungen/
- [German] Research Report Studierende mit gesundheitlichen Beeinträchtigungen
  - http://www.bmwf.gv.at/
  - http://www.ris.bka.gv.at/Dokumente/
- [German] Article Neuerungen betreffen vor allem Brandschutz, Hygiene und Barrierefreiheit
  - http://www.hzz.hr/default.aspx?id=5115
- [Croatian] Article Zapo_ljavanje osoba s invaliditetom
- [English] Estonian Social Ministry
  - http://www.sm.ee/eng.html
- [Croatian] Website of Fonction Publique
- [English] Estonian Chamber of Disabled People
- [English] Census of 10th April 2011
- [Italian] Research Report Confronto tra il prevenzione e il trattamento delle malattie
- [Italian] Website of Fonction Publique
- [Italian] Article Zapo_ljavanje osoba s invaliditetom
  - http://www.hse.ie/eng/services/Publications/
- [English] Article Intellectually disabled must be enabled to vote, says charity
- [English] Roman Catholic Church
- [English] Central Statistics Office Ireland - Census 2006
- [Italian] Fondazione promozione sociale
  - www.fondazionepromozionesociale.it
- [Italian] Le Web-barriere
  - http://spazioinwind.libero.it/gianluca_affinito/web_barriere/disabili.htm
- [Italian] Il portale del terzo settore
  - http://www.protezionecivile.gov.it/jcms/it/homepage.wp
- [Italian] Civil Protection Department
ANNEX – OVERVIEW OF WEBLINKS

[English] Romanian Authority for People with Disabilities
[German] ÖAR - Österreichische Arbeitsgemeinschaft für Rehabilitation

REGARDING THE GOOD PRACTICE EXAMPLES

[German] Article BayernLB verleiht Deutschen Innovationspreis im Gesundheitswesen
[German] Article Wie Blinde Tumore ertasten
[English] Article Breast cancer prevention opens job opportunity for blind people
[English] Wheelmap.org - online map of wheelchair-accessible and inaccessible places
[English] RoboBraille.org - email-based service capable of making electronic texts accessible
[English] Article Agenda 22 - Putting Teeth in the Standard Rules
[German] Article Babysimulatoren dienen Menschen mit Behinderung als Entscheidungshilfe
[German] discovering hands®
[English] Ashoka
[English] Disability and Development Database Project
[Slovenian] Deaf and Hard of Hearing Clubs Association of Slovenia (ZDGNS)
[Slovakian] The Association for Help to People with Mental Handicap in the Slovak Republic
[English] Leonard Cheshire Disability: Young Voices
[German] Eurokey - guaranteed access for the disabled to public facilities
[German] Verbavoice - online platform connecting hearing impaired to transcribers
[English] Specialist People Foundation - jobs for people with autism
[English] Specialsterne - equal employment opportunities for people with autism spectrum disorders
[English] Bartiméus Accessibility Foundation
[English] International Labour Organisation - enable people with intellectual disabilities to live independently

[English] Irish Disability Authority
[English] AHEAD - Association for Higher Education, Access and Disability
[German] Schweizerische Arbeitsgemeinschaft zur Eingliederung Behindenter
[German] WAG Assistenzgenossenschaft
[German] Bizeps Organisation
[German] Selbstbestimmt Leben Initiative OÖ
[German] Alpanova
[German] Caritas Vienna - Personal support for families caring for children with disabilities
[German] Career Moves - internet plattform providing job offers for persons with disabilities
[German] ÖAR - Österreichische Arbeitsgemeinschaft für Rehabilitation
[Spanish] Official website of the Chilean Ministry of Health
[English] Light for the World - education for children with disabilities
[English] Bizlink - employment for people with disabilities
[Spanish] Asoch - Asociación de Sordos de Chile
[English] Newlife - employment opportunities for persons with psycho-social disabilities
[English] Australian Aid Government
[English] Australian Disability Development

[English] Australian Human Rights Commission
[English] Australian Electoral Commission
[English] Finnish Institute for Health and Felfare

http://www.anph.ro/eng/
http://www.oear.or.at
ANNEX – OVERVIEW OF WEBLINKS

REGARDING THE GOOD POLICIES

www.non-discrimination.net/countries/austria

[German] Umbrella Organisation of the Austrian Disability Associations
www.oeear.or.at

www.oeear.or.at/ihr-recht/un-behindertenrechtskonvention/zivilgesellschaftsbericht

[German] Bizeps - Information regarding equality legislation, Austria
www.bizeps.or.at/gleichstellung/

www.non-discrimination.net/countries/spain


[Spanish] Servicio de Información sobre Discapacidad (SID), Spain
http://sid.usal.es

[Spanish] Oficina Especializada Permanente (OPE), Spain
www.oficina.mspst.gob.es

[Spanish/English] CERMI – Comité Español de Representantes de Personas con Discapacidad
www.cermi.es

www.non-discrimination.net/countries/united-kingdom

[English] Equality and Human Rights Commission, UK
http://www.equalityhumanrights.com/

http://www.personligtombud.se/publikationer/

[English] Essl Social Index 2010: PO-Skåne, Sweden


[English] PO-Skåne, Sweden
http://www.po-skane.org/

[English] Nidus Personal Planning Resource Centre and Registry, British Columbia (Canada)
www.nidus.ca

[English] Nidus Personal Planning Resource Centre and Registry - Experiences of adults living with FASD and their personal supporters in making and using Representation Agreements
http://www.nidus.ca/PDFs/Nidus_Research_RA_FASD_Project.pdf

http://www.nidus.ca/PDFs/Nidus_Research_RA7_InAction.pdf

[Hebrew] Bizchut – The Israeli Human Rights Center for Persons with Disabilities
www.bizchut.org.il

[English] Disability Studies Quarterly Fall 2007, Volume 27, No. 4 - Witnesses with Mental Disabilities: Accommodations and the Search for Truth - The Israeli Case
www.dsq-sds.org/article/view/51/51

[English] European Agency for Development in Special Needs Education
http://www.european-agency.org/

[English] Salvatore Nocera - The Body of Legislation on Inclusive Education of Disabled Persons in Italy: The history, the institutional aspects, and the applicable procedures, 2002
http://www.edscuola.it/archivio/ handicap/inclusiva.html

[English] DPI Italia Onlus - Disabled People's International
www.dpitalia.org

[English] Italian Federation for Overcoming Handicap
www.fishonlus.it

[Italian] Italian Ministry of Education, Universities and Research
www.istruzione.it

[English] ANED - The Implementation of Policies Supporting Independent Living for Disabled People in Europe: Synthesis Report, eds Prof. Linda Ward and Dr Ruth Townsley, University of Bristol, 2009
http://www.disability-europe.net/theme/independent-living

[English] Model National Personal Assistance Policy, ed Dr Adolf Ratzka, Independent Living Institute, 2004
http://www.independentliving.org/docs6/ratzka200410a.html

[English] Independent Living Institute, Sweden
www.independentliving.org

[English] Academic Network of European Disability experts (ANED)
http://www.disability-europe.net/