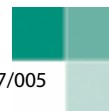


Targeting and mainstreaming disability in the 2008-2010 National Strategy Reports for Social Protection and Social Inclusion

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

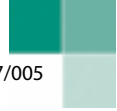
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## 1 BACKGROUND TO THE REPORT

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

During 2008 national experts from ANED reviewed the 2006-8 National Strategy Reports and Action Plans of each Member State<sup>1</sup> in relation to research evidence and implementation practice on social inclusion and social protection. Their national reviews (published on the ANED website<sup>2</sup>) provided source material for an extensive synthesis report (also published in 2008)<sup>3</sup>. For more detailed information and evidence on each country it would therefore be useful to consult those reports. It would also be relevant to consult the ANED country and synthesis reports on employment strategy.

Subsequently, Member States submitted their 2008-2010 National Strategy Reports<sup>4</sup>. These were also reviewed, forming the basis for the 2008 flash synthesis report (which has been reviewed and updated in this version). In 2009, the report is updated in three ways. First, those countries unavailable at the time of the first review have been added. Second, additional material has been added with reference to the area of housing (drawing on a request from the Commission to Member State). Third, the ANED country experts provided summary updates to their country reports on social protection and social inclusion (e.g. reporting significant changes and including reference to the economic crisis). It is relevant to note that no updates to the NSRs were submitted in 2009 and that the scope for updating is therefore more limited compared to the parallel process relating the OMC on employment (growth and jobs). A more comprehensive update will be possible in 2010

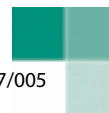
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<sup>1</sup> [http://ec.europa.eu/employment\\_social/spsi/strategy\\_reports\\_en.htm](http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm)

<sup>2</sup> <http://www.disability-europe.net/>

<sup>3</sup> <http://www.disability-europe.net/content/pdf/ANED%20Task%207%20report%20Social%20Inclusion%20final%2020-05-09.pdf>

<sup>4</sup> [http://ec.europa.eu/employment\\_social/spsi/strategy\\_reports\\_en.htm](http://ec.europa.eu/employment_social/spsi/strategy_reports_en.htm)



## 2 AIMS AND FOCUS

The purpose of this synthesis report is to contribute a high level disability perspective to the Open Method of Co-ordination in Social Protection and Social Inclusion, and to assess how Member States have responded to the challenge of mainstreaming disability issues in their 2008-2010 National Strategic Reports.

The NSRs should be considered in the context of EU Strategy on Social Inclusion and Social Protection (and the Common Objectives of the OMC<sup>5</sup>). The Lisbon Strategy emphasises the central objective to ‘increase labour supply and modernise social protection systems’. In both respects, disability is now an important dimension. Disabled people are a key target group of those remaining outside the labour force, and disability benefits have become a key feature of national labour market policies. In this context, the Joint Report on Social Protection and Social Inclusion 2008<sup>6</sup> highlighted widespread reforms in the Member States ‘to reduce take-up of early exit benefits, focusing on the design of unemployment and early retirement benefits and access to disability pensions and rehabilitation’ (p9).

More specifically, the 2008-2010 NSRs should be read in the context of the EU Disability Action Plan (including its priorities for 2008-2009<sup>7</sup>) and the Discussion Paper from the Disability High Level Group on *Disability Mainstreaming in the new streamlined European Social Protection and Social Inclusion Process*<sup>8</sup>. From these documents a number of summary reference points can be identified, against which progress on disability mainstreaming in the 2008-2010 NSRs should be considered.

### **EU Disability Action Plan priorities 2008-2009**

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

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

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

### **Common Objectives of the OMC**

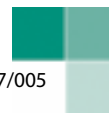
- Equal access to resources, rights and services
- Fighting discrimination
- Fighting poverty
- Providing adequate and sustainable incomes
- Access to health care and long term care
- Quality of care
- Adapting care to (disabled) people’s needs and preferences
- Making care affordable and sustainable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

<sup>5</sup> [http://ec.europa.eu/employment\\_social/spsi/common\\_objectives\\_en.htm](http://ec.europa.eu/employment_social/spsi/common_objectives_en.htm)

<sup>6</sup> <http://register.consilium.europa.eu/pdf/en/08/st07/st07274.en08.pdf>

<sup>7</sup> [http://ec.europa.eu/employment\\_social/index/com\\_2007\\_738\\_en.pdf](http://ec.europa.eu/employment_social/index/com_2007_738_en.pdf)

<sup>8</sup> [http://ec.europa.eu/employment\\_social/spsi/docs/social\\_inclusion/2008/disability\\_mainstreaming\\_en.pdf](http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/disability_mainstreaming_en.pdf)



Also of interest are states' commitments to the United Nations Convention on the Rights of Persons with Disabilities<sup>9</sup>, ratification of which would be expected during the period covered by the NSRs. At the time of updating this report the Convention had been ratified by 11 countries (AU, BE, CZ, DK, DE, ES, HU, IT, SI, SE, UK).

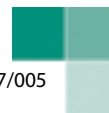
Many of the principles outlined above were clearly articulated in the High Level Group Discussion Paper on Disability Mainstreaming as guidance to Member States in preparing their plans. Successful implementation of this guidance should have demonstrated by evidence in the NSRs that:

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

In conclusion, and using the Discussion Paper as a guide, it was relevant to look for evidence in the 2008-2010 NSRs of:

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

<sup>9</sup> <http://www.un.org/disabilities/default.asp?id=259>



### 3 MAINSTREAMING DISABILITY IN POLICIES

#### 3.1 The visibility of disability issues in the 2008-2010 NSRs

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

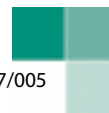
A preliminary content analysis of the 2008 NSR texts showed wide diversity in the references made to disability and disabled people. For example, the Finland report contained more than 160 direct references to disability or disabled people in the text (and there were more than 100 references in the reports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

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

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

#### 3.2 Topics and priorities

The 2008 NSRs gave some cause for encouragement but also raised concerns about the extent to which disability can be effectively 'mainstreamed' within the streamlined reporting process of the OMC. Preliminary readings indicated that disabled people had often been referred to in different sections of the reports, and for some countries this improved from 2006. But, they were often not well integrated in significant areas and, more significantly, there was relatively little evidence of systematic and strategic methodologies for doing this. Disability had been mainstreamed in markedly different ways.

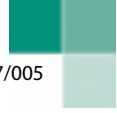


For example, the Maltese report committed, that through a 'a truly multidimensional approach, the 2008-2010 NAP Inclusion aims to mainstream gender and disability issues throughout' but includes no mention at all of disabled people in the first section of the document (i.e. disabled people remain 'invisible citizens' in describing the general situation in section 1.1). The same was true of the Belgian and Cyprus reports, where gender was included in describing the general situation but disability was not (and in the Cyprus report was not mentioned in the section on 'Mainstreaming social inclusion in public policies'). Achieving equivalence to gender mainstreaming in the OMC therefore remains a significant challenge. For example, the Netherlands planned to improve gender mainstreaming by strengthening the Minister of Emancipation's role in stimulating and supporting gender sensitive policy development (a similar role could be envisaged for disability mainstreaming). Germany's 2006 NSR included a chapter entitled 'Eradicating Discrimination and Strengthening Integration of Disabled People'. In the 2008-2010 NSR there was no special chapter and discussion of disability was predominantly in relation to employment programmes.

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

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

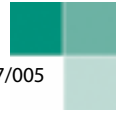
Overall, there were references to disability in a wide variety of topic areas relevant to social inclusion and social protection (housing, transport, health care, employment, education, social care, e-inclusion, poverty, sport, cultural sites, tourism, public awareness, etc.). However, we conclude, from preliminary analysis, that significant work is required to achieve effective and strategic mainstreaming of disability issues in national policy development (and its reporting via the OMC in 2010).



Disabled people were often 'included' in (a) passing reference to 'vulnerable groups'; or (b) broad statements of intent and strategy but there was often an absence of mainstreaming in defining specific targets or practical implementation measures. As one ANED country expert put it, disability appears but 'melts away'.

The major challenges are how to operationalise disability mainstreaming in practical implementation, and how to identify criteria and benchmarking for monitoring progress.





## 4 STRATEGY AND CO-ORDINATION OF DISABILITY POLICIES

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

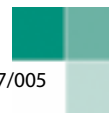
More generally, there was a delicate balance for policy makers in established welfare states between concepts of disability compensation and equal rights (e.g. FR, DE). In this context, adequate compensation was more likely to be constructed as a matter of disability rights than in liberal welfare states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

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

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

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

Some of the 2008 NSRs placed strategic emphasis only on limited responses, creating more places for disabled people in specialist services and facilities (including institutions) and investing in the training of specialist professionals. For example, the Cyprus strategy appeared to be one of ‘services’ and ‘care’ rather than rights and accessibility, while the overall approach to disability in the Belgian NSR did not seem to extend beyond an offer of ‘long-term care that is more diversified, more appropriate and better coordinated’.



In this way, the existence of a national strategy approach cannot, on its own, guarantee consistent and co-ordinated implementation.

Bulgaria's Strategy on Providing for Equal Opportunities for Disabled People 2008–2015 was mentioned in the NSR, although detail appeared to be copied from the previous period. There was also no real mention in the Bulgarian strategy for health and long term care in relation to disability, which is surprising.

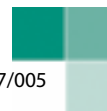
Lithuania's National Programme for Social Integration of the Disabled 2003-2012 provided a strategic framework in which specific programmes could be developed (such as the Programme for Adjusting Dwelling to the Disabled 2007-2012). The holistic approach included commitments to accessibility of physical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

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

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

#### **4.2 The influence of EU and international policies**

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



In general terms, there was little evidence in the 2008 NSRs of systematic engagement with the DAP, although several countries were acting in areas consistent with its priorities. The predominant focus on connections between disability and employment (and work-related welfare benefits) was clearly influenced by the Lisbon agenda and, to a lesser extent, by EU non-discrimination law.

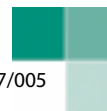
There appeared to be no direct reference to implementation of the Directive in any of the NSR documents reviewed. It is also relevant to note that full implementation of the Directive had not yet been achieved in all countries (e.g. in Greece where government was still consulting on extension of equal treatment to both public and private sector employment).

There was little evidence that EU disability policies were significantly influencing the development of disability policy in EU15 countries (beyond compliance with EU law and strengthening national non-discrimination law). For example, national policies in the Netherlands or Belgium did not reference EU policies or the attention given to disability as an area of concern in employment and social inclusion policies by the European Commission. Without direct reference it is difficult to establish causal links between EU and national policy developments. An exception here was perhaps Germany, where there was more evidence of a substantial shift towards a more rights-based approach to disability, plus an increase in employment activation measures (compared to traditional welfarist approaches). However, it is worth noting that this shift has been somewhat slow, since non-discrimination legislation in response to Directive 2000/78/EU was not presented until 2006.

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

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

The availability of EU structural funds (particularly the European Social Fund) appeared to have a significant influence on development of implementation of pilot projects policies (e.g. subsidised work in Latvia, job market integration in the German Länder, etc.). However, there were some concerns about consistency and focus in the allocation of these funds. Cyprus planned to use ESF co-financing to develop a new system of 'Evaluating Disability and Functionality' where the intended outcome was a tightening of eligibility to disability benefits for working age disabled people. In Romania investment from the PHARE project 'Supporting the reform of the system for disabled persons protection' created 78 new services.



But it was not clear that the outcomes of this EU investment were consistent with the priorities of the DAP (i.e. the investment was focused on centre-based specialist services, rather than structural accessibility, including the building of 45 new residential homes for disabled people). However, positive developments did also include the use of European quality standards for social services. Some review of consistency between the criteria for structural fund allocations and the DAP would be useful.

The UN Convention was clearly a highly significant development for national policy development, yet it was referred to by only a few of the Member States in their 2008 NSRs and has not been integrated into national plans (by contrast, it was not referred to by any state in the 2009 Implementation Reports in the employment OMC).

For example, Ireland made passing reference to the Convention but only in the section on health (and with no stated commitment to ratify). Similarly, Lithuania noted only that the Ministry of Health 'participates in the process of ratification'. Explicit statements of intention to ratify the Convention (e.g. Malta, Slovakia) were very welcome but lacked specific timescales (with the exception of the UK's commitment to 'ratify the Convention by the end of 2008'). It was surprising that Spain and Austria's ratification of the Convention or Optional Protocol was not mentioned in the 2008 NSRs. Slovenia's ratification during 2008 was noted but was not used to structure a strategic approach to social inclusion and social protection. The Convention provides an opportunity to develop and harmonise MS policies on social inclusion and social protection that was not exploited in the OMC reporting in 2008. It would be expected to see more attention to this in 2010.

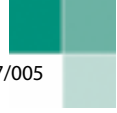
### **4.3 Developments in 2009**

In terms of general disability strategy, there is now more evidence of engagement with the new UN Convention. New commitments to ratify; establishment of monitoring bodies; policy impact assessments; public debates are evident. For example, a Convention monitoring committee was established in Austria (but not yet integrated in state strategy). However, in some cases NGOs are taking a more proactive role than the state.

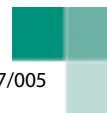
In some new member states generic EU processes, like the OMC SPSI, are adopted as frameworks for strategic thinking (e.g. PL) but there has been a welcome increase in the number of states developing national disability plans (including those formulated in the context of the Convention). For example, in Bulgaria there is a new Strategy on Equal Opportunities for Disabled People 2008-2015 (although published without consultation). In 2010 a new disability policy plan will be introduced in the Czech Republic. However, in the Netherlands a former ministerial department on disability policy was closed, although the Equal Treatment Act was expanded in 2009 to include housing and education (and transport in 2010).

The availability of data from new and future national disability surveys is also very welcome and provides potential for much improved monitoring of the social inclusion of disabled people in those countries. There is scope to transfer good practice on both national disability plans and national disability surveys. These types of developments could usefully be reported in the 2010 NSRs.

There are few widespread trends or significant changes in the short period since the 2008 ANED reports (and change is delayed in some states pending Parliamentary elections). However, individual examples have national significance.



For example: the extension of national equality laws to protect disabled people's rights in a wider range of areas; mainstreaming disability in human rights enforcement bodies (along with other grounds); transfers of responsibility for disability services to regional/local level; separation of health and social services; awareness raising campaigns; simplified gate keeping assessments. There are specific examples of the introduction, widening or increased take-up of access to personal assistance and personal budgets (and evidence of user satisfaction with this option). Again, it would be relevant to report on such developments in 2010.



## 5 INCREASING LABOUR SUPPLY

The strong influence of the Lisbon agenda and the focus on disability as an employment-welfare issue dominates the policy debate. Where disability appeared as a strategic priority in Member States' 2008 NSRs it was predominantly as an employment activation (and benefit reduction) issue. Yet, despite this priority focus, the analysis of disabled people's labour market position was not well developed (see also section 9 later).

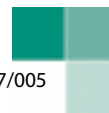
It was also noticeable that disability was not addressed as a significant employment issue at all in a minority of cases (e.g. CZ). In other cases disabled people were mentioned briefly as potential labour market participants but then not elaborated (e.g. DK).

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

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

### 5.1 Labour market activation and disabled people

The separation of disabled people into those whose labour can, and cannot, be exploited in the market has underpinned traditional employment and welfare policies. Increasing employment participation for disadvantaged groups featured as a common priority in the 2008 NSRs. There was also some evidence that this binary distinction was being challenged or broken down, towards the inclusion of all those who can be activated to participate, fully or partially (see discussion of flexicurity later). At the same time, there were concerns from the ANED experts that many activation measures addressed disabled people at the margins of the labour market who are the most easily included (e.g. CZ). For example, in Estonia unemployment amongst disabled people had reduced in recent years but not among those unemployed long-term.



There was some evidence of an administrative categorisation emerging between two groups of disabled people (those deemed work-able or work-unable) and different policy responses to each group (e.g. DK, UK).

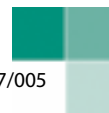
The NSRs did indicate a wide diversity of employment activation and facilitation policies, ranging from accessibility modifications to the workplace, personal assistance at work, supported employment, sheltered employment, social firms, occupational training and rehabilitation, self-employment schemes. While some countries (like UK and HU) had moved towards employment rights rather than quota systems, others (like CY) were introducing new quotas. France had seen increased employment through 'Strengthening financial penalties for failure to comply' with their quota.

Germany's long-standing reliance on quota systems had been complimented by the implementation of the federal activation programme 'jobs-jobs without barriers'. There was, then, little consensus or harmonisation evident in these diverse approaches.

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

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

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



## 5.2 Early retirement and disability benefits

The link between labour market participation and concern about ‘disability benefits as a path out of employment’ remained a very prominent theme in the 2008 NSRs (as identified in the High Level Group Discussion Paper on Mainstreaming). It was mentioned by almost all countries and for some had become a major policy priority (e.g. HU, LU, MT, NL, RO, SI, UK). For example, in Luxembourg it was a specific policy objective to ‘Reduce withdrawal from the labour market due to work disability’. In their NSRs the states had given more prominence to the number of people leaving the workforce on disability benefits than to the number of disabled people unemployed or living in poverty for example.

As noted earlier, this preoccupation had begun to dominate the discussion of disability employment policy and had become more focused on the fiscal interests of the state than on the inclusion of disabled people as a social inclusion objective. Disability pensions were commonly used in the past to facilitate early exit from the labour force, both in Western welfare states (during periods of high unemployment) and in the former Soviet states.

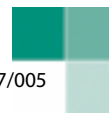
In both cases, there had been a very substantial reversal of such policies and active attention to removing claimants from such benefits where possible (although this was not really evident in Bulgaria). Additionally, there was a clearer separation of working age ‘disability’ pensions from ‘old age’ pensions (e.g. reforms in Estonia etc.). This turn around appeared to be motivated primarily by concerns with welfare state expenditure (concerns that quickly escalate in a period of economic downturn). There must also be some concern that economic recession and higher unemployment may revive the use of disability benefits to control labour supply (although momentum in the opposite direction appears strong for the moment).

There was a growing focus amongst Member States on substantial investments in more detailed functional assessments of work capacity for disability/incapacity benefit entitlement (including a growing emphasis on more medical assessments). However, as articulated in OECD opinion to Luxembourg, measures to assess and address work incapacity have sometimes achieved little more than the creation of a new category of ‘unemployed disabled people’ rather than a significant return to employment. Moreover, restrictive eligibility measures may also have a disincentive impact on people who have already obtained disability status, making them more reluctant to re-engage into employment. There will be considerable scope to report on these issues in the 2010 NSRs.

## 5.3 Flexicurity

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





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

Finland noted the introduction of a more flexible 'partial sickness' allowance (introduced at the beginning of 2007) to facilitate easier to return to work. Such concepts were reviewed by the OECD in recent years.

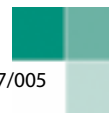
In Estonia, greater flexibility to address a lack of part-time working options was introduced in the 2008 Labour Act (the NSR noted that 60% of disabled persons would like to work part-time). The Belgian Annex noted a 'system of "progressive employment" in the health care sector'. Austria was perhaps notable in identifying a specific programme under the title 'Disability Flexicurity' (a not-for-profit 'staff leasing' service intended to 'encourage employers to hire people with disabilities and test their achievement potential').

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

#### **5.4 Developments in 2009**

Although there were no updates of the NSRs in 2009, Member States did provide updates in their 2009 Implementation Reports for the parallel OMC process in relation to National Reform Programmes on growth and jobs. A separate, and detailed, analysis of these developments is contained in the corresponding ANED report, updated in 2009.

This analysis suggested, amongst other things, evidence that some disability-related benefits had been frozen or cut (e.g. EE, HU) but that in other countries they had been purposefully protected or increased to protect disabled people as a 'vulnerable' group in recession (e.g. BE, FR). There have been continued attempts to limit eligibility for disability-related benefits and to increase the employment activation of disabled people in the labour market. In this context, there is also evidence of the adoption of more functional work capacity assessments, including partial work capacity (e.g. CY, FI, FR, HU, MT, NL, UK). The strong connection between work and welfare therefore remains evident and we would expect to see more reference to this in the 2010 NSRs.



## 6 POVERTY AND INCOMES

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

### 6.1 Analysis of disabled people's poverty

The 2008 NSRs presented a very mixed picture in this respect. It was of considerable concern that disabled people remained invisible in discussion of social inequality, exclusion and poverty in some countries (e.g. FI, SK, SE). Disabled people were recognised amongst the groups most at risk of poverty in several countries (e.g. AT, CZ, FR, IE, SI) and were included in some Priority objectives on poverty reduction. However, quantitative evidence of poverty differentials for disabled people were rarely presented (or inadequately disaggregated from the general population). Unemployment was viewed as the key explanatory factor for disabled people's poverty (although this could have been more accurately characterised as economic inactivity). For example, Austria noted that 'The monetary poverty risk of persons of working age with strong health impairments falls from 42% to 10% if the disabled person is working' (p4).

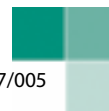
Tackling childhood poverty was a specific concern of the Joint Report on Social Protection and Social Inclusion 2008. However, there was relatively little attention to the disability dimension of child poverty in the 2008 NSRs. This issue was highlighted in some countries (such as the SI, SE, UK) but disability was not well mainstreamed in the analysis or proposals. Disabled children were identified as a specific focus for inclusion in some countries but without explicit reference to poverty (e.g. new services and protection in RO, child care in LU, national strategic focus in IE and AT).

In the 2010 NSRs there would be scope for a clearer focus by the Member States on connections between childhood poverty and child or adult disability, and the contribution that measures on disability inclusion can make to this. There is also scope for much more attention to the connection between old age, disability and poverty in future NSRs.

### 6.2 Fighting poverty

The lack of systematic identification of disabled people in describing poverty led to a lack of specificity in the 2008 NSRs about how to address the problem. There was occasional recognition of the additional costs of impairment (with financial assistance to subsidise transport, housing or the purchase technical aids and equipment, wheelchairs). Recent increases in disability benefit or pension rates were noted in some countries (EL, FR, LV, LT, MT). However, benefit rises should be put in context. For example, in Latvia the rises in social security for people disabled since childhood from 50 LVL to 75 LVL per month should be seen in the context of a minimum wage LVL 180. The 2008 high profile public debates about disability benefit levels in France were not evident in the French NSR.

The most significant tensions was between, on the one hand, the maintenance of adequate incomes from disability benefits and, on the other hand, priority objectives to reduce eligibility to such benefits for those of working age (e.g. HU, UK).



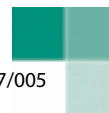
In this sense, the employment activation focus adopted from the Lisbon agenda, and the economic imperatives facing Member States in a period of economic downturn, resulted in a focus on disability incomes dominated by concerns to reduce state expenditure and incentivise employment. Resolving these tensions will be a significant challenge in 2010. For example, radical reforms in the UK in 2008 created a single employment focused benefits system for all working age people (disabled and non-disabled). Slovakia was perhaps unique in suggesting that a 'relaxation of the conditions for claiming an invalidity pension is also proposed' (p11). Slovakia was also developing a more holistic approach with a new Act on 'financial allowances for compensation of severe disability' in 2009 (including finance for aids and equipment, building works, personal assistance as well as individual allowances).

### **6.3 Developments in 2009**

There is, so far, very little published evidence concerning the impact of economic crisis on disabled people's social protection and social inclusion. In countries confronting public spending restraint there are implications for public services and the funding of non-state sector service providers. People receiving full disability pensions have their personal incomes protected from labour market changes in the short term (albeit in the context of a low income, being out of work, and being subject to loss of other household members' earnings).

In Estonia, a new Social Welfare Act and new Social Benefits for Disabled Persons Act are expected in the period 2008-2013. In Greece, plans to separate the health sector from the social security sector include health cuts and stricter criteria for disability pensions. In Italy there will be important changes to disability certification from 1 January 2010, when the INPS (National Institute for Welfare) will assume responsibility.

Examples suggest small but positive increases in incomes, disability benefits, subsidies or income guarantees (e.g. at indexation rates or higher). There is one counter-example of a cut in disability allowance. As reported in 2008, there are examples of benefits 'simplification' towards a closer link with employment activation policies. However, where national survey data exists it also confirms evidence of relative poverty and low incomes for disabled people. This is an area where improved reporting could be expected in the 2010 NSRs.



## 7 Accessibility of goods, services and infrastructures

Accessibility was a key feature of the 2008-2010 Disability Action Plan, cutting across a wide range of policy domains relevant to social inclusion and social protection. A number of these specific areas are addressed in separate sub-sections below. Noting the earlier discussion of mainstreaming methodologies it is evident that there was a considerable lack of consideration for accessibility in the preparation of the NSRs (for example, there were numerous discussions or proposals for social inclusion, housing, transport, e-inclusion, education, and so on that made no reference to disabled people). Clearly this is something that needs to be addressed in the 2010 NSRs.

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

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

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

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

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



## 7.1 Housing

Appropriate, accessible and affordable housing for disabled people is a pre-requisite for successful independent living outcomes, and has been consistently cited by independent living movements in Europe and North America as one of their fundamental needs since the 1970s.

It also underpins the freedom of movement for disabled workers, and strategies for de-institutionalisation. Access to housing for disabled people was acknowledged in at least nine of the 2008 NSRs (BE, FR, FI, IE, LT, MT, SE, SK, UK).

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

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

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

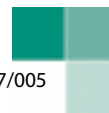
In 2009, further clarification was given to the area of housing in Member State responses to a questionnaire from the Commission (see confidential annex). Although disability was not mentioned by all it was at least acknowledged by most. Where specific measures were noted, they mainly addressed the social housing sector – referring to the provision of priority housing for ‘vulnerable’ or ‘high risk’ groups (e.g. AT, CY, CZ, DE, ES, FI, LV, NL, PL, SI, SK, UK). These included, but were not necessarily limited to, disabled people. There was a clear concern about the reciprocal connection between homelessness and ‘health’ factors (e.g. AT, IE, LV, PL, SK, UK), particularly for people with mental health conditions (i.e. there was much reference to the higher incidence amongst homeless people and the higher likelihood of becoming mentally ill).

The kinds of specific housing schemes identified included:

- Targeted housing schemes, such as supported accommodation for disabled people (CZ) or ‘Access to independent housing’ whereby disabled people are one of the groups targeted (CY).
- ‘RENOVE’ – a programme which enacts the objectives of the State Housing Plan 2009-12, helping to improve energy efficiency and universal access for disabled people (ES).
- A Public Service Agreement (PSA) which offers ‘vulnerable adults’ settled accommodation and employment, education or training. Amongst those deemed ‘vulnerable’ are people with learning difficulties (UK England).
- The development of a national housing strategy for disabled people, to be completed by the end of 2009, which particularly recognises the needs of mental health service users (IE).
- The ‘Long-term Concept of Housing for the Marginalized Groups of the Population’ which provides social housing for a range of different groups, including disabled people (SK).
- The ‘Subsidised Dwelling Construction Support Programme’ which constructs rented social housing for certain groups, including older people or people with a medical condition (CZ).
- The ‘Programme to Reduce Long-term Homelessness 2008-2011’ which targets those who are homeless ‘due to’ social and/or health problems (FI).
- The availability of accessible rooms within temporary accommodation (IE).

Reference to schemes that offer housing support to disabled people once they have a place to live included:

- A Housing Programme for disabled people to support obstacle-free access. This is where disabled people can apply for repayable financial support to develop a technically barrier-free apartment (HU).
- Support for services within the home (outside of the social sector) where disabled people can apply for a pre-paying meter for gas and electricity (HU).
- Two programmes available to disabled people, including a ‘Unified Housing Scheme’ which provides loans and grants for renovation or improvement of homes and targets specific groups such as disabled people. Also an ‘Incentive Scheme for Cohabitation’ which provides grants to accommodate disabled people living in their parents’ homes through renovation/ repair/ improvement of dwellings (CY).
- ‘Supporting People’ offers support with housing related responsibilities or services to different groups, including disabled people (UK England and Wales).



The range of response examples included targeted supported accommodation; improvement and accessibility; and (in at least one case) a national housing strategy for disabled people. Although there are several examples of interest, there remains a lack of systematic knowledge and evidence about disabled people's housing situation (although some countries do report on adequacy of housing, and sample data would be available from EU-SILC). Finally, it is important to remember that de-institutionalisation also creates considerable housing challenges and people leaving institutions may be at risk of homelessness if accessible housing provision and support is not readily available (this group is openly addressed in the housing policies of only a very few states).

Given the recent attention to housing and social inclusion, there would be scope to expect some reference to these issues in the 2010 NSRs.

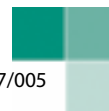
## 7.2 Transport

The issue of mobility and transport for disabled people has gained significant priority in recent EU policy making (e.g. in regulating accessibility and non-discrimination in public transport by land, sea and air). However, these developments did not achieve the same high profile in the 2008 NSR documents. Access to transport was mentioned by at least 10 Member States (AT, BU, CY, EL, IE, LU, LT, SI, UK) although, by implication, it was omitted by the large majority. In addition, the issues were not necessarily addressed according to EU disability policy frameworks.

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

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

There was a lack of evidence presented on access to transport for disabled people. There was a proposal in the UK report to monitor the number of trains and buses with access for disabled people, and to adapt public transport vehicles in Lithuania.



This example is interesting (and has subsequently been incorporated into the UK Office for Disability Issues indicator set with reference to low-floor buses). Given the existence of EU regulation in this area there should be some scope for states to report national data on progress in the accessibility of public transport vehicles in the 2010 NSRs.

### 7.3 Education and lifelong learning

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

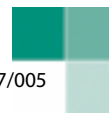
Germany's commitment to raise educational opportunities for all (referencing gender, ethnicity and disability) is also worthy of development. ANED's Greek experts identified concern at the lack of reference to education amongst the strategic priorities anticipated from the 2006 report, beyond asserting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

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

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

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

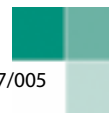




## 7.4 Developments in 2009

Education and training is a large and complex field that merits particular attention, particularly in its connection with labour market inclusion and social inclusion more generally. No new updates were submitted by states in relation to education in 2009, and there is relatively little new information available relating specifically to disabled learners. An interesting development has been the introduction of a quota for Universities in Portugal, where 2% of the total places available or two places on every course should be for candidates with physical or sensory impairments.

Some relevant comparative work has been produced by the OECD and by the European Agency of for Development in Special Needs Education (EADSNE) new Indicators for Inclusive Education (currently involving 23 countries). EADSNE country information includes, for example, details on legal systems, financing, identification, training, and quality, with some national statistical data (although this is not defined in terms of disability). There would, therefore, be scope for states to report more systematically on the situation, and relevant policy measures, in their 2010 NSRs. It should also be noted that the topic of educational and training opportunities and outcomes will be a focus for national and synthesis reporting by ANED in 2010, with a proposed focus on youth and transition.



## 8 QUALITY OF SUPPORT AND CARE

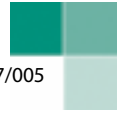
### 8.1 Institutions

There has been evidence of some positive movement on de-institutionalisation in national policy development. Strategic commitments to non-institutional policies for long-term support and care have become more widespread and more prominent at the national level, although these were not necessarily reflected in the 2008 NSRs. For example, Austria did not mention the effects of the *Heimaufenthalts-gesetz* (Home Residence Act) that made forced confinement in institutions for older and disabled people illegal.

In some newer Member States where specific problems were identified during accession there have also been developments. For example, the main focus of Romania's National Strategy for disabled people 2006-2013 is the restructuring of traditional residential institutions (there is some evidence that the number of disabled adults in residential institutions is decreasing). However, there was less attention elsewhere. Hungary referred to its institutions only in the context of employment training - creating 'employment activities' within the institutions rather than challenging their existence. The Czech Republic did not acknowledge the lack of progress on de-institutionalisation (and there were commitments in the NSR to continue public funding for 'homes' that are primarily large institutions).

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

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



## 8.2 Independent living and personal support

Successful implementation of policies for social inclusion and social protection (including policies to support de-institutionalisation and labour market integration) require effective policies to support independent living.

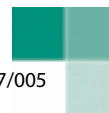
This is an area of policy that we consider to be of high priority, where there is significant innovation and good practice and great potential for trans-national lesson learning. In particular, the fundamental freedom of mobility for disabled workers and citizens is challenged by a lack of flexibility and harmonisation in self-directed support for independent living. The development of such schemes has been widely advocated and pioneered by disabled people's organisations across Europe as a desirable policy outcome. This is an area where the Commission have recently begun to seek added European value (during 2009).

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

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

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

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



There are concerns that certain groups of disabled people may become more excluded if models of support do not accommodate them (such as models of budget allocation that require the individual to be 'capable' of managing the budget without support). For example, Finland proposed a new system of personal assistance in 2008 but raised concerns that 'alternatives to the current model based on the disabled person as an employer are needed; not everybody can or wants to be an employer to the assistant. A number of disabled persons are currently excluded from the service or receive too few hours of assistance, considering their needs' (p83).

Yet, models of good practice in Finland and elsewhere would show how this can be achieved (e.g. the Finnish personal assistance for people with learning disabilities project has been a great success. The national evaluation of this project evidenced that it improved people's inclusion and their citizenship, accessibility, created user-led quality standards and was a real social innovation of individual housing).

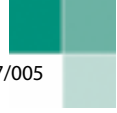
### **8.3 Developments in 2009**

Many disability supports and services are devolved to regional and municipal governments, where budgets may be hardest hit by the economic crisis. At the same time municipalities may be taking a more proactive role in the disability area while central governments are preoccupied with macro-economic policies. For example, staff in some central agencies with responsibility for disability-related issues (e.g. employment support) are under pressure in managing increased numbers of job seekers. Central department budgets may be limited (e.g. there is at least one example of a significant cut in the state fund for rehabilitation). There would be merit in understanding more about the implementation of relevant responsibilities at central and local levels in different countries.

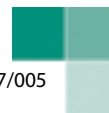
There is, as yet, no widespread evidence of cuts, but there are clear examples in some countries (e.g. IE, LV). For example, there has been some delay of planned policy initiatives, cuts in healthcare and cuts in funding to voluntary organisations. Where central governments are investing in major public job protection/creation schemes there would be opportunities to focus investment in accessible infrastructure projects for sustainability (but this route has not been pursued).

During 2009, de-institutionalisation, community living and support for independent living provided the focus topic for ANED national and synthesis reports. While this reporting was not yet published at the time of updating a number of key issues have emerged from this work. For example, an Act on Personal Assistance established rights to personal assistance in Finland from 1 September 2009. A new benefit, similar to personal budgets, was introduced in Vienna, Austria. In Germany, there are proposals for greater individualization, self-determination, and flexibility of benefits. Consultation on new legislation in the UK may lead to a 'right to control' services and there are also pilot projects to establish Centres for Independent Living in each locality. Early thinking is also apparent for a new law on personal assistance in Slovenia.

There is a need to ensure that funding provided by EU structural funds is not channelled towards national projects promoting or enhancing institutional living solutions, contrary to the principles of the Disability Action Plan. It will, therefore, be relevant to carefully review the 2010 NSRs with this in mind. By contrast, there is great scope to develop innovative pilot projects on self-managed personal assistance schemes, for which such funding could provide an excellent stimulus.



This would also apply to stimulating the involvement of disabled people's organisations in the development and delivery of independent living policies. Clearly, we might hope to see some reference to states' obligations under Article 19 of the UN Convention in the 2010 NSRs.



## 9 INDICATORS, MONITORING AND EVALUATION

As highlighted in the UN Convention, the EU Disability Action Plan, and the work priorities of ANED, progress on implementation of disability equality requires appropriate monitoring data and reliable indicators. Preliminary analysis of the 2008 NSRs confirmed that there is a significant problem in the absence, and lack of utilisation, of disability statistics and indicators. This applies both to the description of the situation of disabled people and to the setting of targets and measures for improvement in that situation.

It is evident that very few figures or indicators relating to disabled people are provided in the NSR documents and that those included may often be contested (see separate discussion section on labour market inclusion).

During 2009 there have been some significant developments, which may impact on the preparation of the 2010 NSRs. For example, the UN Committee on the Rights of Persons with Disabilities has now issued its first guidance on reporting requirements. The document, *Guidelines on treaty-specific document to be submitted by states parties under article 35, paragraph 1, of the Convention on the Rights of Persons with Disabilities*<sup>10</sup>, issued in November 2009, now adds some clarity to the expectations. Amongst the items for inclusion in states' Treaty-specific reports should be:

Statistical data on the realization of each Convention right, disaggregated by sex, age, type of disability (physical, sensory, intellectual and mental), ethnic origin, urban/rural population and other relevant categories, on an annual comparative basis over the past four years; (p4).

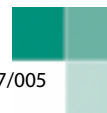
It is clear, from the 2008 NSRs, ANED country reports and further investigations, that this ambition is entirely unachievable across the EU Member States. Indeed, it is unclear if any single state would be able to comply with this expectation on the basis of existing national data. Work conducted by ANED during 2009 has added some progress in scoping the potential for data indicators and statistics, with the completion of outline proposals for a new indicator set. Parallel work by the Council of Europe is also of significance here (and all Member States will have engaged with this process). There should, therefore, be considerably improved potential to include more systematic and comparable reporting on the situation of disabled people in the 2010 NSRs.

### 9.1 Statistics and indicators

In several of the 2008 NSRs, the only quantifiable indicator on 'disability' was related health statistics (e.g. AT). In this context, EU OMC advice on common indicators included only 'Disability free life expectancy at birth', which is a highly problematic methodology from a disability equality perspective and should be critically reviewed in terms of its relevance to social inclusion and social protection. There should be optimism that more countries introduced quantitative indicators for the first time (e.g. LV) although in few cases was it possible to track progress towards inclusion objectives for disabled people.

An approach used by several countries (e.g. CY, ES) was to cite the number of cases of public assistance payments to disabled people but without any measures of equality, accessibility, or employment (although Spain did provide a useful comparison of disability pension levels with the minimum wage).

<sup>10</sup> <http://www.ohchr.org/Documents/HRBodies/CRPD/CRPD-C-2-3.pdf>



The Czech Republic reported only the number of 'Homes for people with disabilities', number of stays and cost. Indicators were set for reductions in state expenditure on disability benefits and even for increases in residential institution care places (e.g. HU) but without corresponding indicators for spending on accessibility and inclusion. There is clearly scope to develop better indicators of social inclusion in the 2010 NSRs.

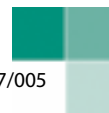
Some countries, like France, exploited international comparative data in some areas of the NSR but not in relation to disabled people. Others, like Ireland, included disabled people in overall poverty indicators but without comparison to other countries. Some, like Hungary or the Czech Republic, include limited comparative reference to EU or international norms. For example, Estonia drew on EU data where possible (SILC, LFS) and comparisons could be made with other disadvantaged groups.

The Belgian report included reference to EU-SILC and some quantifiable indicators, but this was undermined by the admission that: 'The available figures do not enable us to track the employment trends among people with disabilities'. Similarly in Lithuania: 'Unfortunately, the new system is still in the process of development and there is no central database yet, which, when connected to the social insurance database, could allow assessing a general level of income of the disabled'. Similar concerns about comparability and breakdown between surveys were expressed by ANED experts in other countries (e.g. BU, LV, EE, DE). One difficulty is that the small sample size of disabled people within existing surveys can make it very difficult to break down data against other variables (age, impairment, gender, ethnicity, etc).

There must therefore be a place for both targeted, national disability surveys and shared European modules. However, isolated surveys over time are not always comparable (e.g. measures of the employment rate for disabled people in Denmark rose from 53% in 2002 to 56% in 2005 but studies since then are not quite comparable for time series data). Common methodologies would be of great assistance in targeting modules in different countries. However, it is a matter of great concern that so few states include a disability variable in their national Labour Force Surveys. The inclusion of relevant questions to identify disabled people should also be encouraged for Member States in the next Census round. In this respect it is encouraging to learn that a number of states now plan to harmonise Census questions using items developed by the Washington Group. This will not influence reporting for the 2010 NSRs but will facilitate the possibility of improved national reporting in future OMC cycles.

## 9.2 Targets and measures

There is also scope for setting, and reporting on, targets for accessibility and the social inclusion of disabled people in the NSRs. There were isolated examples in the 2008 NSRs but also some problematic areas of practice. Counting the number of places in specialist services or the number of professionals trained may be little better than counting disabled people when it comes to measuring the outcomes of social inclusion and equality. For example, Greece identified a target of 25% of disabled people benefiting from labour policies by 2013, and an increase of participation of vulnerable groups in vocational training to 10%, but did not set a target for actual employment-unemployment rates of disabled people (yet, in Greece, a new National Employment Observatory for disabled people was planned under the community framework 2007-2013).



In terms of data development, Hungary planned to spend EU funds on 'a new disability classification system focusing on revealing the people's remained capabilities' and training staff to implement it. In Denmark, a new state level knowledge centre called VISO was created, incorporating the previous county level systems.

Monitoring of targets set by Estonia was to be enhanced by a second wave survey in 2009 (although the definition of the disabled population was limited to those receiving disability benefits or pensions). Ireland had developed a 'data matrix' that sets out:

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

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

Where such targets are set (and where data is systematically reported) it is more possible to gauge progress. This practice should be encouraged in the 2010 NSRs. For example, in the previous cycle report Denmark set quantifiable targets for 2005-2009 for increases in disabled people in employment, and for share of companies with disabled employees to increase by one percentage point per year. However, the 2008 NSR did not propose any indicators for monitoring progress on disability-related issues. Consistency in monitoring targets in the NSRs over time should be encouraged, possibly by developing a shared framework or indicator set.

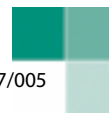
### 9.3 Some examples of good practice

Many of the 2008 NSRs did not include any good practice examples with specific positive impact on disabled people. In some countries, such as Finland, the examples cited related primarily to health outcomes rather than social inclusion. However, to assist in the OMC, it is useful to highlight some examples from the 2008 NSRs and from reports prepared by the ANED country reports. In addition to good practice in data collection (above) the key areas in which we believe good practice could be more effectively highlighted are the involvement of disabled people and their organisations (e.g. good governance) and innovations in support for independent living (e.g. direct payments and self-managed personal assistance).

#### **Austria**

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





### **Bulgaria**

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

### **Cyprus**

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

### **Denmark**

Local government reform in January 2007 has required all municipalities to establish disability councils, where half of the members are from disability organisations and half are municipal politicians or civil servants.

The disability councils were installed in order to involve organisations of disabled people in local decisions and to ensure qualified advisory service for decision makers and administration in the field of disability. As a result a large number of local authorities are now formulating a local disability policy. Although there were already local councils for employment of disabled people, this will give an increased attention on disability matters in the municipalities.

### **France**

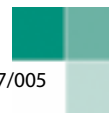
NSR 4.3.1.1 – ‘the establishment of a day of solidarity in order to ensure the financing of actions for the elderly and people with disabilities. It takes the form of a day of unpaid work for employees (0.3% of GDP) and a payment by employers of a contribution of 0.3% of wages subject to contributions.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

### **Hungary**

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

### **Italy**

Law No. 1978 (December 3rd 2008) “Disposizioni per il finanziamento di progetti di assistenza personale autogestita in favore delle persone con disabilità grave”, interprets the commitment of the National Movement for Independent Living in the field of severe disability and self managed personal assistance.

**Latvia**

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

**Netherlands**

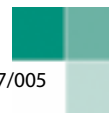
The Netherlands provides person-specific financial budgets to persons with disabilities or chronic illnesses which the recipient has the discretion to spend as he or she sees fit (accounting is required annually). This is called a Persoons-gebonden budget (PGB) and is financed from a national insurance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

**Slovakia**

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

**United Kingdom**

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



## 10 SUMMARY CONCLUSIONS

The conclusions to the High Level Group Discussion Paper on mainstreaming disability in the 2008-2010 NSRs were optimistic in asserting that MS were addressing disability from a rights-based perspective in their 2006 plans, with a commitment to mainstreaming, and that most issues were addressed within the strand on social inclusion (rather than long-term care). Our evaluation of those plans, and of the 2008 plans, would suggest that there is still some considerable way to go before claiming substantial successes. There is also considerable scope for improvement in the 2010 NSRs.

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

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

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

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

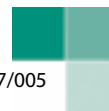
Harmonisation has become more evident in tougher restrictions on disability benefits for people of working age than in stronger support for accessibility and assistance in the workplace. Investment in individualised labour market activation is not being matched by commitment to structural accessibility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

There is scope for considerable improvement in the mainstreaming of 'accessibility' as a concept in the 2010 NSRs. Given the prominence of this concept in the EU DAP, this is an area that would merit attention.

There is positive evidence that many member states are developing coherent national disability strategies, and that disabled people are being involved in their development. There are lessons of good practice here, yet the 2008 NSRs often did not reflect the coherence of strategy that exists at national level.

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

There are five key areas from our analysis that need to be addressed (some of which have already been incorporated in the 2009 and 2010 work plans of ANED).



First, there is a need for European input to the methodology of mainstreaming disability in policies as part of the OMC SPSI process. The guidance of the High Level Group was welcome in the 2008 reporting exercise and outlines a number of useful key principles. However there is clearly a need for further direction in the 2010 process. There would be a case for a similar paper, at the very least, with potential for requiring greater harmonization of reporting in a number of ways.

Second, there is a clear need for improved reporting of relevant data and indicators of progress in creating social inclusion for disabled people (both indicators of outcomes for disabled people and indicators of improved accessibility in the environment and infrastructure). However, guidance and support may be needed to assist states in developing and reporting such measures in the 2010 OMC SPSI process.

Third, there is a need to continue the new European momentum on developing good practice in measures supporting independent living. There have been considerable developments in 2009 (including the focus of the annual European Day of Disabled People conference). However, there is still a need to convey clearly the concept of independent living and the framework of the UN Convention (e.g. challenging the use of EU structural funds for inappropriate purposes). It would be useful to highlight the need for reporting and measures on independent living in the 2010 NSRs.

Fourth, there is a need to focus some attention on the connections between educational disadvantage for disabled people and outcomes in employment and social exclusion more generally. We may expect to see new information available in 2010 and it would be relevant to draw attention to these issues in the OMC SPSI process. It would also be relevant to consider how such issues could be addressed within the OMC Youth processes.

Finally, it is important for the 2010 OMC SPSI process to take due account of the practical implementation of the UN Convention. We expect to see an increasing number of Member States ratify the Convention in 2010, and there is commitment from the Council of Ministers to take forward the preparation for EU ratification. The implications of the Convention should be explicitly referred to in the 2010 NSRs, and states may benefit from guidance or framework in doing this.

## 11 ANNEX: REFERENCES TO DISABILITY AND DISABLED PEOPLE IN THE MEMBER STATES' 2009 QUESTIONNAIRES ON HOUSING AND HOMELESSNESS

Country/ code	Question/ section	Comments	Page	
AT	<b>Reasons for homelessness</b>	In addition to the availability of affordable housing and assistance to the homeless programmes other factors play a major role, such as unemployment, low income, health problems and deprivation. If several factors coincide, the risk of homelessness and housing exclusion will rise.	<b>p.4</b>	<b>Mention the role of health in homelessness.</b>
		The general principle governing assistance to the homeless is to avoid giving priority to any specific group.	<b>p6</b>	<b>No specific priority in addressing homelessness</b>
	<b>Section C (access to housing)</b>	To have one's name put down for <u>a city-owned flat</u> the one or several of the following must apply: <ul style="list-style-type: none"> <li>▪ the current flat is detrimental to your health</li> <li>▪ requirement of a different flat due to <u>failing health or old age</u></li> <li>▪ There are too many people living in the current flat - overcrowdedness</li> <li>▪ you are separating households</li> <li>▪ you have lost your company or government flat through no fault of your own</li> <li>▪ you are a young Viennese without a flat of your own (less than 30 years of age)</li> <li>▪ <u>you require a flat for people with disabilities</u></li> </ul>	<b>p.13</b>	<b>Can apply for municipal flat if disabled person</b>
	<b>Access to Independent Housing</b>	Although the City of Vienna provides council housing and other publicly funded housing, there is a need for special support for groups for whom this accommodation is not accessible or	<b>p.15</b>	<b>Assert a need for housing for people with various needs,</b>

		<p>appropriate; for various reasons – emergency need, affordability, and special conditions of access, information deficit or personal difficulties in dealing with this challenge.</p> <p><b>Vulnerable groups</b> to be assisted are people with low incomes or specific handicaps, either leaving sheltered/ cared accommodation or homeless. Another group is migrants, for whom access to funded dwellings is difficult for various reasons, and who often live in insecure and unacceptable housing conditions.</p> <p>The additional appendix repeats the information in the response</p>		<p><b>including access requirements. Disabled people are mentioned as a 'vulnerable group'.</b></p> <p><b>Disabled people leaving accommodation or homeless to be assisted as vulnerable target group</b></p>
BE	<p><b>Current situation homelessness</b></p> <p><b>Section B Question 2</b></p>	<p>Research for the Belgian CPAS suggests that the problems most frequently encountered by homeless people include:</p> <ul style="list-style-type: none"> <li>- Mental health (58.5%)</li> </ul> <p>The Flemish authorities report that risk factors for homelessness include:</p> <ul style="list-style-type: none"> <li>- Stay in residential settings (general welfare, special youth, disabled, mental health);</li> <li>- Psychological problems;</li> <li>- Entanglement in bureaucratic and administrative systems (e.g. people who do not cope with all sorts of formal procedures, ...).</li> </ul> <p>Brussels promotes 'Transversal policies' on homelessness</p> <p>The NAP Social Inclusion 2008-2010 includes expanded support for workers through an intersectoral approach linking the issue of mental health with assistance to homeless people.</p>	<p><b>p5</b></p> <p><b>p6</b></p>	<p><b>Mental health associated with homelessness</b></p> <p><b>Previous residential care a risk factor for homelessness</b></p> <p><b>Targeting inter-sectoral intervention on mental health amongst homeless</b></p>

	<b>Question 3</b>	The target of the system of housing benefit (of the Flemish Government Decree of February 2, 2007 imposing a contribution towards the rent for needy tenants) includes: - An elderly person or a person with a disability who moves from a house which is not adapted to his physical condition, and conforming to a custom home. The criteria of a custom home is set in the MD of 12.04.2007.	<b>p13</b>	<b>Rent subsidy for move to housing meeting accessibility criteria</b>
	<b>Question 7 Housing support for homeless people</b>	Assisted living centres aim to relieve pressure on housing capacity. Assisted living is both in general welfare, the disabled (as "shared housing") and in mental health (the "sheltered housing").	<b>p23</b>	<b>Specialist housing providers ease pressure on mainstream housing providers</b>
	<b>Question 9 Access to social housing</b>	Income conditions for admission to social housing (in Flanders) were 17,900 Euros for a single person without dependents but 19,400 euros for a single disabled person. Also a premium adjustment for home improvement for older and disabled people.  Flanders adopts a broad, comprehensive strategy on social disadvantage, including homelessness. Partnerships should be developed between different policy areas (housing, education, employment, mental health, disabled, ...). There are several mentions of disabled people amongst disadvantaged groups targeted for employment, education and social initiatives.	<b>p27</b>	<b>Higher income threshold for disabled people to enter social housing</b>  <b>Disabled people amongst disadvantaged groups I mainstream strategy</b>
<b>BG</b>	<b>SECTION B Question 3</b>	The answer to the previous question shows where are part of the accents of the policy for combating homelessness and housing exclusion (mostly Programmes B-4 and B-5). We should note that Bulgaria has no separate strategic document dedicated solely to the	<b>p.9</b>	<b>No housing policy. Reference to mainstream social inclusion plans and</b>

		<p>problems of homelessness and housing exclusion.</p> <p>Despite that these issues are present in all of our documents dedicated to combating poverty and social exclusion (Joint memorandum on Social Exclusion, National action plan for Social Inclusion 2006-2008 and 2008-2010, National action plan for the Decade of Roma Inclusion 2005-2015, National strategy for the Child 2008-2018, Strategy for provision of equal opportunities for people with disabilities etc.).</p> <p>It can be said that the Bulgarian policy in the field of homelessness and housing exclusion is combination of common and targeted policies with latter being predominant. Our legislation also provisions targeted support. According to the existing legislation at national and local level preferences use mainly the following groups: people with disabilities, social assistance recipients, orphans, single parents of underage children, families with children etc.</p> <p><b>Some examples for preferential regimes:</b> According to the Law on integration of the people with disabilities and the Rules for its implementation the people with permanent disabilities have the right to monthly allowance for rent of municipal dwelling if they are single and the contract for rent is with them. The allowance is paid after presenting document for expenditure and amounts the legally defined rent in accordance with the Law for municipal property (approximately 32 BGN per month).</p> <p>People with permanent disabilities have the right in accordance to their needs to targeted benefits and relieving measures for reorganisation of their home.</p>	<p>p.10</p>	<p><b>national disability strategy</b></p> <p><b>Targeted policies including for disabled people</b></p> <p><b>Disabled people one of the groups targeted for housing.</b></p> <p><b>Some disabled people are entitled to financial support with rent for social housing.</b></p>
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	<p><b>Temporary accommodation for the homeless</b></p>	<p>The Rules for implementation of the Law on integration of people with disabilities provisions one-time targeted benefit amounting 600 BGN for the reorganisation of the home if the average monthly income per family member for the last twelve months is equal or lower than the double amount of the guaranteed minimum income and the person with permanent disabilities is with over 90% decreased working capacity or is a child with limited possibility for social adaptation.</p> <p>Priority Axis 4“Regional development and cooperation’ of OPRD has a total financial resource of 89 million EUR and is targeted to the municipalities outside the urban agglomeration areas. It envisages activities for repairs and reconstruction of municipal educational infrastructure which contributes for the sustainable local development in the frames of operation 4.1 “Small scale investments” which amounts 33 million EUR. OPRD concerns the interests of the disadvantaged groups (people with disabilities and others including the Roma) in observing the horizontal policies of the EU for gender equality and non-discrimination. The key criteria for project selection are set at programme level: “...The project will be selectable if it meets at least one of the following criteria: Targeted at the needs of concrete disadvantaged groups (especially the Roma population); ... takes into consideration the needs of the disadvantaged groups including the Roma...”. These basic criteria are further developed and accounted for in the projects of the concrete grant schemes. By April 30, 2009 on both axis which concern the disadvantaged groups were signed contracts for a total of 283 421 464.30 BGN and were paid 7 364 089.97 BGN.</p> <ul style="list-style-type: none"> <li>• <b>Protected housing</b> which provide both shelter and social care to the accommodated persons.</li> </ul>	<p>pp.11-12</p> <p>p.14</p>	<p><b>Disabled people one of the groups targeted for repair and construction projects.</b></p> <p><b>Targeted protected housing projects</b></p>
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		<p>They are mainly targeted to youths and people with disabilities, mostly mental disabilities and children/youths leaving the homes for upbringing of children deprived of parental care. The legislation does not regulate a period of stay but as a rule these services ensure the transitional period to independent life.</p> <ul style="list-style-type: none"> <li>• <b>Specialised institutions</b> – homes for elderly people, people with disabilities and children.</li> </ul>		<p><b>Residential institutions as housing</b></p> <p><b>Of the many different schemes mentioned for temporary accommodation, two seemed to include disabled people.</b></p>
CY	<p><b>Question 2</b></p> <p><b>Question 3</b></p>	<p>The key national objective is to ensure access to adequate housing for every family and individual and especially displaced families (i.e. those displaced from their homes following the Turkish invasion of Cyprus in 1974), large families, persons with disabilities, low-income families, and persons living or wishing to live in rural areas.</p> <p>Housing policies are directed at various social and economic groups, which face different conditions and problems. They encompass targeted schemes [described under Section C “Access to independent housing”] for:</p> <ul style="list-style-type: none"> <li>• Displaced persons (i.e. displaced following the 1974 Turkish invasion)</li> <li>• Large families</li> <li>• Low-income families</li> <li>• Persons with disabilities</li> <li>• Persons wishing to live in rural or specified areas</li> </ul>	<p>p.2</p> <p>p.2</p>	<p><b>A national objective to provide adequate housing to various groups, including disabled people.</b></p> <p><b>Targeted schemes or ‘Access to independent housing’ – disabled people one of the groups targeted.</b></p>

	<b>Section C (access to housing)</b>	<ul style="list-style-type: none"> <li>• Cypriot gypsies</li> </ul> <p>There is an annual budget for housing policies implemented by the Ministry of the Interior. The 2009 budget amounts to €169.716.988.</p> <p><b>Under ‘other housing programmes’:</b></p> <p>(d) <i>Unified Housing Scheme</i> introduced on 1.1.2007, which provides loans and grants-in-aid for the construction, renovation or improvement of homes. The Scheme targets <i>large families, persons with disabilities</i> (social policy) and persons wishing to reside in <i>specified areas</i> (regional policy), i.e. small or distant communities, communities along the Green Line in Nicosia and communities along the Buffer Zone.</p> <p>(e) The <i>Incentive Scheme for Cohabitation</i> targets adult children wishing to accommodate their parents in their own homes and persons with disabilities wishing to live in their parents’ home. Grants are provided for the construction of extensions and the repair/renovation/improvement of homes.</p>	<p>p.5</p> <p>p.6</p>	<p><b>‘Unified Housing Scheme’ provides loans &amp; grants for renovation or improvement of homes – targets specific groups incl. disabled people</b></p> <p><b>‘Incentive Scheme for Cohabitation’ provides grants to accommodate disabled people living in their parents’ home through renovation/ repair/ improvement of dwellings.</b></p>
CZ	<b>Question 2</b>	There is no single register of demand within the municipal rented housing sector. Demand is ascertained and registered at the municipal level, within the municipalities’ autonomous responsibilities. According to preliminary data of the conducted monitoring of municipal housing for 2008, 75% of municipalities maintain records on applications for renting a municipal flat while 74% of them also maintain records on applications broken down into selected groups of the population (the most frequently registered	p.1	<b>Disabled people constitute part of the group who most frequently apply for municipal housing.</b>

	<p><b>Question 3</b></p>	<p>applications are those from the elderly, people with disabilities and low-income population). For the monitored group of municipalities, the number of registered applications makes up 24% of the total number of municipal dwellings on average (for selected population groups, this share is approximately 7% of the total number of municipal dwellings). Municipalities terminated the residential lease of 1.2% of the monitored number of municipal dwellings due, for example, to serious breach of the principles of morality, failure to pay the rent and services, etc. In only 0.05% of the cases, the relevant courts ruled that such termination of the residential lease was invalid.</p> <p>One of the housing support programmes funded by the Ministry for Regional Development – the Subsidised Dwelling Construction Support – focuses on the construction of rented social municipal dwellings for people who are disadvantaged in access to housing due to age, <u>medical condition or other reasons that involve special needs</u> in this area. We can state that most municipal applications for a subsidy that comply with the terms of this programme are accepted. The rented municipal dwellings built with the aid of a state subsidy may only be rented by municipalities to a target group determined by the State. The target group is determined by income, age, health and social handicaps.</p> <p>As far as the Czech Republic’s housing policy is concerned, the construction of rented municipal flats, designed for social habitation, has been supported in the long term. These flats, built with the aid of a state subsidy may only be rented by municipalities to a target group determined by the State. The target group is determined by income, age, health and social handicaps.</p>	<p>pp.1-2</p> <p>p.3</p>	<p><b>The Subsidised Dwelling Construction Support programme constructs rented social housing for certain groups, including older people or people with a medical condition.</b></p> <p><b>Rented municipal housing targets specific groups, including people with ‘health and social handicaps’.</b></p>
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	<p><b>Temporary accommodation for the homeless</b></p> <p><b>Section C (access to housing)</b></p>	<p>Low threshold centres (LDC-44). Other services which are not primarily focussed on assisting individuals without a refuge according to Act no. 108/2006 Coll., but which can be included in this area, include protected housing (122) and support for independent housing (26) (mainly designated for individuals with a physical or mental handicap).</p> <p>Supported accommodation has no legal status in the Czech Republic. Social services act recognises supported housing which means housing for disabled persons and persons with mental or psychiatric disorders.</p> <p>In compliance with law, municipalities with autonomous responsibilities establish their own rules or procedures to manage their municipal dwellings. However, the rented municipal dwellings built with the aid of a state subsidy may only be rented by municipalities to a target group determined by the State at a rent that must not exceed the set limit. The target group is determined by income, age, health and social handicaps.</p>	<p>p.8</p> <p>p.8</p> <p>p.9</p>	<p><b>Protected housing and support for independent housing – mainly for disabled people.</b></p> <p><b>Recognise supported housing – for disabled people and mental health service users</b></p>
DE	<p><b>Question 3 Section A (priority groups)</b></p>	<p>Social housing assists households who cannot obtain suitable housing in the market. This especially includes low-income households, including households with children, single parents, elderly and disabled people and other dependent people.</p>		<p><b>Disabled people are among the groups listed to receive social housing</b></p>
DK	<p><b>Current situation</b></p>	<p>The national calculation of homeless people in 2007 pointed to a variety of reasons for homelessness. Homelessness in Denmark to a very large extent is related to substance abuse and or mental illness. Homelessness to a large extent affects individuals with complex social/mental problems.</p>	<p>p.4</p>	<p><b>'Mental illness' mentioned as one of the reasons for homelessness.</b></p>

EE	<b>Section B verall policy framework Qu. 3</b>	...many local governments have specified priority target groups in their procedures for allocating social apartments – these target groups generally include single parents, elderly people living alone, disabled persons, and persons who start independent life after being raised in a substitute home.	p.5	<b>Disabled people seen as one of the priority need/target groups for social housing.</b>
	<b>Section D Quality of housing</b>	Estonian legislation does not specify the concepts of "overpopulated" or "inadequate" dwelling and, consequently, there are no Estonian standards for these concepts. Estonia has signed the EU Charter of Fundamental Rights, as well as the revised European Social Charter; the International Covenant on Economic, Social and Cultural Rights; the UN Convention on the Rights of the Child, and other similar treaties; ratification of the Convention on the Rights of Persons with Disabilities is in preparation. There are Estonian equivalents to the concepts arising from international law, but the legislation does not explicitly use the formulations "overpopulated" or "inadequate" dwelling, for instance.	p.11	
	<b>Section A Current situation</b>	Other reasons of homelessness, according to the respondents, included imprisonment in penal institutions, deterioration of health and, for instance, mother's death, i.e., a situation where a person loses his or her support without being able to cope independently.	p.4	
	<b>Supported accommodation for the homeless</b>	The accommodation services with supporting social services for the homeless differ between local governments. The most vulnerable persons, especially those with health problems and medical conditions that prevent independent coping, are offered 24-hour accommodation, which also includes food, washing, assistance with	p.9	
				<b>Deterioration of health mentioned as a reason for homelessness.</b>
				<b>Temporary accommodation offered to 'those with health problems and medical conditions that prevent independent coping'.</b>

		clothing, counselling, assistance with drawing up documents, and primary care. Depending on the needs of a person, local government may refer the person to a general care home, where he or she will be cared for and monitored.		
EL	<b>Access to housing</b>	<u>Interest-free loans</u> : Moreover, the Workers Housing Organization has significantly increased its interest-free loans addressed to disabled persons (including unmarried and with no children) and large families of three children or more and for the fire-stricken. Budget: EUR 250,000,000, <b>Beneficiaries: 2,500</b>	<b>p.5</b>	<b>Interest-free loans available to disabled people.</b>
	<b>Prevention</b>			
	<b>Temporary accommodation for the homeless</b>	<i>The terms and accessibility criteria differ according to the agent that runs the shelter. Normally the length of staying is three months and in exceptional circumstances six months. Most of the shelters don't accept people with mental problems or drug addicts, due to lack of professionals that know how to deal with such situations.</i>	<b>p.6</b>	<b>Most shelters offering temporary accommodation DO NOT accept 'people with mental problems'.</b>
ES	<b>Question 2</b>	RENOVE (a programme which enacts the objectives of the State Housing Plan 2009-12) helps to improve energy efficiency and universal access for disabled people.	<b>p.9</b>	<b>RENOVE programme which helps to improve energy efficiency and universal access for disabled people.</b>
	<b>Question 3</b> <b>SECTION C</b> <b>Priority</b>	Article 1 of Royal Decree 2066/2008 lists preferential categories – dependent persons or people with officially recognised 'disabilities' and their families. (Priority groups)  Policies on urban regeneration – they highlight the enactment of Law 51/2003 on Equal Opportunities and Universal Accessibility for disabled people. Acknowledge the role of society in creating barriers for disabled people (social model approach) (see quotes below):	<b>p.11</b>	<b>Priority if officially recognised as a disabled person.</b>

		<p>In general, the whole housing system is based on this approach. At the state level is to highlight the enactment of Law 51/2003 on Equal Opportunities and Universal Accessibility for disabled people.</p> <p>The disadvantage of a person with disabilities can be traced not only in their personal difficulties, but also and prominently in the limiting conditions of society itself.</p> <p>With the aforementioned law provides for basic conditions of accessibility and non-discrimination for access and use of public spaces and buildings urbanized.</p>	<b>p.22</b>	<p><b>Make reference to law in the context of urban regeneration.</b></p> <p><b>Acknowledge the social model of disability.</b></p>
<b>FI</b>	<b>B Overall framework and governance</b>	<p>Also some other basic rights provisions of the Constitution relate to housing. Reasonable housing conditions are necessary for the materialisation of subsistence and care necessary for a life of dignity. The share of housing expenses in disposable income has a central impact on basic income security during unemployment, sickness, incapacity for work and old age.</p> <p>Thus, <u>nationals have no subjective right to obtain a dwelling by turning to public authorities. Severe disability and child welfare interests constitute exceptions to this rule.</u> The right of severely disabled persons to service housing is provided by the Act on Services and Assistance for the Disabled (380/1987). According to section 8, subsection 2 of the Act</p> <p><i>"[a] municipality shall provide a severely disabled person with reasonable transport services including related escort services, and with interpreter services and service housing, if the person, due to disability or sickness, indispensably needs such services for coping with everyday life. <u>The municipality has no particular obligation</u></i></p>	<b>pp.3-4</b>	<p><b>Disabled people – 'severely disabled persons' entitled to municipal housing although no obligation to provide if the 'person is in need of continuous institutional care'.</b></p>







		<p>problems and the fight against exclusion.</p> <p>Existing family foster care provisions for disabled people have inspired new trials of similar arrangements for women who are victims of domestic violence.</p> <p>As part of Mental Health Plans around 50 ‘mobile psychiatric teams’ have been created that go out to homeless people on the streets, day centers and other accommodation.</p> <p>Also the development of communication between hospital and residential facilities to ensure access to health care.</p> <p>The Plan of Action on homelessness, implemented in 2007, included short-stay accommodation to help homeless people ‘stabilise’ and consider long-term options. This device is seen meet the needs of ‘people who do not have the mental resources, health and balance sufficient to initiate a course of reintegration into mainstream society’. However, this reform has not yet fulfilled its potential. People have often been ‘stabilized’ in inadequate accommodation and staff are not equipped to deal with ‘people with severe mental illnesses’.</p>	<p><b>p14</b></p> <p><b>p19</b></p> <p><b>p25</b></p>	<p><b>Disabled people amongst target groups</b></p> <p><b>Targeted mental health support for homeless people</b></p> <p><b>Short stay accommodation not equipped to support people</b></p>
<b>HU</b>	<b>Question 3</b>	<p><b>Larger support programmes – housing exclusion</b></p> <p>The following programmes are connected to the prevention and management of housing exclusion:</p> <ul style="list-style-type: none"> <li>• Prefab programme</li> <li>• Segregated site programme (eradication of the segregated colonies)</li> <li>• <u>Support to obstacle-free access (programme for people with disabilities)</u></li> </ul>	<b>p.12</b>	<b>Housing programme for disabled people to support obstacle-free access</b>

		<ul style="list-style-type: none"> <li>• Social urban regeneration programme</li> </ul> <p>Under the management of the Ministry of Social Affairs and Labour, in cooperation with the National Labour Fund, since 2005 the grant application scheme entitled “housing and social integration of people living at segregated colonies, colony-type environments” has been operated. In the first years, the programme supported the mitigation of segregation in small settlements (under 2,000 inhabitants) – then in 2008 settlements with populations under 15,000 became involved, as well –, the moving of dwellers to integrated environments, as well as the renovation of residential buildings, social integration in relation to housing integration: implementation of training and employment programmes with the assistance of non-governmental organizations.</p> <p>The programme primarily concerns strongly segregated sites inhabited by Roma people. In the period of 2005–2008, 31 settlements took part in the programme, and 25 of these settlements had populations under 2,000 people. Initially, only local governments could submit applications for the programme, yet since 2007 NGOs have also been permitted to apply. Within the framework of the programme for the eradication of segregated sites, so far a HUF 2.8 billion support has been furnished from national resources.</p> <p>Applications for the support to barrier-free access <u>can be submitted by seriously disabled people for the development of technically barrier-free apartments</u>. The repayable support can be provided to cover the extra costs of the development of barrier-free access, in a limited amount, and since 2001 the amount of the support has been unchanged (annually, HUF 2–3 billion is furnished to these ends).</p>	p.13	<p><b>Can apply for support for the development of technically barrier-free apartments (financial support – repayable)</b></p>
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	<b>Affordability section</b>	<p><b>III. Other actions (not in the social sector)</b></p> <p>Recently, the category of <i>consumers to be protected</i> has been introduced to the relevant legal regulations within the group of electric power and gas consumers: consumers socially in need <u>and with disabilities</u>. One of the specific allowances of these consumers – in addition to the option to pay in instalments or with grace periods – is the so-called <i>pre-paying meter (card-based consumption meter)</i> that can be an efficient device to preserve housing:</p> <ul style="list-style-type: none"> <li>▪ with the use of this meter, <i>consumers cannot accumulate arrears</i>, because they consume as much as they pay in advance (the pre-purchased volumes of energy will be charged to the equipment like in the case of card mobile telephones). Disconnection from the services can be avoided, and therefore the consumer is not to pay costly disconnection and reconnection fees;</li> <li>▪ As it can be monitored how much energy the persons concerned can still consume, the person economizes better, and therefore <i>it encourages conscious and economical practices</i>.</li> </ul>	<b>p.31</b>	<b>For services within the home (not in the social sector) disabled people can apply for a pre-paying meter for gas and electricity.</b>
<b>IE</b>	<b>Question 2</b>	<p><b>Housing Needs Assessment 2008</b></p> <p>Every 3 year local authorities undertake a statutory housing needs assessment of households in their functional areas that are in need of social housing support. The last such assessment took place in 2008. As part of the assessment, authorities categorise households according to the nature of their housing need. There are 10 such categories which include homeless and unfit accommodation. These categories are set down by Section 9 of the Housing Act 1988. The following table gives a breakdown of the results of the 2008 assessment by category of need:</p>	<b>p.8</b>	<b>Recognition of housing difficulties of disabled people</b>

		<b>Category of Need</b>	<b>Number of Households</b>	<b>% Total Households</b>		
		Homeless	1,394	3%		
		Travellers	1,317	2%		
		Living in Unfit Accommodation	1,757	3%		
		Overcrowded Accommodation	4,805	9%		
		Involuntarily Sharing	4,965	9%		
		Leaving Institutional Care	715	1%		
		Medical/Compassionate	8,059	14%		
		Older People	2,499	4%		
		People with a disability	1,155	2%		
		Not reasonably able to meet cost	29,583	53%		
	<b>Reasons for homelessness</b>	<p>There is rarely a simple explanation for a person experiencing homelessness. Homelessness is usually a consequence or a combination of both individual and structural factors. There is a growing body of research which indicates that there are underlying causes of homelessness, such as poverty and lack of housing options, and risk factors such as mental ill health, addiction, weak family</p>			<b>pp.11-12</b>	<b>'Mental ill health' mentioned as one of the factors that may lead to homelessness.</b>



IT	<b>Appendices</b>	<p><b>No mention of disability, disabled people or health was found in the national response</b>  Responsibility in this area is devolved to subsidiary authorities. In the regional responses:</p> <p>Veneto:  A survey of homeless people in 2006/7 revealed the presence of 'psychiatric distress' (254 persons out of 1,691 in the sample) and 222 persons with 'health problems'.</p> <p>Marche:  A general commitment to guarantee every person the right of citizens through a network of services accessible to all, to accompany and support the social reintegration of those at risk of exclusion, such as migrants, the disabled, ethnic minorities, the homeless, the elderly alone, the unemployed, single-income families, etc.;</p> <p>Trento:  General support services are mentioned (Family and Social Policy Division) for groups at risk of homelessness, including disabled people.</p>		
LT	<b>Section B Overall Policy Framework Qu. 3</b>	Municipalities make the lists of families and persons entitled to social housing. The list includes: <ul style="list-style-type: none"> <li>- young families;</li> <li>- families with three or more children;</li> <li>- former orphans or persons without care. The list includes former orphans and persons left without parental care or their families who, upon the expiry of the period of care or imprisonment, are under 35 years of age;</li> <li>- disabled persons and families with disabled persons;</li> <li>- general list;</li> </ul>	p.7	<b>Disabled people are one of the groups deemed priority need for social housing.</b>



		- tenants of social housing who are entitled to improvement of housing conditions.		
LU	<p><b>Question 3</b> <b>Section A</b> <b>(priority groups)</b></p> <p><b>Section C (access to housing)</b> <b>Prevention</b></p>	<p>The amended Act of February 25, 1979 aims to facilitate access to housing for those less fortunate in retaining the benefit of state assistance mainly to people who are part of a moderate income family with dependent children. In 2008, the State had granted almost 67 million euros in individual aid.</p> <p>a) There are regulations and specific conditions favorable for each group - ie <u>highly targeted subsidies for people with disabilities</u> to provide them with suitable housing or pay them the necessary changes in their housing (Long Term Care Insurance , Law of 19.06.1998).</p> <p>With temporary accommodation for homeless people, some rooms are accessible for people with reduced mobility</p>	<p>p4</p> <p>p.6</p>	<p><b>Disabled people targeted for financial subsidies and suitable housing</b></p> <p><b>Some accessible rooms available within temporary accommodation</b></p>
LV	<b>Question 2</b>	<p>The main reasons for homelessness and housing exclusion in Latvia are as follows:</p> <ul style="list-style-type: none"> <li>- <u>Housing</u>: high rent (up to the end of 2008); high costs of utilities (still remaining problem);</li> <li>- <u>Employment</u>: unemployment or low-income employment;</li> <li>- <u>Personal factors</u>: lack social functioning ability; lack of motivation; addiction problems; insufficient qualification; homelessness as a life-style; bad health condition; stereotypes of the society that facilitate the exclusion of this particular group of the population;</li> <li>- population concentration in Riga, capital of Latvia, due to lower development level of other regions.</li> </ul>	p.4	<b>Health conditions mentioned as a reason for homelessness</b>

	<b>Question 3</b>	<p>The following persons shall be <u>provided with municipal residential space first</u>:</p> <p>1) persons to whom assistance shall be provided in accordance with <i>the Law On Residential Tenancy</i> in cases <u>if they are evicted from a rented residential space</u> and if they are:</p> <p>a) low-income persons, who have reached retirement age or <u>who are disabled</u>;</p> <p>b) low-income persons, who live with and in whose care is at least one underage child, a person under guardianship, a low-income person who has reached retirement age, or a <u>low-income person who is disabled</u>; and</p> <p>c) other persons living in the territory of a local government, who belong to the category of persons specified by the local government council to whom a local government provides assistance if they are evicted from the rented residential space; (p.6)</p> <p>3) persons who are evicted from an apartment they own if recovery proceedings are applied against the property as a result of payments for services related to expenses for the residential space use, building maintenance, exploitation and renovation, and if they are:</p> <p>a) low-income persons, who have reached retirement age <u>or who are disabled</u>;</p> <p>b) low-income persons who live with and in whose care is at least one underage child, a person under guardianship, a low-income person who has reached retirement age, or a low-income person who is disabled; and (p.7)</p>	p.6	<b>Disabled people are among the groups listed to receive municipal housing first if evicted from rented housing, or from an apartment they own, or if they are on low incomes.</b>
			p.7	
MT	<b>Access to Housing</b>	Persons can apply with the Authority for alternative accommodation. A points system is used to determine how social housing units are allocated to applicants. The average waiting periods for allocation of social housing units between 2007 and 2008 is 6.8 months. The	pp.1-2	<b>10% of social housing units are specifically targeted at disabled people.</b>

	<p><b>Section B Overall Policy Framework</b></p>	<p>waiting period depends on the validity and urgency of the case as well as the points system allocation. The Authority then allocates Government owned rented units according to this standardised system of points. In November 2008, the Housing Authority issued 152 units for sale at a subsidised price. The units were mainly targeted for families with children and engaged couples whilst 10% of the units were specifically targeted for persons with disability.</p> <p>Persons with disability, mental health sufferers, victims of domestic violence and their children, children from broken families, and youth leaving residential care are all prone to homelessness in varying degrees.</p> <p>The Housing Authority gives rent subsidy to low income households renting from the private sector. The subsidy is based on the annual income and the number of members of the household. Preferential rates are given to persons with disability and youth leaving residential care.</p> <p>The Housing Authority allocates social housing units to NGOs particularly for persons with disability, persons suffering from mental health and homeless persons in order to provide further opportunities for these people in their transition to independent living. The Housing Authority has in fact been helping a number of NGOs to develop half way homes, minors' shelter and semi-independent living premises.</p> <p>The Housing Authority aims to enhance access to housing to all. Through its development programme the Authority issues units for sale at subsidised prices targeting families with children and engaged couple to purchase their home. 10% of the units are</p>	<p>p.4</p> <p>p.4</p> <p>p.4</p> <p>p.5</p>	<p><b>Disabled people and mental health service users cited as 'prone to homelessness'</b></p> <p><b>Rent subsidies for people in private renting. Preferential rates given to disabled people.</b></p> <p><b>The Housing Authority provides social housing to NGOs specifically for disabled people and mental health service users.</b></p> <p><b>As before, 10% of social housing units allocated to disabled people.</b></p>
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	<p><b>Question 3</b></p>	<p>targeted for persons with disability.</p> <p>The Housing Authority has always been proactive in the fight against homelessness. Through its various schemes and initiatives particularly the allocation of units for rent for applicants on the waiting list for alternative accommodation and the provision of rent subsidy to low income households renting from the private sector, the Authority is working to prevent homelessness. These schemes are targeted to all vulnerable groups including families with children, single parents, youth leaving care, persons with disability, the elderly and homeless persons.</p> <p>The Housing Authority positively discriminates youth leaving care between 18 and 21 and persons with disability by giving them preferential rental subsidies during their transition period to independent living. Furthermore, the Authority offers minors (i.e. under 18 years) who cannot rent an apartment the opportunity to access affordable accommodation through the Government APPOGG Agency which provides social support to youth at risk. In this way, minors who have to leave the institute due to lack of space are not excluded from access to affordable housing.</p> <p>The Housing Authority through its contribution to Non Governmental organisations assists children living in institutes, youth leaving institutional care, homeless persons in search for shelter, persons with disability (physical or mental), as well as organisations dealing with ex-prisoners and immigrants. The Housing Authority also assists organisations providing shelter to persons with domestic violence.</p> <p>The Housing Authority does not discriminate on the basis of race /</p>	<p>p.5</p> <p>p.6</p> <p>p.6</p> <p>p.6</p>	<p><b>Social housing and rent subsidies targeted at certain groups, one of which is disabled people.</b></p>
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	<p><b>Section C Access to Housing</b></p> <p><b>Question3</b></p>	<p>ethnicity, sexual orientation, religion / beliefs, age, disability and gender.</p> <p>The Housing Authority assists Government agencies particularly APPOGG and SAPPOR agencies. APPOGG works directly with the Cottonera community, a disadvantaged neighbourhood with high social and community problems; in order to ensure that these people get all the housing assistance necessary the Authority helps APPOGG financially to provide such services on its behalf. In this way, the Authority can work effectively to prevent housing exclusion in this area. SAPPOR Agency delivers a continuum of services for people with disabilities, in order to reach this target group and ensure that they have equal access to housing; the Authority assists the agency financially since they can provide an integrated approach to the needs of this vulnerable target group.</p> <p>(SAPPOR Agency, provides community and residential services to disabled persons, so that they would be able to achieve independence to the best of their ability, continue living within the community and receive support as and when required. Independent living, is provided through personalised support in the form of personal assistance services, based on need and provided in settings of one's choice. The housing models adopted presently include: two Housing Authority apartments, one in the Fgura Housing Estate and the other in the Kirkop Housing Estate; Villino Maria, a purposely built (government owned) bungalow in Mtarfa; and Residenza Vajrita in Marsascala comprising of twelve flatlets. The Agency also administers the Arka Foundation which provides services in Gozo.)</p> <p>- Half way homes (‘Villa Chelsea’, a half way home run by Richmond Foundation</p>	<p><b>pp.7-8</b></p> <p><b>p.11</b></p> <p><b>p.11</b></p>	<p><b>The Housing Authority assists the Government agency SAPPOR which provides services for disabled people.</b></p> <p><b>Details of the services offered by SAPPOR.</b></p> <p><b>A specific half way home for ‘people with mental health</b></p>
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	<p><b>Supported accommodation</b></p>	<p>health sufferers providing them with life skills (such as budgeting, cooking, cleaning, washing).</p> <ul style="list-style-type: none"> <li>• Half way homes providing for the teaching of life skills.</li> <li>• Accommodation for young people, with and emphasis on linking them into education, training or employment opportunities.</li> </ul> <p>An example of supported accommodation in Malta concerns that of the Richmond Foundation Housing Supported Scheme which aims to provide housing to persons with mental health problems whilst helping them to manage their lives in their own environment. This service is provided in a joint venture with the Housing Authority and the private sector. This scheme provides accommodation to persons with chronic mental health problems who do not need hospitalisation but can live in the community with little supportive setting. The scheme is open to adults:</p> <ul style="list-style-type: none"> <li>- Up to the age of 61 years;</li> <li>- Suffering from a chronic mental health problem;</li> <li>- Who have undergone or undergoing a rehabilitation programme;</li> <li>- Who are either homeless or in a situation where returning to previous living environment would be detrimental to their mental health;</li> <li>- Who want and are committed to community living;</li> <li>- Able to support self financially or are eligible for financial assistance.</li> </ul> <p>However, the scheme is not applicable to persons who are critically ill, unlikely to cooperate, substance abusers or are violent towards self and/or others.</p> <p><b>To qualify for alternative accommodation:</b></p>	<p>p.15</p>	<p><b>Allocation processes for housing involve a</b></p>
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	<p><b>for the homeless</b></p> <p><b>Section D Quality of Housing</b></p>	<p>A points system is used to prioritise the application for allocation purposes. The points are given for the number of household members, age of children, sharing accommodation, mobility problems, and housing conditions. Points are also given for rent currently being paid in relation to the income earned.</p> <p>The Housing Authority is a partner in an integrated urban regeneration project for the Cottonera funded project under ERDF 2007-2013. This project incorporates measures in line with accessibility measures for persons with disability, embellishment of public areas, energy efficiency measures and housing renovation. Currently a Cost Benefit Analysis (CBA) is being carried out - the implementation of the project is dependent on the results of this CBA.</p>	<p><b>p.17</b></p>	<p><b>points system. Priority is given to various groups, including people with 'mobility problems'.</b></p>
<p><b>NL</b></p>	<p><b>Question 3</b></p>	<p>The main homelessness duties (to secure accommodation) apply only to applicants who have a priority need for accommodation. The following categories have <u>priority need</u>:</p> <ul style="list-style-type: none"> <li>• A pregnant woman or a person with whom a pregnant woman resides or might reasonably be expected to reside;</li> <li>• A person with whom dependent children reside or might reasonably be expected to reside;</li> <li>• A person who is <u>vulnerable</u> as a result of <u>old age, mental illness or handicap or physical disability</u> or other special reason, or with whom such a person resides or might reasonably be expected to reside;</li> <li>• A person who is homeless or threatened with homelessness as a result of an emergency such as a flood, fire or other disaster;</li> <li>• A person without dependent children who satisfies the Executive (Northern Ireland Housing Executive) that he has</li> </ul>	<p><b>pp.6-7</b></p>	<p><b>Accommodation secured, under homelessness duties for those deemed 'priority need' – incl. disabled people</b></p>



		<p>been subject to violence and is at risk of violent pursuit or, if he returns home, is at risk of further violence;</p> <ul style="list-style-type: none"> <li>• A young person who satisfies the Executive (Northern Ireland Housing Executive) that he is at risk of sexual or financial exploitation;</li> </ul>		
<b>NL DMO (appendix)</b>	<b>Social support and participation</b>	<p>In order to get the Regional Social Relief Compass for North-Eastern Brabant going, Oss Municipality together with Verdihuis (a sheltered establishment in Oss) organised a mini-conference on 18 February 2009. Close on 60 municipal executives and officials from the region, managing directors and assistants of housing corporations, mental healthcare services (GGZ), social relief, addiction care, welfare institutions, MEE (a support service for anyone with a handicap, functional disability or chronic illness) and mental disability care were present in order to get the implementation of the Regional Compass underway.</p> <p>Dagactiviteiten.nl is a digital social map offering people who are homeless or have addiction problems amongst others, a clear overview of all the activities and projects organised by this organisation in Amsterdam and the surrounding areas. The public part of the site is accessible to everybody but it is obviously especially intended for disadvantaged people who want to participate actively in society. Simply by logging in, organisations offering activities can input new projects and activities.</p> <p>Due to the comprehensive search system of dagactiviteiten.nl employees of relief organisations and of referral organisations can, with their own login code, match the demand of the client to the</p>	<b>p.6</b>	<b>p.7</b>

		<p>supply very accurately.</p> <p>Dagactiviteiten.nl is an initiative of <a href="#">Stichting De Omslag</a>, an independent, non-commercial project and network organisation for problems in the area of activation and work. De Omslag supports a large number of Amsterdam organisations in mental healthcare, social relief, addiction care, disabled care, welfare and education to bring about social participation by disadvantaged people.</p>		
<b>NL PVA Maa (Amsterdam?)</b>		<b>No mention of disabled people found</b>		
<b>NL Vragenlijst</b>	<b>Overall Policy Framework</b>	<p><b>Answer to question B2.1:</b></p> <p>The Dutch government wants to strengthen the social cohesion of society, partly on the basis of the idea that each person is important. It is unacceptable that people are 'outside society' (Ministry of VWS, 2009). The Social Support Act (WMO) has to ensure that everybody can live independently as long as possible. The WMO became effective on 1 January 2007 and replaced the Social Welfare Act (Welzijnswet), the Services for the Disabled Act (Wet voorzieningen gehandicapten, WVG) and parts of the Exceptional Medical Expenses Act (Algemene Wet Bijzondere Ziektekosten, AWBZ). Pursuant to the WMO the municipalities are responsible for social relief. Social support includes activities enabling people to participate in society. In the WMO the concept of social support has been expressed in nine performance areas.</p>	<b>p.5</b>	
	<b>Question 3</b>	<p>The Housing Allocation Act offers municipalities the option of designating specific target groups in the housing allocation at local level, which groups experience difficulties in finding housing accommodation due to their low income or other circumstances. This way the municipality is able to give priority to urgent cases in the housing market. Housing corporations have to give priority to</p>	<b>p.8</b>	<b>Housing Allocation Act – municipalities can target specific groups (which incl. disabled people) – optional</b>

		<p>accommodating persons who belong to these target groups as appointed by the local government. This for example refers to former psychiatric patients, former delinquents, disabled and elderly people who need houses with special facilities, etc.</p> <p>- The NHG serves to promote homeownership and boosts responsible financing by applying standards between income and mortgage payments. Because the NHG guarantees the buyer's mortgage payments to the financier, there are lower interest rates for loans under an NHG. This discount from the interest rate amounts to about 0.4% on average. This provides for a responsible and cheaper financing which is used in particular by first-time buyers. In 2008 a total of over 84,000 households financed their houses with an NHG. In 63,456 cases a mortgage was involved for the purchase of a house and in the remaining cases (20,647) it involved re-financing in connection with home improvements.</p> <p>When payment problems lead to a forced sale, a residual debt may be left if the sales price is less than the outstanding mortgage debt. If the owner borrowed with an NHG and ended up in payment troubles which were not his fault because of unemployment, a divorce or being disabled for work, in the event of a forced sale of the house the Homeownership Guarantee Fund (<i>Stichting Waarborgfonds Eigen Woningen</i>, WEW, the implementing body of NHGs) will remit the residual debt.</p>	<p><b>p.19</b></p>	
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		<p>supported apartment,</p> <ul style="list-style-type: none"> <li>• <b>system barriers</b> – among others no housing policy; too low number of social and rental apartments affordable on the Polish housing market; high maintenance costs of an apartment comparing to remuneration; no legal regulations enabling wider support to the homeless in supported apartments; no cooperation of the housing market institutions with the social assistance institutions; functioning of the system of assistance to the homeless oriented towards rescue and intervention rather than towards integration and preventing homelessness,</li> <li>• <b>individual barriers</b> – addictions of homeless people; health condition, disability, debts and liabilities of the homeless.</li> </ul> <p>More than 40% of the homeless is disabled in different degree (majority in medium degree). Average time of remaining in homelessness exceeds 7 years. Many homeless people is chronically ill and requires long-term medical and nursing care<sup>11</sup>. Due to insufficient capacity of health care system, no offer of services to such persons, homeless people are forced to benefit from the existing support provided by the hostels. Long-term homelessness, asocial behaviours and addictions usually exclude these persons from access to Social Assistance Centres, which traditionally provide support to elderly persons. These people from objective reasons face difficulties in coming out of homelessness.</p>		<p><b>Mention health conditions and 'disability' as a barrier to moving from temporary accommodation</b></p>
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<sup>11</sup> Data from social and demographic research from 2001, 2003, 2005 and 2007 – Pomeranian Forum for Coming Out of Homelessness.

	<b>Section E Homelessness and access to services</b>	<p>Few local housing programmes for the homeless carried out to this moment assumed earlier preparation of the homes to individual living.</p> <p>Therefore it is impossible, on the basis of these conditions, to determine, if the 'housing first' method would be effective in the Polish conditions. It would be hindered, since in Poland there is insufficient number of both supported apartments, depended on social policy institutions as well as of social, municipal and rental apartments. There are relatively few programmes of social (re)integration of the homeless by means of individual, independent apartments, in which such people may practice their skills indispensable for further existence.</p> <p>At the same time, apart from the unemployed up to 25 years of age, also the people above 50 years of age, without professional skills or secondary education, disabled unemployed, persons who served a prison penalty as well as the unemployed in long term period or after expiration of the social contract are included to the people being in particularly difficult situation.</p>	<b>p.27</b>	<b>Acknowledge the difficulties that disabled people face in housing</b>
<b>PT</b>		<b>No mention of disabled people found</b>		
<b>RO</b>	<b>Section B Overall Policy Framework</b>	In particular, certain specific groups benefit from priority: young people, persons and families evicted from their homes abusively taken over by the state and returned to the former owners, Roma communities, persons and families with low incomes, priority for access to housing being granted to disabled people, children coming from	<b>p.5</b>	<b>Disabled people seen as a priority group for housing (particularly those categorised as I and II degree incapacitated).</b>

		<p>social protection homes and families with children.</p> <p>As for the social housing units, they are allotted by the authorities of the local public administrations in charge with their management, based on the criteria that they establish on an annual basis, and the following categories of people, in the priority order determined according to the law, may be granted such homes:</p> <ul style="list-style-type: none"> <li>⇒ persons and families evicted or who are going to be evicted from the homes returned to the former owners,</li> <li>⇒ youngsters aged less than 35 years,</li> <li>⇒ youngsters coming from social protection institutions and who are 18 years old,</li> <li>⇒ I and II degree incapacitated people, disabled people,</li> <li>⇒ the retired,</li> <li>⇒ veterans and war widows,</li> <li>⇒ people referred to in the provisions of the Law of gratitude towards the martyr-heroes and fighters having contributed to the success of the Romanian revolution of December 1989, as well as towards the people having lost their life and having suffered as a result of the workers' anticommunist rebellion from Brasov November 1987 no. 341/2004, as subsequently amended and supplemented, and in the provisions of the Law Decree no. 118/1990 setting up certain rights for people persecuted for political reasons related to the dictatorship instituted as from 06 March 1945, as well as for those deported abroad or prisoners, republished, as subsequently amended and supplemented.</li> </ul>	<b>p.6</b>	
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	<p><b>Access to Housing</b></p> <p><b>Section E</b></p>	<p>⇒ The entitled persons who have a <i>priority access</i> to such housing units are those who fulfil at least one of the following conditions:</p> <p>a) their net monthly income obtained over the last 12 months is by at least 20% below the level of the monthly net income per capita obtained over the last 12 months, as communicated by the National Institute of Statistics in the last Statistical Bulletin, prior to the month in which the application is analysed, as well as prior to the month in which the housing unit is distributed;</p> <p>b) are disabled, incapacitated and/or retired persons;</p> <p>At the same time, the quality system in the field of social services is being completed by the existence of a major set of quality specific standards for social service type. While it is true that there are no specific standards for services provided to homeless persons, there are a series of standards that can relate to this group, such as:</p> <ul style="list-style-type: none"> <li>• Quality standards for social services provided at home or in residential system for elderly persons;</li> <li>• Minimum obligatory standards regarding services for the protection of street children;</li> <li>• Specific quality standards in centres for persons with handicap;</li> <li>• Specific quality standards for residential centres, day centres and protected homes for adult persons with handicap.</li> </ul>	<p><b>p.12</b></p> <p><b>p.38</b></p>	<p><b>Priority access to housing units for disabled people.</b></p> <p><b>Specific quality standards for ‘persons with handicap’.</b></p>
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		homes are family problems, lack of employment, lack of economic resources, and so on.		
<b>SI</b>	<b>Section B</b>	<p>The main objective is to provide suitable housing to a maximum number of citizens in need of accommodation, giving priority to young families, families with several children, the handicapped and citizens with a longer period of employment, but without own apartment.</p> <p>The scoring system of tenders gives applicants owning no accommodation and residing in unsuitable conditions the highest score. In addition, social circumstances are assessed.</p> <p>Tenders for the allocation of housing accommodation treat all participants equally. The following three criteria are applied:</p> <ul style="list-style-type: none"> <li>- housing circumstances (where does the applicant currently reside, quality of accommodation, etc.)</li> <li>- social circumstances (household size, health status, etc.)</li> <li>- priority categories (determined by the local community - young families, young people in general, families with several children, the handicapped and citizens with longer period of employment, but without own apartment).</li> </ul>	<b>p.4</b>	<b>Priority to several groups, including 'the handicapped'</b>
			<b>p.5</b>	
<b>SK</b>	<b>Question 1</b>	The notions "homelessness" and "housing exclusion" are not officially defined in Slovak legislation. However these notions are used in general for identifying groups at risk of social exclusion. With this in mind, the instruments for ensuring the prevention of and concrete assistance to the	<b>p.1</b>	

	<p><b>Question 2</b></p>	<p>above mentioned group of the population are anchored in specific legal regulations. In particular, this concerns the ensuring of necessary conditions for satisfying the basic necessities of life. These are defined in Act No. 448/2008 Coll. with a view to the provision of social services as one of the instruments to eliminate or reduce social exclusion and they include ensuring accommodations, food, necessary clothing, footwear and necessary basic personal hygiene. Within the framework of the subject of the Act, the facilities for ensuring the necessary conditions for satisfying the basic necessities of life, such as overnight housing facilities, shelters, halfway houses, emergency housing facilities and low-threshold day centres are defined. At the same time, <u>the Act also resolves the provision of social services in facilities for groups at risk, such as families with children, citizens with health disabilities, seniors (for example, facilities of temporary care for children, low-threshold day centres for children and families, supported housing facilities and facilities for seniors)</u></p> <p>The most frequent causes of homelessness:</p> <ul style="list-style-type: none"> <li>• unemployment, insolvency, various disadvantages in access to the labour market</li> <li>• release from imprisonment,</li> <li>• release from institutional psychiatric care,</li> <li>• release from re-education facilities for children and youth,</li> <li>• release from institutional care facilities,</li> <li>• breakdown of family, divorce, family relationship issues</li> <li>• vagrancy, alcohol and other types of addictions</li> <li>• domestic violence</li> </ul>	<p>pp.2-3</p>	<p><b>'health disabilities' cited as one of a list of frequent causes of homelessness</b></p>
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		<p><u>physically and mentally disabled</u>, young people who have completed institutional or protective upbringing, seniors, single parents with children and families with many children. Furthermore, it incorporates marginalized groups who suffer from full social exclusion due to the loss of housing, long-term unemployment, drug addiction, insufficient social adaptability, etc.</p> <p>For these groups the conditions are created either for housing in flats with corresponding standards or in various social services facilities in which special social or health care is provided and other services are ensured depending on the type and purpose if the facility.</p> <p>We can include the following in the category of social housing:</p> <ul style="list-style-type: none"> <li>• rental flats in the public rental housing sector, including small flats designated as first housing for young families under the condition that only those families who have less than the established amount of income will be entitled to such housing;</li> <li>• flats and other forms of housing for low income families and groups with special needs such as citizens in social need, with <u>severe health disabilities</u>, single parents with minors in care, families with many children, citizens who have completed institutional or protective upbringing, citizens with issues of social inclusion and the homeless;</li> <li>• flats of lower standard for non-payers of rent and for the marginalized groups of population.</li> </ul>		
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	<b>Prevention</b>	Within the framework of reducing the risk of seizure and preventing eviction, it concerns rather the setting of mechanisms of individual banks by modifying repayment plans, etc. In the case of persons or families with low incomes who are provided with assistance in material need (benefits in material need) <u>or instruments for compensation of the social consequences of severe health disabilities</u> , this income is not subject to seizure. Furthermore a system of assistance is in place which provides form of social services in various types of facilities according to the situation.	<b>p.6</b>	
<b>UK England</b>	<b>Causes of rough sleeping</b>	The causes of rough sleeping are complex, spanning families and community networks, individual skills and behaviours, economic and support systems. People who end up on the streets have very different needs. Most adults who experience sleeping rough simply need a place to live or some help to reconcile with family or friends or get employment. Others have much deeper problems: people with multiple needs living chaotic lives often linked to substance misuse. Many also have serious mental and physical health problems. Young people who sleep rough are extremely vulnerable and also have very acute problems, e.g. resulting from a family breakdown, abuse or a forced marriage.	<b>p.3</b>	<b>Mention mental and physical health problems among many homeless people.</b>
	<b>Question 3</b>	The “main homelessness duties” (to secure accommodation or take reasonable steps to prevent the loss of accommodation) apply only to applicants who have a <u>priority need for accommodation</u> . The legislation provides that the following categories of applicant have a priority need for accommodation:	<b>pp.4-5</b>	<b>Accommodation secured, under homelessness duties, to provide for those deemed priority need – incl. disabled people</b>

		<ul style="list-style-type: none"> <li>• a pregnant woman or a person with whom she resides or might reasonably be expected to reside;</li> <li>• a person with whom dependent children reside or might reasonably be expected to reside;</li> <li>• a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside;</li> <li>• a person aged 16 or 17 who is not a 'relevant child' or a child in need to whom a local authority owes a duty under section 20 of the <i>Children Act 1989</i>;</li> <li>• a person under 21 who was (but is no longer) looked after, accommodated or fostered between the ages of 16 and 18 (except a person who is a 'relevant student');</li> <li>• a person aged 21 or more who is vulnerable as a result of having been looked after, accommodated or fostered (except a person who is a 'relevant student');</li> <li>• a person who is vulnerable as a result of having been a member of Her Majesty's regular naval, military or air forces;</li> <li>• a person who is vulnerable as a result of: <ul style="list-style-type: none"> <li>- having served a custodial sentence,</li> <li>- having been committed for contempt of court or any other kindred offence, or</li> <li>- having been remanded in custody;</li> </ul> </li> <li>• a person who is vulnerable as a result of ceasing to occupy accommodation because of violence from another person or threats of violence from another person which are likely to be carried out;</li> <li>• a person who is vulnerable for any other special reason,</li> </ul>		
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		<p>wish to live with greater or lesser degrees of support in the community; homeless people; victims of domestic violence; teenage mothers; those leaving prison; and others.</p> <p>Supporting People helps around <b>1 million</b> people at any one time, and the types of support it provides include:</p> <ul style="list-style-type: none"> <li>- Help to develop life skills, such as understanding a tenancy agreement, budgeting or cooking, which enable vulnerable people to have an independent lifestyle.</li> <li>- Support in accessing services and benefits, for example, helping an older person to claim benefits or helping an ex-offender to register with a GP or dentist.</li> <li>- Support in accessing training and employment, for example, helping a young person to find work for the first time.</li> <li>- <u>Support through warden and alarm services</u>, these services provide reassurance and a more cost effective method of support to vulnerable groups, such as older people, victims of domestic violence and <u>people with disabilities</u>.</li> </ul>		
<b>UK Scotland</b>	<b>Question 3</b>	<p>Priority need is given to the following groups under the Housing (Scotland) Act 1987, as amended:</p> <p>A pregnant woman or a person with whom a pregnant woman resides or might reasonably be expected to reside.</p> <p>A person with whom dependant children reside or might reasonably be expected to reside.</p> <p>A person who is vulnerable as a result of-</p> <p>Old age; mental illness; personality disorder; learning</p>	<b>p.3</b>	<b>Priority need groups allocated housing – groups include disabled people</b>



		<p>disability; physical disability; chronic ill health; having suffered a miscarriage or undergone an abortion; having been discharged from a hospital, prison or any part of the regular armed forces of the Crown; or other special reason</p> <p>A person who is homeless or threatened with homelessness as a result of an emergency such as fire, flood or any other disaster</p> <p>A person with whom a person referred to in section 25(1)(c) or (d) of the 1987 Act resides or might reasonably be expected to reside</p> <p>A person aged 16 or 17.</p> <p>A person aged 18 to 20 who by reason of circumstances in which the person is living, the person runs the risk of sexual or financial exploitation or involvement in the serious misuse of alcohol, any drug (whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971 (c.38) ) or any volatile substance.</p> <p>A person aged 18 to 20 who, at the time when the person ceased to be of school age (within the meaning of section 31 of the Education (Scotland) Act 1980(c.44) ) or at any subsequent time, was looked after by a local authority (within the meaning of section 17(6) of the Children (Scotland) Act 1995 (c.36) ) and the person is no longer being so looked after</p> <p>A person who runs the risk of domestic abuse (within the meaning of the section 33(3) of the 1987 Act.</p> <p>A person who, by reason of that person's religion, sexual orientation, race, colour or ethnic or national origin runs the risk of violence, or is, or likely to be, the victim of a course of conduct amounting to harassment.</p>		
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	<p><b>Section D (quality of housing)</b></p>	<ul style="list-style-type: none"> <li>• Women seeking refuge from domestic abuse.</li> <li>• People with learning disabilities or difficulties.</li> <li>• People with mental health difficulties.</li> <li>• People misusing alcohol.</li> <li>• People misusing drugs.</li> <li>• Refugees.</li> <li>• People with a physical disability, including sensory impairment</li> <li>• Young single homeless people and care leavers.</li> <li>• Ex-offenders or people at risk of offending</li> <li>• Homeless or potentially homeless people- who require support.</li> <li>• People with a chronic illness- including AIDS, AIDS related conditions.</li> <li>• Vulnerable single parents- who require support.</li> <li>• Older people.</li> </ul> <p>Homelessness Legislation states that ‘a person is also homeless if he or she has accommodation ... but it is not reasonable for him or her to continue to occupy’. In considering reasonable to occupy, account can be taken of the suitability of the accommodation being occupied, to include adequacy in terms of health needs, condition of the accommodation in terms of fitness and/or levels of overcrowding.</p> <p>The <b>1985 Housing Act</b> contains definitions of unfitness (parts 9 &amp; 10) and overcrowding (part 10). The <b>Welsh Assembly Government’s Code</b> provides the following guidance:</p> <p>(ii) <b>physical conditions:</b> authorities may wish to refer to Parts 9 and 11 of the Housing Act 1985 and</p>	<p><b>p.21</b></p>	<p><b>1985 Housing Act – suitability of the dwelling for the occupant e.g. disabled people</b></p>
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		consider whether the condition of the property is such as to render it unfit for human habitation or so bad in comparison with other accommodation in the area that it would not be reasonable to expect someone to continue to live there. Authorities may also wish to consider whether the physical characteristics of the accommodation make it unsuitable for the applicant (e.g. those who are elderly or long term disabled people or people with HIV/AIDS);		
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