

## **Report on the social inclusion and social protection of disabled people in European countries**

**Country:** Austria  
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### **Background:**

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 will support the future development of the EU Disability Action Plan and practical implementation of the United Nations Convention on the Rights of Disabled People.

This country report has been prepared as input for the Thematic report on the implementation of EU Social Inclusion and Social Protection Strategies in European countries with reference to equality for disabled people.

The purpose of the report (Terms of Reference) is to review national implementation of the open method of coordination in Social inclusion and social protection, and in particular the National Strategic Reports of member states from a disability equality perspective, and to provide the Commission with useful evidence in supporting disability policy mainstreaming.

The first version of the report was published in 2008. This is the second version of the report updated with information available up to November 2009.



## Summary of changes since 2008

### Housing, homelessness and disabled people:

The Austrian response to the EU questionnaire on homelessness regarding the priority to certain groups is: „The general principle governing assistance to the homeless is to avoid giving priority to any specific group.“ Given the fact that the report does not mention or consider people with disabilities in any way it must be assumed that disability is not a mainstream issue in the Austrian policy for housing and homelessness. There are neither data nor research on homelessness of people with disabilities in Austria.

### New strategies and actions for the inclusion of people with disabilities:

The UNCRDP became effective in October 2008 and a monitoring committee was established. Most recently, this committee became publicly active when the federal government proposed a new law for compulsory kindergarten that made exemptions for children with disabilities. In an official statement, the monitoring committee argued that these exemptions are not in compliance with the UNCRPD. It is yet to be seen how the federal government will consider this in its final version of the law.

The Federal Disability Equality Act has been in force since 2006 and so far, 523 arbitration processes (<http://www.bizeps.or.at/news.php?nr=10583>) have been carried out all over Austria that deal with discrimination on the grounds of disability. The arbitration processes do not necessarily lead to the elimination of a discrimination but may just compensate for damages. This has been heavily criticised by Organisations of People with Disabilities. Though the available data (ibid.) reflect a slight increase in cases between 2008 and 2009, more effort should be made to encourage people with disabilities to enforce their rights.

There are not other new strategies and actions for the inclusion of people with disabilities in Austria. The new homepage of the Federal Ministry for Labour, Social Affairs and Consumer Protection only describes counselling and diagnostic for children and youth with disabilities as a focus for social inclusion (comp. <http://www.bmsk.gv.at/cms/site/liste.html?channel=CH0110>). A general and fully inclusive concept in accordance to the UNCRPD is completely missing.

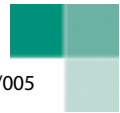
### Change in incomes, benefits and pensions:

Men and women with disabilities tend to have a lower income compared to men and women without disabilities. The EU-SILC data generally reflect a positive trend in regard to poverty levels – for the general population as well as for people with disabilities: a reduced number of people with disabilities live in manifest poverty and significantly more people with disabilities are not considered poor (2006: 41% not poor; 13%: manifest poverty; 2007: 62% not poor; 10% manifest poverty). But the risk of poverty is still twice as high among disabled people compared to non-disabled people.

In Vienna, a new benefit was introduced in 2008 that is somewhat similar to personal budgets (Addition to the long-term care benefit for personal assistance). But the way this is being implemented must be considered weak and ineffectual: It excludes large groups of people with disabilities in the first place, e.g. people with less need of support and people with learning difficulties.

### Change in Long-Term care and support:

Compared to the data of 2002, significantly more people between 0 and 60 years of age received long term care benefit at the end of 2007 (2002: 61.961; 2007: 74.655).



But new and in-depth research on the effect of long-term care benefit for the quality of life or the inclusion of people with disabilities is completely missing.

The Federal Ministry's new Report on the State of People with Disabilities in Austria just states the overall numbers of beneficiaries and how much was spent on long term care benefit.<sup>1</sup>

There are still no data available on people who live in smaller or larger institutions, there is also still no progress regarding a federal concept for support or personal assistance for people with disabilities.

**The economic crisis:**

There's currently no obvious or direct impact of the economic crisis on people with disabilities in Austria. There are no data on this issue.

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<sup>1</sup> BMASK (Federal Ministry for Labour, Social Affairs and Consumer Protection) (2008). Report on the State of People with Disabilities, p. 193. <http://www.bmsk.gv.at/cms/site/liste.html?channel=CH0092> (German)



## PART ONE: SOCIAL INCLUSION PLANS (GENERAL)

### 1.1: Please describe how and where disabled people are included in your country's published plans for social inclusion and protection?

First of all it should be noted that policies for social inclusion and protection in Austria seem to refer – at least in some parts – more to the concepts of integration and normalisation than to social inclusion. In the title of the Austrian NAPs (NAP 2001, NAP 2003) and the Reports on the NAPs (National report on social protection and social inclusion 2006) “social inclusion” is translated into “soziale Eingliederung” which means social integration. One might say that this is only a fault in translation, but a closer look at some contents shows that avoiding addressing social inclusion seems to be due to our thoughts on disability, as well as limited support for people with disabilities e.g. the National report on social protection and social inclusion 2006 (chapter 2.3.4), places a focus on support measures for severely disabled people. This section deals with an announcement that personal assistance/support for this group of people will be expanded. But this section is introduced with the sentence: “Although many of them (severely disabled people, author’s note), because of the severity of their disability, cannot realistically expect a job in the first labour market or independent living arrangements...” (ibid., 21). The connotation of that sentence demonstrates that people with severe disabilities seem to be excluded from the right to participate in society and working life as for all citizens.

Furthermore, one of the “overarching messages” concerning social protection and social inclusion is “improving the social and economic inclusion of individuals with physical, psychological and mental disabilities” (ibid., 9). Explaining this overarching measure, the text refers to the “key objective of the Austrian’s government disability policy”, which is “to create a framework necessary to provide chances to disabled people which hardly differ from those provided to non disabled people” (ibid., 9). This statement seems to refer in a ideological way to the main aim of the Austrian “Disability Concept” (Behindertenkonzept) which was published in 1992 and that is cited in the Report on the situation of people with disabilities 2003: “Life of disabled people should hardly differ from those of non disabled people” (Report on the situation of people with disability 2003, 33). This aim is clearly based on the principles of normalisation and not on the stated strategy “equal opportunities for all” (National report on social protection and social inclusion 2006, 6) or the concept of inclusion.

In the National report on social protection and social inclusion 2006, disability is mainstreamed<sup>2</sup> The focus of section 2.2 is less on disability and more on labour market opportunities. Section 2.3 “Enhanced participation of people with disabilities”, however, focuses entirely on disabled persons<sup>3</sup>. This shows that there still exists a separate “disability policy” and that the field of disability is not the primary focus of the report.

When the National report on social protection and social inclusion 2006 refers to people with disabilities, it seems that the authors fail to address the needs or living circumstances of people with learning disabilities. The authors report a decrease in the number of children in special schools and an increase in children taught in an “integrative class” (National report on social protection and social inclusion 2006, 20). However, parents of a child with a learning disability still have to fight for the possibility to send their child to a regular school.

There is no law stating that schools have to admit pupils with special needs or that the opportunity to go to a regular school near to their home is guaranteed. Such a law would be an important step towards social inclusion and preventing social exclusion.

<sup>2</sup> See section 2.1 Fighting poverty and social exclusion of children and youth, section 3 National strategy report for pensions and part 4 National plan for healthcare and long term care.

<sup>3</sup> Involved here are: subsections 2.3.1. Measures targeted on children and youths, 2.3.2. Vocational support measures for disabled youth: Clearing, 2.3.3. Vocational support measures of disabled people of working age, 2.3.4. Support measures for severely disabled people and 2.3.5. Equality of people with disabilities



Furthermore, people with learning disabilities working in sheltered workshops are excluded from the social insurance and pensions system – they just receive a small amount of pocket money (between € 8.- and € 123.- per month) for their work. This increases the poverty risk of this group of people, makes them dependent on benefits and exhibits a lack of social protection for this group.

The **Austrian Report on Strategies for Social Protection and Social Inclusion 2008 – 2010** refers to a certain sector of the population, i.e. those people with disabilities who either are on the first rung of the labour market or who are considered employable. Those who are not deemed able to succeed in the general labour market are quite traditionally cared for through so-called vocational therapies in sheltered workshops. Much effort has been made to support people with disabilities in the general labour market but there is a general reluctance to make appropriate services (e.g., Personal Assistance at the Workplace, started in 2004) available for all people with disabilities.. This programme is very much influenced by the social model of disability but it is only available for people with severe physical and sensory disabilities. People with learning disabilities, with minor physical impairments or psychiatric disorders are not eligible.

The report almost exclusively focuses on employment. It lacks comprehensive data or information on the general living situation of people with disabilities in Austria. Accessibility issues are not mentioned in relation to housing, public transportation or cultural participation. Much more effort is needed to critically highlight the general situation of people with disabilities living in Austria.

The report does not consider the two opposing paradigms that are currently underlying services for people with disabilities in Austria. On the one hand, the influence of anti-discrimination legislation is growing, on the other hand traditional services are still common and very strong. It is hard for new initiatives to receive funding and single and usually short-term projects are typically not continued when initial project funding is ends. However traditional service providers receive funding on a regular basis because they are directly linked to the rehabilitation or social service structures in the federal provinces. The transfer of resources from traditional services to new good-practice should be actively pursued.

The report does not once mention personal budgets. It only refers to one state that developed a pilot project on personal budgets and that now has introduced a kind of personal budget for some people with disabilities.

The report also does not mention accessibility issues. It briefly mentions plans but not concrete measures or obligations. Accessibility has certainly improved during the last decades, but Austria is still very far from providing equal access to places and services or from providing full participation for people with disabilities in culture and society.

The report mentions some measures and data on school integration of students with disabilities but does not discuss the situation from a critical perspective. For example., it reports on the number of students in integrated classes but not on the fact that the number has evidently dropped dramatically. The 06/08 report speaks of 15.000 children in integrated settings, the 08/10 report mentions just 13.800. In the same period, the number of children in special schools only dropped from 13.300 to 13.200. The Austrian school systems still does not compensate for social differences or disadvantages and people with disabilities still are underqualified in many cases. More attention might have been given to these issues.

The report presents a compilation of information; rather than a comprehensive or new strategy in the field of disability. Disability matters were added to the three main topics but they were not mainstreamed. No new or general strategy was introduced.

**Discrimination on the ground of a disability** is prohibited by the Disabled Persons Employment Act (Behinderteneinstellungsgesetz, BEinstG) and the Federal Disability Equality Act (Behindertengleichstellungsgesetz, BGStG). These measures are applicable to private and federal employment as well as all contracts and all legal relations governed by federal law. To enforce these acts it is necessary to file a complaint with the Federal Office of Social Affairs. Arbitration processes do not necessarily lead to the elimination of a discrimination but may just compensate for damages, which is the most frequent sanction. This has been heavily criticised by Organisations of People with Disabilities. If a dispute cannot be settled within three months an action can be filed at court. The Federal Disability Equality Act has been in force since 2006 and to date, 523 arbitration processes have taken place in the whole of Austria that deal with discrimination on the grounds of disability (<http://www.bizeps.or.at/news.php?nr=10583>). Although the available data (ibid.) shows a slight increase in cases between 2008 and 2009, more effort should be made to encourage people with disabilities to enforce their rights.

The **UNCRDP became effective** in October 2008 and a monitoring committee was established. A first public meeting of the monitoring committee was held on Oct. 27<sup>th</sup> 2009 (see <http://www.bizeps.or.at/news.php?nr=10723>) and the homepage of the committee (<http://www.monitoringausschuss.at/>) is expected to be online in Nov. 2009. So far, the committee has launched single statements dealing with different issues, e.g.: concerning quality standards defined by the UNCRDP and whether the government should be responsible for services that are provided by the private sector. Most recently, this committee became publicly active when the federal government proposed a new law for compulsory kindergarten that made exemptions for children with disabilities. In an official statement, the monitoring committee argued that these exemptions are not in compliance with the UNCRPD. It is yet to be seen how the federal government will take this into account in its final version of the law.

There are not distinct strategies and actions for the inclusion of people with disabilities in Austria. The new homepage of the Federal Ministry for Labour, Social Affairs and Consumer Protection only describes counselling and diagnostic services for children and youth with disabilities as a focus for social inclusion (see <http://www.bmsk.gv.at/cms/site/liste.html?channel=CH0110>). A general and fully inclusive concept in accordance to the UNCRPD is completely missing.

### **1.3: What is the most recent research about disabled people's equality and social inclusion in your country?**

Austria lacks research on disabled people's equality and social inclusion. There are no publications based on empirical research that deal with detailed questions regarding these issues. Some new data was published in 2008 that allows a general look at problems that people with disabilities experience in Austria. Theis Microcensus data indicates that people with permanent impairments experience problems in various spheres of life:

Problems with public transport:

39,1 % of people with mobility impairments, 42 % of people with visual impairments and 43 % of people with hearing impairments.

Problems with access to public buildings:

32,1% of people with mobility impairments, 38,4 % of people with visual impairments and 34,9 % of people with hearing impairments.

Problems with access to leisure activities:

67,3% of people with mobility impairments, 60,1 % of people with visual impairments and 56 % of people with hearing impairments.

There is no data on people with learning difficulties or people with mental health problems (see Leitner 2008).



## PART TWO: INCOMES, PENSIONS AND BENEFITS

### 2.1 Research publications (key points)

As Martin Schenk stated in the most recent publication on disability and poverty, research on poverty and disability is very rare in Austria (Schenk 2007). Publications dealing with poverty and disability on a national level are closely linked to the EU SILC surveys (Statistik Austria 2006, 2007, 2009).

#### Key findings:

People with disabilities face an above-average poverty risk (18% compared to 12% of the general population) due to deprivation, social exclusion and lack of participation (Schenk 2007). 39% of all disabled people cannot afford to go on holiday, 12% cannot afford to buy new clothes, 6% cannot afford to heat their accommodation properly and 37% cannot manage to pay for unexpected expenses (Statistik Austria 2007). New EU-SILC data generally reflects a positive trend in regard to poverty levels – for the general population as well as for people with disabilities: a reduced number of people with disabilities live in manifest poverty and significantly more people with disabilities are not considered poor (2006: 41% not poor; 13%: manifest poverty; 2007: 62% not poor; 10% manifest poverty). However the risk of poverty is still twice as high among disabled people compared to non-disabled people (Statistik Austria 2009).

### 2.2 Type and level of benefits (key points and examples)

#### 2.2.1 Long Term Care Benefit

The Austrian Long Term Care Benefit is paid to people in need of care who have an average need of at least 50 hours care a month. Long Term Care Benefit is paid regardless of age, is not means-tested and is financed through taxes (main budget). Compared with 2002, significantly more people between 0 and 60 years of age received long term care benefit at the end of 2007 (2002: 61.961; 2007: 74.655). But new and in-depth research on the effect of long-term care benefit for the quality of life or the inclusion of people with disabilities is completely missing. The Federal Ministry's new Report on the State of People with Disabilities in Austria only provides information on overall numbers of beneficiaries and how much was spent on long term care benefit. (BMAS 2009, 193)

Table 1: The Austrian Long Term Care Benefit scheme

Level	Care needs per month	Long Term Care Benefit in €/month (since 1.1.2005)	Long Term Care Benefit in €/month (since 1.1.2009)
1	> 50 hours	148.30	154.2
2	> 75 hours	273.40	284.3
3	> 120 hours	421.80	442.9
4	> 160 hours	623.70	664.3
5	> 180 hours of intensive care	859.30	902.3
6	> 180 hours of constant attendance	1171.70	1,242.0
7	> 180 hours of care, complete immobility	1562.10	1,655.8

(Source: BMSK 2008)

Table 2: Long Term Care Benefit recipients by benefit level and by age, 2006

Level / Age	Women	As % of total	Men	As % of total	Total	As % of total
I	61,879	15.74	23,832	6.06	85,711	21.80
II	88,375	22.47	44,603	11.34	132,978	33.82
III	43,679	11.11	21,997	5.59	65,676	16.70
IV	38,571	9.81	20,085	5.11	58,656	14.92
V	20,700	5.26	10,181	2.59	30,881	7.85
VI	7,256	1.85	4,595	1.17	11,851	3.01
VII	4,926	1.25	2,542	0.65	7,468	1.90
Total	265,386	67.49	127,835	32.51	393,221	100
0-20	5,065	1.29	7,085	1.80	12,150	3.09
21-40	8,054	2.05	10,560	2.69	18,614	4.73
41-60	19,836	5.04	21,390	5.44	41,226	10.48
61-80	84,859	21.58	49,380	12.56	134,239	34.14
81+	147,572	37.53	39,420	10.02	186,992	47.55
Total	265,386	67.49	127,835	32.51	393,221	100

(Source: BMSK 2008, data without teachers employed by the provinces (*'Landeslehrer'*) and OFG (Victim Welfare Act – *'Opferfürsorgegesetz'*), both groups in total 3,059 persons in 2006)

### 2.2.2 Disability pension (Invaliditätspension)

The disability pension in Austria is part of the pension insurance scheme. Assessment is done by the respective pension insurance agencies. The amount paid is related to former income as well as to the length of time in the pension insurance scheme. The biggest problem with regard to the disability pension is their high usage by people who are not able to remain working in their former jobs. This criticism has also been made by the OECD, who have stated that steps should be taken to ensure that disability pensions are only used for people unable to work. Currently, workers over the age of 57 can receive a disability pension if they are unable to perform their former job – though they may actually be able to perform other jobs. This type of “own-occupation” assessment has been abolished in most OECD countries and Austria should consider a similar approach.

### 2.2.3 Other cash benefits

- Increased Family Allowance

The Austrian Family Assistance Fund pays a monthly Family Allowance for each child. Parents of children with severe disabilities can apply for an increased Family Allowance. The disability must be at least 50%. The additional monthly amount is € 138,30 for one child with a disability. In 2007 69.131 children received this benefit (BMASK 2009, 123) and this benefit is also paid for adults with disabilities as long as they are not properly employed. Once they have been employed they lose eligibility for increased family allowance. Repeatedly, this is a disincentive for people to take up jobs.

- Benefits for victims of crimes
- Benefits for war victims
- Benefits prisoners of war
- Benefits for military disabled
- Benefits for vaccination damage
- Benefits for victims of welfare
- Benefits for tuberculosis patients

### 2.3. Policy and Practice

In discussions about poverty in recent years, disability has hardly played a role. Also empirical data and studies that could give us with more information are few and far between.





### 2.3.1 Risk of poverty and manifest poverty: current data

96,000 people with disabilities are affected by poverty in Austria. The number at risk of poverty is twice as high (13%) as that of the rest of the population. Being at risk of poverty is defined as having a low income below the poverty line. If people experience depressing living circumstances as well as low income, statistics speak of 'manifest poverty' (Statistik Austria, 2008). People with disabilities are often found in depressing living conditions. European-wide reporting terms this 'deprivation', 'social exclusion', and 'lack of participation'. 37,000 people with disabilities cannot keep their flat adequately warm, 69,000 live in overcrowded flats and 38,000 are behind with important payments (ibid.). Compared to other population groups that show a high risk of poverty generally, people with disabilities often are at high risk of manifest poverty and deprivation. If a person with a disability has a low income, he or she also has fewer social participation opportunities and is at a higher risk of social exclusion. And vice versa: If somebody has few opportunities for a social life because of his/her disability, he/she also has less economic funds available.

Social transfers and pensions in households with disabled people have a significant impact in reducing the risk of poverty. Without social transfers and pensions around two thirds instead of 15% of these households would be at risk of poverty. The social security systems have an impact on poverty prevention. Social transfers of the welfare state secure the material basis of the people affected, but this has a downside: discrimination within the employment market, and the fact that subsistence cannot be secured by earned income.

New EU-SILC data generally reflect a positive trend in regard to poverty levels – for the general population as well as for people with disabilities: a reduced number of people with disabilities live in manifest poverty and significantly more people with disabilities are not considered poor (2006: 41% not poor; 13%: manifest poverty; 2007: 62% not poor; 10% manifest poverty). However, the risk of poverty is still twice as high among disabled people compared to non-disabled people. (see Statistik Austria 2009).

### 2.3.2 Unstable job positions

The biography of many people with disabilities is characterised by short-term employment, work through leasing to companies and phases of unemployment. According to a representative study by Schoibls (2004) the following characteristics are typical for the circumstances of people with disabilities:

- Frequent changes between different types of labour participation (work – sick leave – cure – unemployment – Labour Market Promotion Act measures – temporary occupational invalidity pension etc.) in diverse combinations.
- Combination of different income types: injured person's pension plus part-time employment, unemployment benefit plus short-time employment, part-time employment plus Long Term Care Benefit etc.
- Low level of education, limited chances of labour participation, high risk of unemployment/low job security, high risk of generally being rejected and – last but not least – limited chances of receiving an adequate income both in professional life and especially with regard to the acquired entitlement to transfer incomes (for unemployed, emergency welfare benefits, pension etc.)
- High dissatisfaction rate regarding perspectives of acquisition/chances in the job market and also regarding present income.

The job situation for disabled people is unstable. It might best be described as precarious, with implications for independence and freedom.

People with a low earned income do not receive social benefits when ill, unemployed or on a pension.



The Austrian's Federal Government job creation drive 2001 (called "Disabled Billion") established a number of measures to promote the employment of disabled people. However the initiative could often not be made use of by people with mental or intellectual disabilities, because according to the project promotion literature, people with the greatest impairments were those with the lowest 'probability of success'.

Success means integration into the first labour market, so projects for employment have to reach a certain quota if they are to receive further funding. This provides an incentive for projects to concentrate efforts on people who are easier to integrate into the labour market, called 'creaming'. The same is true for the instrument of supported employment, in that it is only available for people who are considered 'job ready'. Therefore it is difficult for people with intellectual disabilities to gain assistance from this.

### 2.3.3 Living and mobility are central concerns

There is a tendency that disabled people look for rooms with conditions that make accessible living and everyday life possible. Some qualitative data is available from the Institute for Economics and Social Sciences (2006), and statements made by disabled people are included in this section, by way of illustration.

'I grew up in the Mühlviertel in a flat together with my mother. Although the flat is not really accessible. But in my hometown there are not any accessible flats', (21-year-old Tobias T., spastic tetraplegia).

People with mental illnesses report that supporting organisations have been established in cities and that there is a great shortage of services in rural communities. Furthermore there may be stigmatising processes in rural areas:

'I could not live in my village, because when you have a mental illness and are living in the countryside, you are just seen as nutty or from a nuthouse. So I moved to the city. There you are more anonymous, that is a lot better.'

There are also problems with finding affordable housing in towns. The percentage of low-priced flats is decreasing in nearly all urban areas. Data on living circumstances show that around 10 % of all persons with disabilities have to live in difficult and depressing housing situations (Statistik Austria, 2008).

Anna earns € 5,70 per hour, she receives increased family allowance and alimony for her child. Together with her child she has been living in a 50 square metre flat for many years. She expresses a desire for:

'A nice flat. A large flat. A nice, large flat. At least two more rooms', 'At first a job, so she can pay back her debts. And then a flat'; says Christian. And Michaela adds: 'Wealth for me, would be to have something of my own. Such as a flat'.

### 2.4 Need for care and poverty

23,000 of the people who receive Long Term Care Benefit and who live in private households (7%) are at risk of poverty; furthermore 56,000 persons receiving social security benefits who live in residential homes cannot finance the costs of care.

35,000 (11%) of all people in need of care live in damp, mouldy flats. 95,000 (29%) cannot pay for unexpected expenditures such as a broken washing machine etc. 105,000 (32%) cannot afford to go on holiday. (Statistik Austria, 2007).

In Austria, a high number of people in need of care cannot afford the costs of care. For people with a low income the question of financing good, local and trusted care is a crucial question.



## 2.5. Education, work and social security, services, housing

In these four fields there is a need for more information and scope for the development of policy measures.

### 2.5.1 Education of children with disabilities in Austria

In Austria, inclusion at school has been established by law as a freedom of choice for the parents of children with disabilities since 1993 (§ 8 Compulsory Schooling Act<sup>4</sup>; 15<sup>th</sup> School Organisation Act Amendment<sup>5</sup>).

Since 1993, special schools may be designated as 'Centres of Special Education'<sup>6</sup> that have to coordinate and facilitate integration regionally (§ 27 School Organisation Act<sup>7</sup>). Regulations concerning the number of students and employment of teachers have been devolved to the federal provinces and are not centrally proscribed.

In 1996, with the 17<sup>th</sup> School Organization Act Amendment, inclusion in schools providing the lower level of secondary education (General Secondary School and Academic Secondary School/Lower Level) was updated. Since then, school boards have been able to permit individual variations from the curriculum. In first instance this was for physically and hearing impaired children. This may also be done from the fifth grade up to secondary school if the goal of the particular grade can mainly be achieved. In 1997, an Anti-Discrimination and Equal Treatment Order for people with disabilities was laid down in the Austrian Federal Constitution (Article 7, Paragraph 1).

In 2001, the curriculum for the pre-vocational year<sup>8</sup> at special schools was decided on. Also at this time the remit for special education was expanded to the 9<sup>th</sup> school grade (although no additional resources were allocated). The curriculum for the pre-vocational year has been oriented to the curriculum of the pre-vocational school<sup>9</sup> to make inclusion easier.

In 2002, as as had been the case in 2001, legal establishment of inclusion from the ninth grade failed. Therefore school trials for inclusion are still running during the last year of compulsory schooling.

In 2003, with changes to the Vocational Training Act, inclusion in vocational schools was established. Vocational school students with learning difficulties have the possibility to expand their first vocational school year to two years, or just to graduate with a partial qualification.

With the revised form of the § 15 Compulsory Schooling Act the Second Education Act Package of 2005 finally abolished "school inability". All children must attend school except where there are medical reasons.

The Austrian Education Acts enable broad and good quality inclusion in compulsory schooling everywhere it is wanted by the school board, special needs leaders and teachers. Resources provided by the federal government to the federal provinces have been based for many years on an assumption of 2.7% of children with disabilities in a school year. However, the actual percentage (e.g. around 3.5% in the school year 2003/04) has been higher. Therefore resources, especially for integration, have been short (Specht et al. 2006: 39-40).

<sup>4</sup> [§ 8 SchPflG]

<sup>5</sup> [15. SchoG-Novelle]

<sup>6</sup> [Sonderpädagogische Zentren, SPZ]

<sup>7</sup> [§ 27 SchOG]

<sup>8</sup> [Berufsvorbereitungsjahr]

<sup>9</sup> [Polytechnische Schule]



Compensation of 24 million Euro for 2008 – 2010 and 25 million Euro for 2011 – 2013 has been granted to the provinces on a yearly basis to reduce structural problems due to decreasing numbers of students and for special needs support. This however does not really defuse the whole problem.

The project 'Quality in Special Education' (QSP) has carried out a broad analysis of special education support in schooling. The study involved statistical analysis of existing data and qualitative interviews with experts (school board members, personnel from Centres for Special Education Needs, teachers, leaders, parents, therapists, scientists). Strategies to improve the situation were developed through five working groups (Specht et al. 2006; Specht et al. 2007).

In a sub-study to the Quality in Special Education Project, on the theme Individual Support Plan for Students with *general special school-curriculum* [curriculum for special school for pupils with learning difficulties] (Hauer/Feyerer 2006), the situation concerning individual support plans was surveyed. Actual support plans and practical experience were analysed and recommendations drawn up.

Ten years after the introduction of inclusion by law, Klicpera (2005 and 2007) carried out a comparative analysis. Parents, regional superintendents of school, leaders of Centres of Special Education and teachers from special needs and integrated classes were questioned about choices of school, satisfaction with academic support and social inclusion. The choice of sample (three countries from eastern Austria with very low, average and very high inclusion quotients) also enabled a statement concerning structural aspects. Fasching/Felkendorff (2007) analysed the situation of career path and qualification in Austria, Switzerland and Germany.

Today inclusion in mainstream schools exists in parallel to special schools and the provision is basically not questioned anymore. At the beginning of the development there was a fierce dispute as to whether adequate special needs support could be provided. Today there does not seem to be any basic dissent from special needs experts concerning this. Thus 81.2% vs. 5.8% are the opinion that the introduction of inclusive education has overall lead to an improvement in the quality of special needs support. 81.9% vs. 3.9% say that the support for children in inclusive classes has stood the test in general (Specht et al. 2006: 9-10).

Regarding concrete implementation there are large differences, not only between the separate provinces (ranging from around 35% to 80% of children with special educational needs integrated), but also between the political districts within a province. Styria and Burgenland are said to have a 'one-track approach', because their education policy strategy aims at inclusion of almost all students. On the other hand, Lower Austria, Tyrol and Vorarlberg have a 'two-track approach'. Children with special educational needs are usually taught in special schools and classes. The other provinces reflect the Austrian average and thus the 'multi-track approach' is attributed to the whole of Austria by the European Agency. The 'multi-track approach' implements several different special needs methods at the same time.

Development in the federal provinces are very similar (there was an increase in inclusion until 2000/01, but then a flattening in the curve), but this takes various forms. Therefore these differences can not be explained by a saturation effect. Differences could vary according to the local and regional traditions, as well as the will for transformation of the educational-administrative executives. As the underlying frame and value decisions are known only in a minority of cases, there is "the impression of a certain arbitrariness concerning the idea of quality of special education." (Specht et al. 2006: 24-29)

Klicpera (2005: 169) points out that what is available in the region strongly influences both the school boards and the decisions of parents. Parents report significant differences in the attitude of representatives of the school board: "In Styria the representatives were predominantly advocates of inclusion (...) In Vienna the attitude was significantly more conservative and in Lower Austria the attitude of at least part of the representatives was even adverse.



As a reason for the adverse attitude the parents observed an unwillingness to change the usual special needs approach, as well as the concern about the preservation of the existing special schools”.

The orientation of special education towards the medical, or rather individual, theoretical idea of disability also still firmly remains in integrative settings and is the principal basis of all legal measures. Thus, Hauer/Feyerer (2006) has shown that the theoretical point of view of the regional head of school board, the establishment of inclusion by law as well as plans for implementation recommended by special needs experts and teachers’ practices are built upon an assumption of the deficiencies of pupils. Special needs methods for the child are planned without consideration of the learning material for the whole class or extracurricular assistance methods. A systemic analysis of the child and its environment, which also includes the learning environment (the attitude of the teacher, teaching and learning material, teaching and learning methods, schoolfellows, other participants) as a possible cause of learning difficulties, was lacking in the assessment process.

However according to experts from all areas of Austria regarding the “Quality in Special Education Project” it can be noted that overall: “The Austrian explorations suggest that accurately planned and carried out collective teaching does not only have a higher support potential for children with disabilities, but also supports the quality development of school and education.”(Specht et al. 2007: 32-33).

Regarding pupils with learning difficulties, socio-economic status becomes more significant for the choice of inclusion or special school, the lower the inclusion quotient is. In areas with a higher inclusion quotient, a special education need because of behaviour problem, is not accorded so quickly and teaching practice in the regular class is taken into greater account when a special education need is recorded. Children with severe disabilities, especially those with communication problems, are more likely enrolled in special schools (Klicpera 2007: 65-90).

Inclusion research requires a stronger comparative orientation as well as differentiation according to future needs. There are also gaps in knowledge about long-term effects. It is important to explore whether inclusion classes have hoped-for implications for pupils with no disabilities, such as greater acceptance and tolerance towards differences or increased contact with people with disabilities after compulsory schooling. So far, this has only been made a subject of discussion in one study (Klicpera/Klicpera-Gasteigner 2006) that reports that former pupils and their parents rate the school experience in inclusion classes as very positive and think inclusion leads to more tolerant, pro-social behaviour.

Concerning children with special educational needs, it would be interesting to see results from long-term studies on the effect of stigma, regarding independence in lifestyle (housing, partnership, leisure time), inclusion in the employment market, assistance requirement or take-up for lifelong learning (andragogy for people with disabilities).

There is also a lack of representative longitudinal data that considers special educational needs during compulsory schooling with associated types of school and graduation results, which could make a systematic exploration of life and career after school possible. The system for gathering statistical data should therefore be extended and differentiated quickly.

Overall, it should be said that the realisation of inclusive education is principally due to official regulations. However, concrete implementation of the same legal frame depends considerably on traditions, dispositions and attitudes of local school boards, special educational needs leaders and teachers.

Without long-term intensive efforts the concrete implementation also has clear limitations: the lower the inclusion quotient of a country, the higher the danger of institutional discrimination through assessment processes.



Due to flexible use of diffuse criteria, educational diagnostics, labelling and variations in resources, the socially deprived, migrant children and young people with have been especially disadvantaged.

Article 24 of the UN-convention forms the statutory basis for inclusion in Austria and enables good implementation of inclusion at school where the will for it exists. The legal establishment of the parent's choice in 1993 was an important step, considering that significantly more children with special educational needs are integrated in Austria than, for example, in Germany or Switzerland. However the vagueness of legal regulations also enables the continuation of special schools. So the parent's vote is limited in scope. Where inclusion is strongly developed, a special school cannot be built up again and in places where the school board prefers the special school there is consultation in the special school.

The provision of sufficiently good equipment and resources for both parallel systems is not financially viable and compulsory schools already have the legal mandate for inclusion. The next step recommended is the establishment of inclusion as central theme in Austrian educational policy. Within a certain period of time the special schools should be closed down or converted into general schools.

Then, necessary exclusions will have to be justified as individual exceptions and will have to be limited in time.

Furthermore, most experts are calling for specification of, and a nationwide standardisation of legal regulations, the adaption of the special needs allocation to actual demand, increased efficiency of resource input and the prevention of double tracking.

Advocates of an inclusive system also have also called for, (following regulations in Finland and Schleswig-Holstein), a uniform curriculum for all pupils with provision for individualisation and internal differentiation. The task of matching a uniform curriculum and individual special educational needs of children would be done through individual special educational needs plans.

The development towards inclusion at school would require the dismantling of labelling and diagnostic procedures. It would also involve the end of input financing related to pupils in favour of a systematically orientated approach with elements of output financing. Here, scientific projects to reorient centres for special education would be indispensable in continuing the project "quality in special education" (Specht et al. 2007).

So far, special educational need has only been limited to compulsory schooling in Austria. While other western industrial countries such as Sweden, Denmark, Great Britain, the Netherlands and the US offer numerous, differentiated types of inclusion at school in secondary education/ higher level, this education sector has been disregarded in Austria until now. In line with this, Austrian pupils with special educational needs have often left the school systemearliest. Thereby they lose important years of experience of life and education, which are naturally granted to other adolescents. Additionally, adolescents with impairments may need more rather than less education time for acquiring knowledge and key qualifications, the development of structures for independent day activities and/or the development of job interests.

In this regard, the legal establishment of inclusion from the ninth grade in all school types of secondary education/higher level, and quality assurance regulation between the federal ministries, is recommended.

### **2.5.2 Gainful employment and social security**

Regarding flexible transition between social benefit and work, an all or nothing principle is normally always considered:



This means that people would either work full time or not at all. Persons with an *emotional/ mental crisis* for example, might not be fully employed, but could still want to work, 15 hours a week.

People with disabilities who work in occupational therapy do not receive remuneration at the moment, but pocket money instead. Therefore they also are not integrated in the public pension scheme. For people affected, they may see this as a job they are performing and that they have to comply with regularly. But after decades of work they have no entitlement to a pension and the elderly person is dependent on social benefits. This population should be integrated into the public pension scheme.

### **2.5.3 Services, support, low-threshold and not-disgraceful**

The same is true for low-threshold health care. There are not enough local psychosocial services. After in-patient stays persons are far too often discharged to homelessness and loneliness. Here the prevention of eviction during longer hospitalisations could help. Open day centres, where people might come and go of their own free will would also be an advantage, as would non-bureaucratic approaches to housing. Another measure could be a mobile crisis service, such as a home visiting emergency doctor, available around the clock and during holidays, would take pressure away. These measures are especially important for rural areas. There should be more 'one-desk' services available so that people are not sent to several different offices all day. Services should be anonymised to a much greater extent for people affected by poverty. The participation, involvement and co-determination of clients has not even started yet. (see Dawid/ Heitzmann, 2006).



## PART THREE: CARE AND SUPPORT

### 3.1 Recent research publications (key points)

Two reports have been published recently that evaluate Personal Assistance services and a pilot project on personal budgets in Austria (Bacher / Pfaffenberger / Pöschko, 2008 [http://www.persoelliche-assistenz.net/forschung/fb\\_index.htm](http://www.persoelliche-assistenz.net/forschung/fb_index.htm); Mayrhofer / Sutterlüty 2008 [http://behinderung.fsw.at/export/sites/fsw/behinderung/downloads/PAB\\_Endbericht\\_20080331.pdf](http://behinderung.fsw.at/export/sites/fsw/behinderung/downloads/PAB_Endbericht_20080331.pdf)). Both reports emphasise the positive effects such social model based support services have on the quality of life for men and women with disabilities and strongly encourage the further implementation of such services (see the ANED country report on the implementation of policies supporting independent living for disabled people in Austria).

Apart from these reports some relevant Master's theses at Universities or colleges for higher education have been published. The focus of the theses is on particular questions regarding sheltered living and support for people with intellectual disabilities. Some research has been done regarding care and support for elder people. One fairly new thesis describes Personal Assistance as an alternative model to support people with disabilities.

A new report on the state of people with disabilities in Austria was published in 2009 by the Federal Ministry for Work, Social Affairs and Consumer Protection (BMASK 2009). It cannot be considered a scientific or critical publication but rather a comprehensive summary on disability issues with a clear focus on the federal level. The report lacks a detailed description on what is happening in individual provinces.

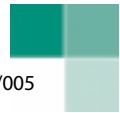
Often, data available are in many cases of no use for questions regarding people with disabilities, because many government reports consider them together with the large group of elder people who have care or support needs. This distorts the findings and makes conclusions on the situation of people with disabilities impossible. A report on the state of people with disabilities in Austria (BMAS 2008) is a typical example of this: data often include elder people (e.g. the number who receive long-term care benefit) or the services described are meant for this target group, (e.g. the introduction of 24-hour support at home) (ibid, 199ff). An excellent example is the report "Assistance to people with disabilities in the Austrian Social System" (BMSGK 2005) that presents social services for people in need of care and does not at all differentiate between the two target groups.

An Austrian - wide survey on the housing situation of people with disabilities should be done by an independent research institute. Apart from general data collected in the population census (see ÖSTAT 1998; Leitner 2008) there are no specific data available for people with disabilities. A nationwide research study dealing particularly with men and women between the age of 16 to 65 is urgently needed.

One group that has been significantly neglected are those living in institutions. The data on people living in residential homes or institutions in Austria are superficial and insufficient. Disabled women or men who live in group homes or share flats that are organised by the rehabilitation system, belong to this group. A brochure of the Austrian Ministry for Social Security and Generations states: "1,7% of the Austrian population<sup>10</sup> live in an institution or in shared accommodation. There are no data about this kind of accommodation and about the structure of the people living in shared accommodation." (BMSG 2001, p. 32, translation P.F.) It is characteristic of the population census that the managers of the institutions were asked to provide the results, and not the people living in the institutions themselves. Moreover, apart from the kind and extent of impairment, no data were collected on how people living in institutions cope with their every day lives.

<sup>10</sup> comment P.F.: In 2003 this was a total of 137,666 women and men. (resource: own calculation)





Finally, the data of the population census are not really useful because they include not only homes for the elderly and for disabled people but also boarding schools, monasteries and prisons.

### **3.2 Types of care and support (key points and examples)**

As stated above, the availability of services mainly depends on where people live, in a larger town or in the country, and on the particular province. In Austria, services for housing, care and support are not a federal matter but an individual responsibility of each of the nine provinces. All provinces offer different kinds of institutional care (e.g. residential homes, day care, sheltered workshops, supported living) that are usually provided by private organisations. In those provinces with strong initiatives for independent living there are usually services that offer personal assistance. But personal assistance is not available everywhere in Austria. People with higher needs of support who do not live in an institution can usually receive some sort of assistance but usually not enough to live without family support.

A broad range of institutional care is offered in Austria, especially for people with intellectual disabilities, and there are still some large institutions where more than 100 men and women with disabilities live (see the ANED country report on the implementation of policies supporting independent living for disabled people in Austria). Respite care is only available in some places.

The general accessibility of public transport for people with disabilities has improved significantly over the last 10 to 15 years but there is still a long way to go in order to have a fully accessible system of public transport. There is no research on this issue either.

In some places (e.g. Vienna, Innsbruck and some parts of Tyrol), where there are centres for Independent Living that offer Personal Assistance Services, the current system of care and support is limited to a disabled person's choice about where they live. But usually just a few consumers prefer to employ their assistants themselves. In regards to whether or not disabled people can choose to manage their own finance for care and support, in Vienna, a new scheme that is somewhat similar to direct payments started in spring 2008 but there have been no data or evaluations available on this scheme so far.



## PART FOUR: SUMMARY INFORMATION

### 4.1 Conclusions and recommendations (summary)

The situation for boys and girls, women and men with disabilities in Austria has improved during the last three decades but it is still far from an equalisation of opportunities, non-discrimination or even inclusion. Segregating systems (e.g. in education and information, in housing or technical barriers in historical buildings) are still strong. Responsibilities are split between the federal government and the nine provincial governments which makes a general overview difficult.

Two opposing paradigms are currently underlying services and policies for people with disabilities in Austria: On the one hand, the influence of anti-discrimination legislation is growing. On the other hand, medically oriented thinking is still common and often forms the basis for legislation that regulates support. Most services and structures are still based on a medical and rehabilitative paradigm of disability. It is hard for new initiatives to gain funding for single and usually short-term projects that are typically not continued as soon as project funding is over. However traditional service providers receive continued funding on a regular basis because they are directly linked to the rehabilitation or social service structures in the federal provinces. The transfer of resources from traditional services to new good-practice services should be fundamentally pursued.

The ratification of the UNCRPD will certainly be a new impetus for raising awareness about this situation among politicians. A distinct action plan on the basis of the UNCRPD that covers federal as well as provincial responsibilities and that includes measures for enforcement would be important to change the complicated and inconsistent current situation.

There is a lack of comprehensive data on the living situation of people with disabilities and qualified research dealing with social inclusion is also missing. This also seems to be linked to Austrian federalism: most service and support structures for people with disabilities are the responsibility of the nine federal provinces, and there is neither a detailed overview of what is going on in the provinces, nor are there quality measures to ensure full inclusion of people with disabilities.

New cut backs in public spending due to the financial crisis are becoming obvious now. Projects or initiatives face cuts of between 10% and 20 % percent or are even in danger of closing down. There are no publications on this issue.

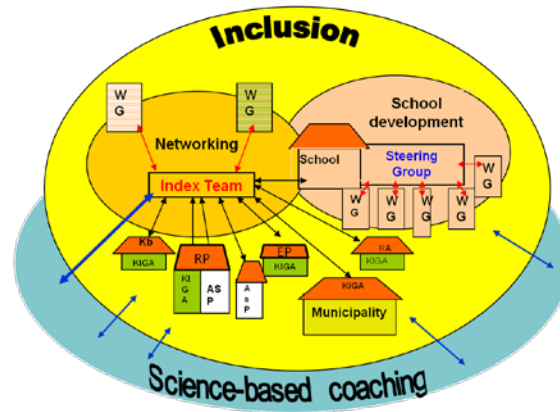
### 4.2 One example of best practice (brief details)

#### The Wr. Neudorf Inclusion Project

By Irene Gebhardt

Wr. Neudorf is a village with about 9000 inhabitants 15 km south of Vienna. There are 7 educational establishments: 4 kindergartens, an elementary school with 16 forms and 2 after-school programmes. Together with the municipality as sustainer, they constitute the core group and the starting point of the Inclusion Project, which is both a networking and school development project, based on the Index for Inclusion. Within three years the structures for a culture of togetherness according to inclusive values like appreciating diversity, equality and equity, cooperativeness, participation, community and sustainability, as well as for self evaluation according to the *Index*, should be constituted.

The following graphic demonstrates the organization of the project:



Four kindergartens, the primary school, two afterschool programmes and the municipality as sustainer of the institutions of learning have their representatives in the Index Team, including parents. The Index Team meets monthly to coordinate the Index process and public relations, as well as for contextual discussions about Inclusion and the inclusive value-system and its implementation in everyday life.

The school steering team, representing all the different groups in school, is led by the head. There, school development based on the Index is coordinated.

Working groups deal with the topics of communication and conflict management from different viewpoints. All the groups involved in a subject are invited to participate. There are internal school working groups and some for networking between the institutions.

The Inclusion Project is science-based, accompanied in a formative evaluation process by members of the Pedagogical Hochschule of Lower Austria in Baden (near Vienna).

The idea of initiating the Inclusion Project arose at international congresses. It became apparent that important aspects of Inclusion already existed in Wr. Neudorf, as:

- Wr. Neudorf has a 20-year tradition of integrating children with disabilities in kindergartens, school and afterschool programmes and in the local sports clubs. Grown-ups are integrated in different jobs in local government.
- Each institution is extraordinarily keen to support the development of all children.
- Children feel welcome in the institutions. They like to be there.

Additionally there were wishes for more cooperation between the institutions and for more intercommunication in school. The Index for Inclusion seemed to be the right medium to meet the needs. So participants of the institutions and parents attended an introductory workshop by Ines Boban and Andreas Hinz, the translators and editors of the German version of the *Index*, and they were all enthusiastic. Preparatory operations started. In February 2006 the Index Team met for the first time and in May the project started with two events:

1. A kick-off: for all the grown-ups with Ines Boban and Andreas Hinz telling them about the Index and for all the children with an inclusive happening - building an enormous mobile as a symbol for the vision of *Inclusion*, for community and for the never-ending process of approach. Members of all the local sports clubs and students were involved as helpers.
2. A survey: 1600 questionnaires based on the Index were distributed to staff and parents from all the institutions and children of five to ten (who were helped by advisors). Nearly 78% of the questionnaires were returned and the majority of the responses confirmed the impression of feeling welcome in all the organizations. Communication and conflict management were identified as sites to work on.



The big process had started. The expectations were:

- a new reality
- appreciation and respect for everyone
- enthusiasm for a new pedagogical method
- more intercommunication
- opening of borders
- to experience inclusion by oneself
- to offer a positive approach to inclusion to the grown-ups
- to live inclusion in the whole community

### **What has been achieved so far?**

Participation, cooperation and appreciation are the most esteemed achievements of the project for all participants: children, staff, parents, members of the municipality and Pädagogische Hochschule. There are the get-together projects for kindergarten children and school children, the Picture Book Cinema and Reading Partnership. Cooperation in managing stress-free transitions by making contacts with the school children accompanied linguistic support and enjoyment in contact with books. The after-school programmes' staff participation in a teachers' conference once or twice a year is another highlight which makes appreciation and the will for cooperation tangible, as well as the school/after-school programme/parent communication journal and with round table conferences with parents, teachers, after-school programmes' staff and students.

A milestone for the school community was its first conference in November 2006 including all staff of the school, parents and even Wr. Neudorf's mayor and deputy mayor. This conference was the start to a fascinating phase of learning for all and led to the setting-up of the working groups. Democracy should be the main focus for adults, as for children. Thus children became equal partners in generating the school vision statement at the school community's second conference and in creating an agreement in living-together in the school-community. A democracy working group regularly attended by children, teachers and parents helps to meet everybody's needs in everyday life at school. Together with all children of school they planned the backyard as a highlight for children now used by school, after-school program and kindergarten, and they were "assistants" for the architects in converting the school building.

A very special innovation for all was the sharing of seminars for non-violent communication by all the staff of the institutions of learning, parents, members of the "Pädagogische Hochschule" and municipality, sponsored by the municipality. It was the first occasion for learning about the same topics in mixed groups.

More of inclusive learning is offered in the university course Communal Education as a mutual support between the Pedagogical Hochschule and the municipality Wr. Neudorf providing a new form of lifelong learning for all. There is no special qualification needed, only the will to study. So the group of students is very diverse in professional background and level of knowledge. There are even students with intellectual disabilities joining the course. Professors and students in equal measure are enthusiastic in this new way of learning.

Networking is extended to clubs and groups in Wr. Neudorf. With the Dialogue of Generations seniors are invited to come to the kindergartens, the primary school and the after-school programmes for spending time with children in telling stories, reading books or doing handicrafts and cooking together.

In April 2009 a sustainability conference was held with children, staff from the local educational establishments, parents and guests from the authorities, from teacher training colleges and many other interested people, moderated by Ines Boban (Martin-Luther University Halle-Wittenberg) and Barbara Brokamp (Montagstiftungen, Bonn).



In this conference the project was brought up to a new level: The ideas for the future applied not only to the educational establishments but implicated the way of life in the whole community. “Inclusion as lifestyle” and “Learning as an integrated part of quality of life” was the motto.

On 2<sup>nd</sup> October 2009 the project received an award by the Austrian Commission of UNESCO as a decade-Project of the UN-Decade “Education for Sustainable Development”.

What is planned for the near future?

- All educational establishments will continue the way of development towards inclusion based on the Index of Inclusion.
- A municipal philosophy is to be developed with inclusive values as parameters.
- Wiener Neudorf as a pilot for the Index for Communities in German language.
- Following up all the ideas of the sustainability conference towards an inclusive community
- To install a position for supporting and disseminating the culture of togetherness according to inclusive values in Lower Austria.

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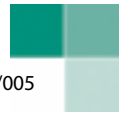
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## ANNEX

### Deinstitutionalisation of people with learning disabilities in Austria by Tobias Buchner

#### Historical Background and current situation

In Austria, deinstitutionalisation was primarily conducted by moving people with learning disabilities out of psychiatric hospitals. This process was named “Enthospitalisierung”<sup>11</sup>. Enthospitalisierung started with Viennese psychiatry-reform in the late 1970s (“Wiener Psychiatriereform”). One result of that reform was a strategic plan for psychiatric and psychosocial care for people with “mental retardation” (“Zielplan für die psychiatrische und psychosoziale Versorgung für Menschen mit geistiger Behinderung”) that aimed to move people with learning disabilities out of hospitals and provide a community-based life for them (Schmidt 1993, 67-75). This strategic plan can be seen as a kick-off for the process of Enthospitalisierung in Austria. Inspired by the Viennese model, several other states (e.g. Tyrolia, Vorarlberg) started moving people with disabilities out of psychiatric hospitals. This first phase of Enthospitalisierung in Austria lasted until the beginning of the 1990’s. On January 1, 1991, the Nationwide Law on Unterbringungsgesetz (National law on placement in psychiatric hospitals) came into force (Neubauer/Theunissen 1999, 15). According to the new law, psychiatric hospitals are no place to live for people with learning disabilities and persons in general can only be held in psychiatric hospitals if they are facing a condition that provides the potential to harm themselves or others. Furthermore the Unterbringungsgesetz implied a clear distinction between “mental retardation” and psychiatric disorder. This new law set the scene for the second phase of Enthospitalisierung which was characterised by broad efforts to move people with learning disabilities out of psychiatric hospitals all over Austria (Tiesler 1996, 98-102). The most recent project on Enthospitalisierung took place in Vienna from 1997 to 2002 (Berger 2003, Berger et al. 2006).

Today, from an evidence-based perspective, it is hard to say if all people with learning disabilities really have been moved out of psychiatric hospitals. On the one hand no valid data exists on that topic (see the chapter on research on Deinstitutionalisation).

On the other hand there are still some examples of “Umhospitalisierung”: In some large psychiatric hospitals wards for people with learning disabilities were renamed as foster-centres and people with learning disabilities, have to (at least in some cases), live on the hospital grounds (e.g. Förderpavillon Baumgartner Höhe in Vienna, the huge group home of the “Barmherzige Brüder” at Kainbach/Styria offering “600 places” according to the website (<http://www.barmherzige-brueder.at/content/site/kainbach/ueberuns/ueberblick/index.html?SWS=6750a1d017144f6821bb680a29570923>) or the ward facilities for people with learning disabilities at Ybbs an der Donau (<http://www.wienkav.at/kav/tzy/>).

Concerning deinstitutionalisation with the broad meaning of moving people out of large institutions, there can be little said: First of all there is no empirical research on the size of institutions for people with learning disabilities. Further the political as well as academic discourse on deinstitutionalisation seems to have nearly faded away after ending last Enthospitalisierung-projects. Only some publications address this issue. In 2002, Klicpera/Gasteiger-Klicpera stated that there have been some efforts in deinstitutionalising leading to more “differentiated services” for people with learning disabilities: Facilities offering accommodation for more than 15 people, “small housings” for up to 15 residents, group homes offering space to live for 6-10 users, small facilities for 2 to 5 users and flats for single persons (Klicpera/Gasteiger-Klicpera 2002, 24).

Klicpera/Gasteiger-Klicpera are right – there exist more types of services providing living arrangements for people with learning disabilities.

<sup>11</sup> A unique german expression that does not exist in english language as well in the English speaking academic discourse





But it can be assumed – especially in rural areas - that most of the people with learning disabilities have (if they are not living with their families) to live in facilities with more than 15 or up to 15 residents.

Furthermore, as result of lacking competition between service providers in rural areas as well as a lack of places at services *in most cases there is no or only little choice on living arrangements for people with learning disabilities in Austria*. Another critical development in the field of housing/living arrangements deals with people with learning disabilities living who live with their families. A high percentage (*around 30-40%, personal estimate*) of people with learning disabilities (numbers can also be only assumed, because no research has been conducted on this issue either) live with their parents until their parents have to move into a group home for the elderly or the parents die. When this scenario emerges, there exists no choice in choosing a living arrangement as liked: authorities are stressed and push those people into the next free living arrangement service providers can offer- mostly in a group home with a large number of residents. Furthermore, in the scenario described, due to the death of parents or parents who have to live in a stationary setting by themselves, people with learning disabilities lose their most supporting advocates.

### **Policies on deinstitutionalisation**

Austrian disability policy is based on several principles: Integration, normalisation, self-determination, “ambulant” support and deinstitutionalisation (Federal Ministry of Social Security, Generations and Consumer Protection 2006, 63). Those principles were firstly mentioned in the guidelines of the Disability Concept in 1992 (Federal Ministry for Labour and Social Affairs in cooperation with Österreichische Arbeitsgemeinschaft für Rehabilitation 1992, 46) and represent necessary paradigms for “state of the art”-social services for people with learning disabilities in the beginning of the 1990s: The first decade of the Austrian Enthospitalisierung movement had shown that there was a growing need for “structural changes” in services for people with learning disabilities (Berger 2003) in order to provide suitable services that met the paradigmatic demands of the Enthospitalisierung-movement. Based on the principles of integration, normalisation and deinstitutionalisation, community based living<sup>12</sup> became a key issue in Austrian Disability Policy. From 1992 until today, community based living for people with disabilities is stated constantly to be one of the main aims of Austrian Disability Policy (e.g. Federal Ministry of Social Security, Generations and Consumer Protection 2003 a, 44; Federal Ministry of Social Security, Generations and Consumer Protection 2003 b, 193; Federal Ministry of Social Security, Generations and Consumer Protection 2005, 27; Federal Ministry of Social Affairs and Consumer Protection 2007, 11) and is recommended as a suitable model for community based living.

Taking a closer look at the texts recommending Gemeinwesenintegration, explanations /descriptions of that concept remain on a not-too-concrete level; when Austrian policies refer to the concept it is only stated that Gemeinwesenintegration should be based on small living units in the communities (e.g. Federal Ministry of Social Security, Generations and Consumer Protection 2003 b).

Texts on disability policies lack to address specific measures for small living units or community based living.

There are no measures for deinstitutionalisation.

Analysing the disability policies of the Austrian government with a focus on paradigms referred to, it becomes obvious that inclusion still does not play a large role in living arrangements for people with disabilities: the Federal ministry of social affairs constantly refers to integration and “Gemeinwesenintegration” (as showed above)- even in the National Action Plans on Social Inclusion.

<sup>12</sup> “Gemeinwesenintegration”/“gemeinwesenintegriertes Wohnen”

A barrier for a sustainable disability policy might be § 15a- an agreement that arranges responsibilities between the Federal Government and the states<sup>13</sup>: After that paragraph, the Federal ministry of Social Affairs only elaborates guidelines for services for people with disabilities. The states are responsible for implementation and taking care of suitable services for people with disabilities – relatively autonomous.

### Research on deinstitutionalisation of people with learning disabilities

Concerning deinstitutionalisation, it must be stated that there still exists no nationwide *empirical research* on deinstitutionalisation (in a broader meaning). Regarding the topic of deinstitutionalisation, all empirical scientific publications focus on “Enthospitalisierung”. But there is at least one publication dealing with deinstitutionalisation of people with learning disabilities: The article of Klicpera/Gasteiger-Klicpera referred to above. Klicpera and Gasteiger-Klicpera state that it is impossible to estimate on status and consequences of deinstitutionalisation in Austria, because there are no studies on that topic. – except on Enthospitalisierung.

Most publications dealing with Enthospitalisierung could be described as reflections and “field reports” of professionals that had been involved in the process of “Enthospitalisierung” (e.g. Meyer 1994, Scholz 1995, Tiesler 1996). There are some small empirical studies (e.g. Berger et al. 2006, Berger 2003, Lingg 1998) focussing on Enthospitalisierung-projects in specific regions (Vienna, Vorarlberg). One research project initiated and carried out by the University of Halle/Germany aimed at collecting data in order to create an Austrian-wide overview on the status of “Enthospitalisierung” (Neubauer 1999, Neubauer/Theunissen 1999, Dieter/Neubauer/Theunissen 1999). Unfortunately, backflow was poor and data was far away from being representative. So valid data on the status quo of Enthospitalisierung, is still missing.

Besides that, all conducted empirical studies on Enthospitalisierung in Austria aimed at collecting data given from local authorities, psychiatrists or staff of service providers – the perspective of the people with learning disabilities, their experiences of “being deinstitutionalised” and their opinion about the process of deinstitutionalisation and quality of life in their following life in the community was not subject to research in Austria yet. Research has been focussed on gathering data from service providers and other professionals.

### Best Practice

Several best-practice-projects concerning deinstitutionalisation and community living for people with learning disabilities can be named. All of them are service providers for people with learning disabilities.

*Verein GIN* (Verein für Gemeinwesenintegration und Normalisierung = Association for Integration and Normalisation; [www.gin.at](http://www.gin.at)) and *LOK* (Leben ohne Krankenhaus = Living without hospital; [www.lok.at](http://www.lok.at)) are 2 Vienna-based service providers that were funded in the beginning of the 1990’s as result of new challenges for the Enthospitalisierung-movement: During the second phase of the Viennese Deinstitutionalisation Program it became obvious that the established service providers had some problems in offering good services to “the hard core”<sup>14</sup> of people with disabilities to be moved out of psychiatry. Customarily services were overstrained with this new type of user. GIN and LOK started to offer services based in a community setting with group homes of 2-8 people (every user with his own room) as well as supported living services for single persons living in their own flat – even for people with severe disabilities and challenging behaviour. The sections for supported living for single persons of GIN and LOK grew, until today, focussing on providing community-based-services for users with so called “double diagnosis”, strong challenging behaviour or drug abuse.

<sup>13</sup> Länder

<sup>14</sup> The – in german-speaking countries often cited (e. g. Egli 1993, Jantzen 1999) – “hard core” describes long-term “inhabitants” with learning disabilities of psychiatry that showed a high level on challenging behaviour due to long lasting hospitalisation.



*Alpha Nova* was funded in the beginning of the 1990's in Styria (Candussi 1993) with the explicit aim to offer community-based services “for people with a need for a high level of support” (“Menschen mit einem hohen Unterstützungsbedarf”; Leitlinien der Unternehmensstrategie 2005-2015, 2005) and to contribute to deinstitutionalisation.

These services reach from group homes (with a maximum of 4 inhabitants), to inclusive group homes (assisted flat sharing of students with services users), personal assistance for people living in their own apartments, support for families with children with learning disability<sup>15</sup> as well as offering adult education. Current aims are the expansion of community-based services for single persons.

### **Conclusions and recommendations for deinstitutionalisation**

It can be assumed that a lot of people with learning disabilities in Austria still live in residential institutions that have little to do with normalisation, self-determination and community based living and are *far away from social inclusion*. The –after Klicpera/Gasteiger Klicpera – so called “differentiated” types of services show that living units on a size of 6-more than fifteen inhabitants do not represent a rarity but in many cases reality in everyday lives of people with learning disabilities in Austria in 2008. Furthermore the discourse on deinstitutionalisation seems to have stopped after the end of most of the Enthospitalisierung-projects – both on a political as well as on an academic level. A self-critical debate on offered services by the service providers themselves is also missing.

According to the 2<sup>nd</sup> National Action Plan on Social Inclusion, the Report on the situation of people with disability provides a broad overview of the current situation of people with disabilities in Austria (Federal Ministry of Social Security, Generations and Consumer Protection 2003, 41). A closer look at the report's section on “housing”<sup>16</sup> for people with disabilities shows that this section definitely does not provide a real report on the “situation” of people with disabilities – it rather repeats the aims for housing and living. An evidence based description of the situation of living and housing is missing in that report. To fulfil the aims of community based living, self-determination and deinstitutionalisation there is urgent need of empirical research. That empirical research should aim at:

- elaborating a nationwide, representative overview on living arrangements for people with learning disabilities
- evaluating quality of services for community based living from a user's point of view
- experiences of persons that were deinstitutionalised in order to improve deinstitutionalisation programs and –management
- identifying large institutions and elaborating concepts with service users for closing them

Furthermore there should be guidelines for user involvement and self advocacy.

Austria still has a long way to go along the road of deinstitutionalisation.

<sup>15</sup> “Familientastender Dienst”

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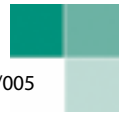
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